



Nutritional Considerations for Patients with Interstitial Cystitis/Bladder Pain Syndrome



INTERSTITIAL CYSTITIS/BLADDER pain syndrome (IC/BPS) is an enigma of urology, thought to affect at least 4 million Americans, with estimates of up to 12 million.^{1,2} IC/BPS is of interest to registered dietitian nutritionists (RDNs), as the associated urinary urgency, frequency, and pelvic pain can often be effectively managed by dietary adjustments.³ Research addressing the relationship of certain foods to exacerbating symptoms prompted the American Urological Association (AUA) to include dietary modifications as first-line therapy for this condition.^{4,5} In addition, other peer-reviewed articles advise health professionals to counsel patients with IC/BPS on nutrition interventions.⁶⁻⁸

The understanding of the mechanisms by which diet affects IC/BPS is

limited; however, there are common bothersome foods and beverages (see [Figure 1](#)), as well as individual variations that elicit flares.⁹ The diversity of symptom triggers complicates treatment strategies and emphasizes the need for RDNs to become knowledgeable about the connections between food sensitivities and increased bladder pain to enlighten patients of this relationship and, if certain foods must be avoided, to ensure adequate dietary intake.

OVERVIEW OF IC

Though usually considered to be a women's health problem, it is becoming more apparent that IC/BPS also affects men.² This syndrome is characterized by pelvic pain, pressure, or discomfort in the bladder and pelvic region, often associated with urinary frequency and urgency. A distinguishing feature of IC/BPS is that unlike urinary tract infections, the urine contains no infectious agent. Bladder pain can be severe; urinary symptoms typically result in frequent daytime bathroom visits and nocturia. Patients report varying degrees of symptoms, ranging from moderate to excruciating. For undetermined reasons, the symptoms typically wax and wane.

The cause of IC/BPS remains unknown. The diagnosis is made on the basis of typical symptoms and the exclusion of other diseases, such as urinary tract infections and bladder cancer. The pathogenesis of IC/BPS is most likely multifaceted, involving a defective bladder lining (leaky epithelium), upregulation of nerves, and inflammation.¹⁰ Analysis of a large twin registry indicates that IC/BPS is more common among identical twins than fraternal twins, suggesting a possible genetic susceptibility.¹¹

Researchers continue to investigate whether IC/BPS is a primary bladder ailment or whether it is part of a systematic disorder. Other chronic conditions often accompany IC/BPS, such as

irritable bowel syndrome (IBS), fibromyalgia, and chronic fatigue syndrome.^{12,13} Many patients with IC/BPS struggle with constipation.¹⁴ Pelvic floor dysfunction, vulvodynia, and sexual dysfunction are frequent in this population.^{12,13,15} Stress, depression, and the intensity of pain are commonly related to a poorer quality of life.^{13,15,16} Patients report that IC/BPS substantially impacts personal relationships, emotions, social life, and sleep/energy level.^{13,17}

A systemic review of the literature found that "neural cross-talk" exists between the bladder and gastrointestinal tract (GI), and that the bowel influences bladder-associated pelvic pain.¹⁸ Researchers hypothesize that when an IC/BPS patient consumes an item that bothers the GI tract, for example, aggravated gut nerves pass pain signals to the bladder, thereby inflaming IC/BPS symptoms. This may explain why therapies that target the GI tract, such as dietary modification and probiotics for IBS, may help control IC/BPS symptoms in some individuals with comorbidities.^{19,20}

There have been more than 180 therapies used to treat IC/BPS, but none are totally effective for all individuals; responses to treatment vary.²¹ This conundrum complicates the process of determining optimal management approaches. The AUA guidelines recommend that symptom severity, clinician judgment, and patient preference drive treatment choices.^{4,5}

EFFECT OF FOODS AND BEVERAGES ON IC/BPS

The effects of foods and beverages on IC/BPS symptoms have been acknowledged anecdotally for many years. However, it was not until recently that this relationship was systematically studied using a validated survey instrument. The benefits of dietary modifications to mitigate bladder symptoms are now stressed as is noted in the AUA treatment guidelines.^{4,5}

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MOST BOTHERSOME		LEAST BOTHERSOME	
Fruits			
<ul style="list-style-type: none"> • Cranberry juice • Grapefruit and grapefruit juice • Lemon • Orange and orange juice • Pineapple and pineapple juice 	<ul style="list-style-type: none"> • Apricots • Bananas • Blueberries 	<ul style="list-style-type: none"> • Dates • Melon (honeydew and watermelon) 	<ul style="list-style-type: none"> • Prunes • Pears • Raisins
Vegetables			
<ul style="list-style-type: none"> • Hot peppers • Pickles • Sauerkraut • Tomato and tomato products 	<ul style="list-style-type: none"> • Avocados • Asparagus • Beets • Broccoli • Brussels sprouts • Cabbage • Carrots 	<ul style="list-style-type: none"> • Cauliflower • Celery • Cucumber • Eggplant • Mushrooms • Peas 	<ul style="list-style-type: none"> • Potatoes (white, sweet potatoes, and yams) • Radishes • Spinach • Squash • Turnips • Zucchini
Grains			
	<ul style="list-style-type: none"> • Oats • Rice 		
Protein Foods			
	<ul style="list-style-type: none"> • Beef • Eggs • Fish (shrimp, tuna fish and salmon) 	<ul style="list-style-type: none"> • Lamb • Nuts • Peanut butter 	<ul style="list-style-type: none"> • Pork • Poultry (chicken and turkey)
Dairy			
	<ul style="list-style-type: none"> • Milk (low-fat and whole) • Cheeses (mild) 		
Condiments			
<ul style="list-style-type: none"> • Chili • Horseradish • Salad dressings • Vinegar 			
Beverages			
<ul style="list-style-type: none"> • Coffee (caffeinated and decaffeinated) • Tea (caffeinated) • Carbonated drinks (cola, non-cola, diet, and caffeine-free) • Beer • Wine (red and white) • Champagne 	<ul style="list-style-type: none"> • Grain beverages/Coffee substitutes (Cafix^a, Pero^b, Roma^c) • Water 		
Other Foods			
<ul style="list-style-type: none"> • Chocolate • Indian food • Mexican food • Spicy foods • Thai food • Pizza 	<ul style="list-style-type: none"> • Pretzels • Popcorn 		
Additives/Artificial Sweeteners			
<ul style="list-style-type: none"> • Monosodium glutamate (MSG) • Artificial sweeteners (Equal^d (sweetener), NutraSweet^e, saccharin, and Sweet'N Low^f) 			
<p>^aWorld Finer Foods. ^bUnifrank Lebensmittelwerke GmbH. ^cAtlantic Natural Foods. ^dMersiant Company. ^eNutraSweet Property Holdings, Inc. ^fCumberland Packing Corp.</p>			

Figure 1. Experience with specific foods and beverages reported by patients with interstitial cystitis/bladder pain syndrome.

In 1993, Koziol and colleagues found that 50% of 374 patients with IC/BPS reported that coffee, tea, and acidic, alcoholic, and carbonated beverages exacerbated symptoms.²²

During this time, urologists and nurses also began informing patients with IC/BPS to avoid foods and beverages that might cause flares.²³⁻²⁵

A decade later (2004-2006), the Events Preceding Interstitial Cystitis case-control study²⁶ found that 85% of newly diagnosed patients experienced increased thresholds of bladder pain

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