

ODESSA, 42 Years Old, Interstitial Cystitis

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Medical Condition:

Interstitial Cystitis

Odessa is a typical patient coping with Interstitial Cystitis (IC). In excruciating pain, up all night long to urinate, exhausted from lack of sleep and chronic pain, having to urinate forty to sixty times a day, she was dismissed by the urologist in her HMO who told her she didn't need any more tests and that she just had to "stop drinking so much water."

Odessa did not give up. She finally found a urologist who knew something about interstitial cystitis, an acutely painful disorder found almost exclusively in women. She began getting appropriate help through a combination of medications and lifestyle changes.

I first saw her two years after her initial diagnosis of interstitial cystitis. She had arranged a consultation to explore the possible hormone connections to her symptoms. Her question was, "I have interstitial cystitis, could it be estrogen-related? I think I may be starting menopause."

I found that she did indeed have both symptoms of low estrogen and objective signs: thinning of the vaginal lining, diminished breast size, decrease in pubic hair, and low blood levels of estradiol. Her bone mineral density had also dropped below normal for her age. All told, she was a good candidate to begin a trial of low-dose estrogen therapy to help improve her overall health picture, as well as to see what could be improved specifically with her interstitial cystitis.

A year later, her sleep had improved, her energy and concentration was back to normal, her sex drive returned, and she reported that her frequency of urination had decreased by about 50 percent. The intensity of her bladder pain had also decreased. Her interstitial cystitis was certainly not gone, but it was better.

Neither she nor I could determine whether the improvement was due solely to the addition of estradiol, or to the combination of everything she was doing, but Odessa said "it was encouraging to me to have my questions and insights taken seriously and included in my treatment." Since estrogen has so many direct effects on the bladder lining, nerves, blood vessels and muscles that govern urinary function, it made a great deal of sense to address this issue of her treatment.

Astoundingly, considering that interstitial cystitis is a woman's bladder disorder, there is almost nothing in the scientific literature about the possible effects of hormone change in triggering it, or on the use of hormones as a part of treatment. Every single interstitial cystitis patient I have seen has asked me this question: "Could it be related to hormone changes?" It seems a logical question, doesn't it, if the problem is pretty much found only in females! I tell women that it makes a physiological sense that there would be a connection, but there is simply no research available.