

Comestibles fan IC fires; dietary guidance advised

Coffee, colas, grapefruit, and vinegar bother more than three-fourths of patients

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Atlanta—Diet does make a difference in symptoms in patients with interstitial cystitis. Most IC patients and the urologists who specialize in treating them are aware that certain foods, beverages, and supplements exacerbate IC symptoms, and a few ease them. Evidence for this has been sketchy and anecdotal, and a study presented at the 2004 AUA annual meeting cast doubt on that common wisdom by demonstrating that instillation of solutions from pH 5 to 7.5 had no effect on symptoms.

But at this year's meeting, researchers at Long Island Jewish Medical Center in New Hyde Park, NY, put some science behind the anecdotes. They developed a validated nutritional questionnaire and asked 125 IC patients, all of whom had IC that met NIDDK research criteria, to answer questions about 154 comestibles.

The questionnaire asked patients not only to note whether an item was bothersome, neutral, or helpful, but also to rate how much worse or better the item made their symptoms. It also was analyzed for validity, clarity, readability,

and test-retest validity. The investigators then generated a mean bother score for each item.

Certain items clearly were bothersome, with 87% of patients reporting that particular comestibles exacerbated symptoms. In addition, 39% reported that some items reduced symptoms. A mere 3% said comestibles had no effect on their symptoms, and only 10% didn't know.

The worst offenders in the survey were coffee, colas, grapefruit, and vinegar. These items bothered more than 75% of patients. Second-tier offenders were spicy foods, alcoholic beverages, and tomatoes, bothering 50% to 75% of patients. In rank order, the top offenders were 1) coffee, citrus fruits, spicy foods, hot peppers, alcoholic beverages, and tomatoes; 2) cola, vinegar, and monosodium glutamate; 3) aspartame, saccharin, horseradish, pineapple, and tea; and 4) decaffeinated coffee.

Plain water, calcium glycerophosphate (Prelief), and baking soda were the most helpful items.

The anecdotal nature of the effects of foods on symptoms was a big issue for many physicians—and rightly so, Rob

Moldwin, MD, associate professor of clinical urology and director of the Interstitial Cystitis Center at Long Island Jewish Medical Center, told *Urology Times*.



Dr. Moldwin

“Clinicians would like to see some real science done to demonstrate that a phenomenon is occurring. What we've demonstrated is that most patients with confirmed IC perceive a significant clinical

impact from various foods, beverages, additives, and supplements. We hope that this study will act as a springboard for other scientific efforts in this area,” Dr. Moldwin explained.

“That's not to say that any one food or beverage will make one particular person worse or better, but, certainly, it identifies those groups of comestibles that one should keep an eye on.”

He pointed out that patients' responses vary widely, so patients still need to experiment with their food and beverage choices. But the results can be a general guide to counseling. Clinicians can tell patients to watch out for the worst offenders. In addition, they can encourage patients to drink water.

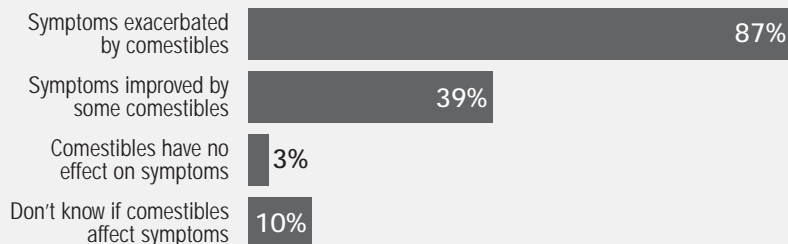
“IC patients tend to under-drink water to avoid urinating so often,” Dr. Moldwin noted. “But by doing that, they shoot themselves in the foot, so to speak. Urine becomes more concentrated, and they get more pain.”

The great advantage of basing counseling on the results of this survey, he said, is that clinicians can have a significant impact on many patients' clinical condition.

“Although traditional oral and intravesical therapy can be of great help to patients, often managing the condition with something as simple as a change in diet can be just as effective,” Dr. Moldwin concluded. **UT**

UT Figure

Survey results: How comestibles affect IC symptoms



Source: Robert M. Moldwin, MD