

Cystitis

Over two million women suffer from cystitis every year in the UK. Most women have at least one attack some time during their lives, and many have four or five attacks a year. Cystitis technically means inflammation of the bladder. In practice, the bladder and urethra - the tube through which urine is passed - are often both inflamed. Many cystitis symptoms are really due to inflammation of the urethra (urethritis). Cystitis is often due to infection, but may also result from physical or chemical damage.

Infection

Bacteria are the most common cause of cystitis. Most bacteria, which infect the bladder, enter via the urethra from outside. The most common is E. coli, which normally lives harmlessly in the bowel. Women are particularly prone to infection because the female urethra is short and lies close to the back passage. Infection is more common during pregnancy. In early pregnancy muscles around the urethra relax and make it easier for bacteria to travel into the bladder. Later, the enlarged womb pressing on the bladder may prevent it emptying completely. Anything which allows urine to stagnate in the bladder, can help trigger infection.

Non-bacterial cystitis/urethritis

Only about half of cystitis cases are due to infection. Inflammation can also be caused by a variety of other factors, such as vigorous sexual intercourse or wearing very tight jeans which may cause bruising of the urethra. Women who use the contraceptive diaphragm or whose partners use condoms may also be vulnerable. Cystitis can also be set off by using antiseptics in bath water, perfumed soaps, vaginal deodorants or douches or contraceptive creams. Women who suffer recurrent attacks of non-bacterial cystitis are likely to have an unusually sensitive bladder and urethral lining. After the menopause, these linings become thinned and more susceptible to infection or injury.

Interstitial Cystitis (IC)

A less known type of cystitis is Interstitial cystitis (IC) which is not believed to be caused by bacteria. It is a chronic inflammation of the bladder wall. It can affect both men and women, yet 90% of those affected are women.

Symptoms

- frequency of urination (up to 60 x a day)
- severe pelvic pain

Treatment

- A direct instillation of dimethyl sulfoxide into the bladder for relief of pain, antidepressants and low-acid diet.

Symptoms

The following symptoms may indicate that you are suffering from cystitis:

- A frequent and pressing urge to pass urine, while only being able to produce small amounts
- Pain, usually burning or stinging, when passing urine
- Having to get up several times in the night to go to the toilet
- Blood in the urine
- A strong or "fishy" smell to the urine
- You may also have a fever, feel generally unwell, or have a dull ache in your lower abdomen and back. These symptoms may mean the infection has spread to the kidneys, so you should contact your GP as soon as possible.

Treatment

If cystitis is suspected, your GP may send a urine specimen for analysis to see if it is infected. Meanwhile your GP may prescribe a course of antibiotics or treatment to help flush out the bladder and urethra, and make the urine a more hostile environment for any bacteria. If bacteria are



responsible, and not resistant to the antibiotic, the symptoms should quickly clear up. Be sure to take the full course of antibiotics otherwise the bacteria might become resistant. Drinking three litres of fluid a day can help symptoms to go by flushing out the bladder. If you have recurrent attacks of cystitis your doctor may arrange for additional tests or refer you to a hospital specialist. You may have an X-ray or ultrasound scan.

Often there will be no obvious reason for recurrent infections. In this case a long course of antibiotics, lasting a month or more, may be recommended. Women who have recurrent attacks of cystitis after the menopause often benefit from hormone replacement therapy either taken systemically or locally inserted into the vagina. Sometimes cystitis symptoms may be mimicked by thrush or another infection of the vagina, or a sexually transmitted organism such as chlamydia.

Helping yourself

Generally it is a good idea to:

- Drink plenty of fluids, to avoid urinary stagnation and flush out the bladder
- Remember toilet hygiene. Always wipe yourself from front to back to avoid transferring bacteria from the bowel to the urethra
- Avoid perfumed soaps, vaginal douches, tight jeans, and other potential irritants
- Lowering the acidity of the urine by taking a teaspoon of sodium bicarbonate (baking powder) in water every six hours is a good idea if you keep getting attacks.

Cystitis is often called the "honeymoon disease". If your symptoms are associated with making love, the following tips may help:

- Drink a glass of water before intercourse
- Wash "down below" before having sex
- After intercourse, go to the toilet to wash out any bacteria which may have entered the urethra.

A wide range of alternative and natural therapies are claimed to provide relief from cystitis. For instance, cranberry juice is said to contain a natural antibiotic that helps prevent infection. Celery and parsley act as a mild diuretic which can help flush out the bladder. Maintaining a healthy immune system by eating a balanced diet and not smoking or drinking too much alcohol will make bladder infections less likely.

Useful contacts

The Cystitis and Overactive Bladder Foundation (COB)

Tel: 01908 569 169

Email: info@cobfoundation.org

Website: www.cobfoundation.org

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: November 2007.**