

A SURVEY ON CLINICAL PRACTICE OF INTERSTITIAL CYSTITIS IN JAPAN

Hypothesis / aims of study

Clinical practice in managing interstitial cystitis (IC) may be highly heterogeneous, since no definite pathophysiology has been elucidated. We conducted a questionnaire survey among the members of the Society of Interstitial Cystitis of Japan (SICJ), to explore the number of IC patients, and diagnostic and therapeutic modalities commonly used in Japan.

Study design, materials and methods

The survey was conducted in February, 2014. We sent a questionnaire to 169 members belonging to 114 medical institutions of SICJ via e-mail, addressing the number of IC patients on follow up, the number of new patients in 2013, diagnostic methods used, and the treatment employed such as medicine, intravesical therapies, and surgery.

Results

Completed questionnaires were returned from 62 institutions (20 university hospitals, 26 general hospitals and 16 clinics). The response rate was 54% (62/114).

The total number of patients was 4531. Seven institutions had more than 100 patients, while 14 institutions had less than 10 patients (Figure 1). Average number of patients per institution was 73 (median 20).

The total number of new patients in 2013 was 1214. Two institutions had more than 100 new patients a year, while 20 institutions had less than 5 patients (Figure 2). Average number of new patients per institution was 20 (median 7).

Of the 4531 patients, 2066 (45%) patients had Hunner's lesion and 1720 (38%) patients had glomerulations on hydrodistension (Figure 3). The percentage of Hunner type IC was highly variable among the institutions (Figure 4).

As evaluation methods, urinalysis, post-void residual measurement, urine cytology, frequency volume chart, ultrasound of the bladder, cystoscopy, QOL questionnaire, urine culture, uroflowmetry, O'Leary-Sant's Symptom Index and Problem Index (OSSI, OSPI), International Prostate Symptom Score (IPSS) were used in more than 70% of the institutions (Table 1).

Intravesical therapies were performed in 39 institutions. Dimethyl sulfoxide (DMSO) was most often used (20 institutions), followed by heparin plus lidocaine in 11, lidocaine in 9, heparin in 7, and steroid cocktail in 4.

A total of 812 hydrodistensions was performed in 53 institutions, and a total of 5 cystectomies were operated in 4 institutions in 2013.

Among oral medicines, suplatast tosilate, non-steroidal anti-inflammatory drugs, tricyclic antidepressants, pregabalin, anticholinergics, mirabegron and herbal medicine were used in more than 70% of the institutions (Table 2).

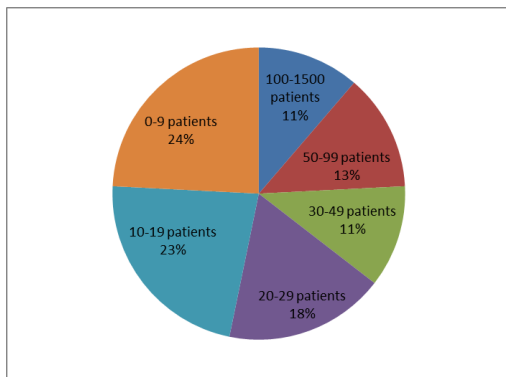


Figure 1. Percentage of institutions by the number of patients

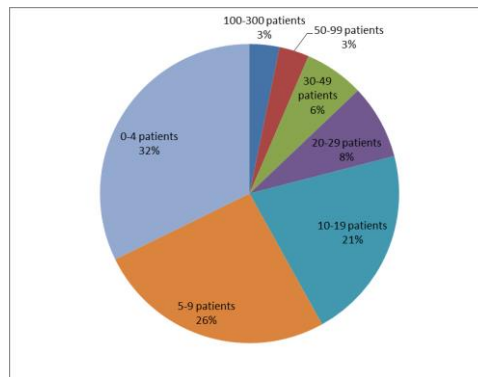


Figure 2. Percentage of institutions by the number of new patients in 2013

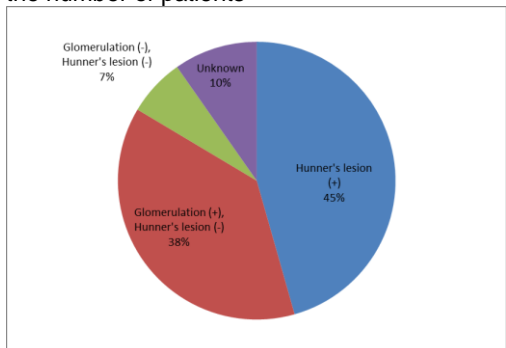


Figure 3. Percentage of patients by cystoscopic findings

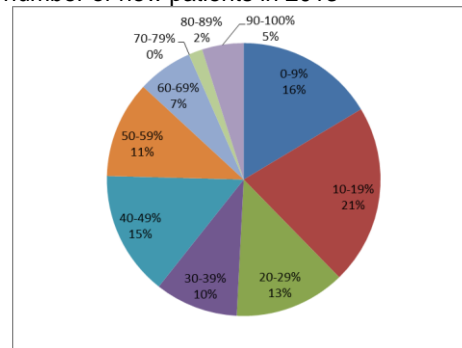


Figure 4. Percentage of institutions by the percentage of Hunner type IC patients

Table 1. Percentage of institutions which

Table 2. Percentage of institutions which

adapted each test to more than 20% of the patients

Urinalysis	97%
Post-void residual measurement	95%
Urine cytology	93%
Frequency volume chart	89%
Ultrasound	87%
Cystoscopy at outpatient	77%
QOL	72%
Urine culture	72%
Uroflowmetry	72%
OSSI, OSPI	72%
IPSS	70%
Cystoscopy in hospital	61%
Urodynamic study	30%
CT, MRI	28%
Urography	25%
Core lower urinary tract symptom score (CLSS)	23%
Potassium sensitivity test	2%

used each drug to more than 20% of the patients

Suplatast tosilate	66%
Non-steroidal anti-inflammatory drugs (NSAIDs)	58%
Tricyclic antidepressants	52%
Pregabalin	45%
Anticholinergics	39%
Mirabegron	36%
Herbal medicine	33%
Citric acid, sodium bicarbonate	25%
Alpha-blocker	22%
Hydroxyzine	16%
Selective serotonin reuptake inhibitors (SSRI)	14%
Opioids	10%
Steroids	3%
Gabapentin	3%
Cyclosporine	2%
Flavoxate	2%
Pentosan	0%

Interpretation of results

This survey covered the majority of high volume centers of IC in Japan thus it is presumed that the results reflect the actual clinical practice of IC in Japan.

Assessment methods are relatively homogenous for clinical tests and symptom evaluations. However, the rate of patients with Hunner's lesion was highly variable among the institutions. This suggests that the criteria of Hunner's lesion are far from being unified and substantial numbers of patients are not properly diagnosed and/or treated.

Therapeutic modalities are also variable, although hydrodistensions, DMSO and suplatast tosilate are most often used as surgical, intravesical and medical treatments, respectively.

Concluding message

The survey revealed a wide diversity in the clinical practice of IC in Japan. Diagnostic criteria for Hunner's lesion should be shared among the physicians who are managing IC patients.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** it was a questionnaire survey. **Helsinki:** Yes **Informed Consent:** No