Impact of urinary tract infections on patients with IC/BPS or IC with Hunner lesions*





Introduction

- The disruption of the urothelial barrier [1]
 - Main feature of IC/BPS

#388

- May cause UTI susceptibility
- UTIs are likely to negatively impact pre-existing symptoms and cause flare-ups.

Results

- 217 patients filled out the survey.
- Confusion between UTI and IC/BPS symptoms pre-diagnoses in 68%
- Delay in diagnoses of ≥ 2 year in 66%, ≥ 6 years in 26%
- 54% of patients reported regularly having UTIs now or in the past
- Of these patients
- Little attention in literature and guidelines for UTIs in IC/BPS

We aim to clarify the presence and burden UTIs have on IC/BPS patients in an attempt to improve healthcare management of IC/BPS patients.

Method and Materials

- Retrospective questionnaire
- IC/BPS patients from the Dutch IC/BPS patient association (ICP)

	All patients	Only patients who suffered delay in diagnosis	Only patients who had regular UTIs now or in the past
GP confusing IC/BPS	n=211		
symptoms with UTI	Yes: 68%		
Delay by GP confusing		n=143 (6 blanc)	
IC/BPS symptoms with		≥2 years delay: 66%	
UTI			
Regular UTIs now or in	n=211		
the past	Now: 21%		
	In the past: 33%		
	Total: 55%		
Antibiotics use in past			n=115
two years			≥1 treatment: 70%
			>6 treatments: 23%
Use of antibiotic			n=114 (1 blanc)
prophylaxis			Yes: 50%
Antibiotic resistance in			n=115
urine cultures			Yes: 32%
Fear of new UTI			n=115 (3 blanc)
			Yes: 68%
Worsening of IC/BPS			n=115 (1 blanc)
symptoms after UTI			Yes: 57%
Increased healthcare	n=204		n=115 (1 blanc)
consumption during UTI	Yes: 33%		Yes: 46%
for IC/BPS symptoms.			

- 70% received antibiotics in the last two years, 23% >6 treatments
- 50% received prophylactic antibiotic therapy
- 32% reported antibiotic resistance in urine cultures.
- Fear of a new UTI was reported by 68%.
- Severe worsening of their IC/BPS symptoms after a UTI in 57%.
- 33% of all IC/BPS patients reported a large increase in healthcare

consumption for their IC/BPS symptoms during or after a UTI.

Discussion

 > 50% of IC/BPS patients reported regular UTIs now or in the past, causing severe worsening of symptoms in more than half and leading to increased healthcare consumption and fear of new infections.

• Limitations

• There is a risk of response bias

• We only included patients in the Dutch healthcare system

Nonetheless, these results clearly show a large burden imposed by UTIs on the IC/BPS patient population.

Conclusions

UTIs are a frequent occurrence in IC/BPS patients. Often leading to severe worsening of symptoms, increased healthcare consumption and patients fearing new infections, placing a burden on individual patients and the healthcare system.

Our results show a clear need for better prevention, management and

treatment of rUTIs in patients with IC/BPS. Guidelines should incorporate UTI management advise in their recommendations.

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* Both IC/BPS and IC with Hunner lesions are referred to as IC/BPS.

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References

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