SNAPPS WRITTEN ASSIGNMENT TEMPLATE

What is the self-directed learning issue that was identified in your oral presentation?

Interstitial Cystitis

Research the self-directed learning issue and provide a summary of your findings which is fully supported by appropriate, scholarly, EBM references.

Interstitial cystitis, often called bladder pain syndrome, is a chronic and debilitating condition that causes pain and pressure in the bladder, pelvis, and lower abdomen. It can also cause urinary frequency and urgency, as well as painful urination, and waking in the night to urinate. Interstitial cystitis can also cause pain during intercourse. Interstitial cystitis is caused by bladder inflammation rather than a bacteria causing infection. Symptoms of Interstitial cystitis typically cycle through exacerbations and remissions, as well as varying degrees of severity. Many patients experience months of pain prior to seeing a provider Udea et al., 2021).

The cause of Interstitial cystitis is unknown, but there are several factors that contribute to its development. Many people who have Interstitial cystitis have defects in the lining of their bladder, allowing urine to leak into the bladder wall causing irritation. Other causes include pelvic floor dysfunction, when weak pelvic muscles cause the bladder to overcompensate by continuously tensing to prevent incontinence, autoimmune reactions, or nerve disorders. Genetics, allergies and some medications can also contribute to interstitial cystitis. Risk factors for Interstitial cystitis include female sex, age 20 to 60 years old, as well as family history.

There is no specific test to diagnose Interstitial cystitis. Diagnosis usually comes about by ruling out other conditions including urinary tract infections especially chronic recurrent urinary tract infections, bladder cancer, pelvic inflammatory disease and sexually transmitted diseases. Other differential diagnosis include endometriosis, pelvic organ prolapses, irritable bowel syndrome, and overactive bladder. Some key diagnostic factors that can be obtained through patient history are food or stress tigers, urinary urgency and frequency, nocturia, pelvic floor pain, urinary incontinence, and symptoms that worsen before menses. Patients who experience Interstitial cystitis often also have diagnoses of fibromyalgia, migraines, systemic lupus erythematosus, rheumatoid arthritis and chronic fatigue syndrome. If cystoscope is performed, it often shows submucosal petechiae, mucosal tears, and low anesthetic bladder capacity. Other diagnostic tests which help rule out other diagnosis are urinalysis, which is normal, normal vaginal wet prep, and a voiding diary that demonstrates small, frequent voids and nocturia (Clemens et al., 2022).

Treatments for Interstitial cystitis is a combination of approaches that include lifestyle modifications that enable weight loss and stress reduction, physical therapy for pelvic floor rehabilitation, and bladder retraining. Medication options include anti-inflammatory medications such as ibuprofen, Elmiron 100mg, three times a day, oxybutynin 5mg three times daily, or mirabegron 25-50 mg once daily. Second line options include amitriptyline 10-100mg at night, or gabapentin 300-`1200mg three times a day. More invasive treatments include instillation of dimethyl sulfoxide into the bladder as a bridging therapy to oral