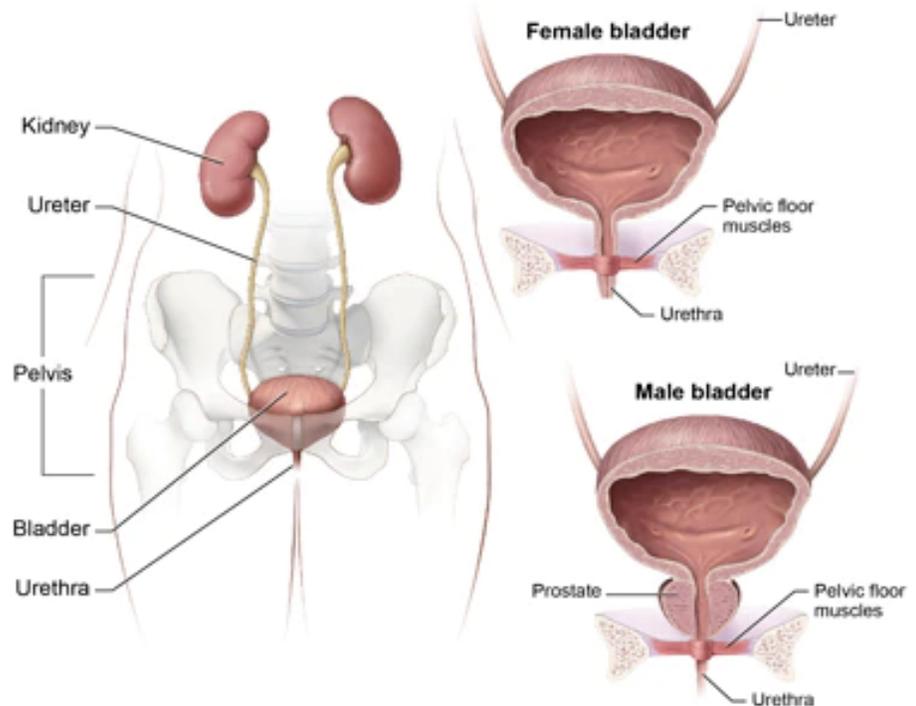


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Interstitial Cystitis/Painful Bladder Syndrome

What is Interstitial Cystitis/Painful Bladder Syndrome?

- **Interstitial Cystitis/Painful Bladder Syndrome (IC/PBS)** is defined as a pain, pressure, or discomfort in the mid-pelvis or bladder area that is present for **at least 6 weeks**. This may be caused by inflammation in the bladder lining.



- On average, it takes about **9 years** to receive a diagnosis of IC/PBS.
- **Women** with IC/PBS may have greater general pain intensity, extent of pain, and bladder pain than men.
- There is a **biopsychosocial concept** of IC/PBS. This means that there are biological, psychological and social factors that influence one's experiences with having chronic pain conditions, which includes IC/PBS.
- **Pain** is the hallmark, or main, symptom of IC/PBS. The pain usually occurs in the pelvis, urogenital muscles/pelvic floor, or external genitalia.

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- **Urinary symptoms** are often associated with IC/PBS. Patients may experience urinary urgency, pressure, discomfort, or urinary frequency.
- **Individual consequences** to having IC/PBS include decreased ability to function on a daily basis, poor sexual function, and loss of work.

How are psychological conditions associated with IC/PBS?

- Many people who are diagnosed with IC/PBS have suffered from trauma. Approximately 42% of patients with IC/PBS have post-traumatic stress disorder. This can heighten symptom presentation, emotional distress, functioning, and possibly cause aversion to having procedures that are used to treat IC/PBS.
- 70% of people with IC/PBS experience **depression**.
- 52% of people with IC/PBS experience **anxiety**.
- 20% of people with IC/PBS or more have **suicidal ideation**.
- Having a co-existing diagnosis of depression may worsen the severity of IC/PBS symptoms. The first year after being diagnosed with IC/PBS is often the most stressful for patients.
- There is a physical, emotional, and cognitive burden with managing IC/PBS. IC/PBS often negatively impacts sexual function and all different kinds of relationships, romantic and otherwise. Understanding this can help influence treatment options, including psychological interventions to treat IC/PBS.

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What psychological interventions can help treat IC/PBS?

- Currently, the American Urological Association (AUA) recommends **stress management therapies** as first-line treatment for IC/PBS.
- Just as individuals experience IC/PBS differently, their response to treatment also varies. The goal is to have a multimodal (more than one treatment option) and personalized care approach to treating IC/PBS.
- Treatment options include single, couple, or group IC/PBS-focused therapy, clinical hypnosis, or guided imagery preceding procedures. **Cognitive-behavioral therapy (CBT)** has been successful for many patients. The aims of psychological interventions such as CBT include IC/PBS education, goal setting, exercise and relaxation training, sleep adjustments, and learning coping mechanisms and communication skills.