

Book review

The Interstitial Cystitis Solution: A Holistic Plan for Healing Painful Symptoms, Resolving Bladder and Pelvic Floor Dysfunction, and Taking Back Your Life

By Nicole Cozean and Jesse Cozean

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My interest in reading and reviewing *The Interstitial Cystitis Solution: A Holistic Plan for Healing Painful Symptoms, Resolving Bladder and Pelvic Floor Dysfunction, and Taking Back Your Life* was triggered by encounters with patients whom I met in my clinic who told me about its benefits.

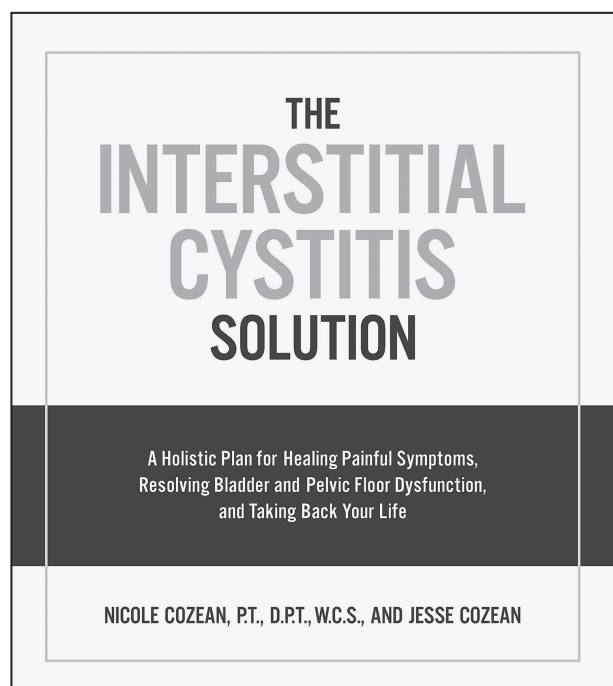
The European Society for the Study of Bladder Pain Syndrome proposed the following widespread definition of painful bladder syndrome/interstitial cystitis (IC) in the absence of other identifiable causes: “pelvic pain, pressure, or discomfort perceived to be related to the urinary bladder [lasting for at least 6 months] accompanied by at least one other urinary symptom such as persistent urge to void or frequency” (Van de Merwe *et al.* 2008, p. 62). In contrast, the American Urological Association (AUA) has

adopted a classification of bladder pain syndrome agreed upon by the Society for Urodynamics and Female Urology: “An unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms of more than 6 weeks duration, in the absence of infection or other identifiable causes” (Hanno & Dmochowski 2009, p. 274; AUA 2014). Tirlapur *et al.* (2016), the authors of the guidelines on the management of bladder pain syndrome from the Royal College of Obstetricians and Gynaecologists (RCOG), prefer the latter definition because it allows treatments to be initiated soon after the presentation of symptoms.

For the purpose of this review, bladder pain syndrome/chronic cystitis/painful bladder syndrome will be referred to as IC.

Nicole Cozean is an American physiotherapist who owns a practice in Orange County, CA, and lectures on physical therapy to students at Chapman University, Orange, CA. Jesse Cozean, her husband and co-author, has a degree in physics and is actively involved in clinical research. *The Interstitial Cystitis Solution* is intended to be a comprehensive resource to help patients and clinicians manage symptoms effectively. Key studies in the literature are discussed throughout the text, and a reference list and appendix containing further reading are provided at the end of the book. It is a patient-friendly resource, and also a welcome change for clinicians from more-generic textbooks!

The authors’ aim is to empower readers to interpret symptom management, and ensure that they know how to get the most out of their treatment and/or self-management. The Cozeans actively encourage their readers to make notes and highlight information that they feel is of significance to their symptoms or progress. I thought this was a lovely touch, and it was something that I had not come across before. At the end of each chapter, the authors supply “takeaways”, which are summaries of key points, allowing readers to refresh their memory at a later date. The layout is easy to follow, and is a welcome contrast to the usual textbook presentation. A large font size is used, and medical terminology



and jargon are kept to a minimum. If a medical term is referenced, it is stated that it is for the readers' benefit to familiarize themselves with it, and a dictionary-like icon appears that explains of the term. "Patient stories", which act as case studies to aid readers' understanding of how each section could present as a patient, are featured throughout the text. Motivational quotes that I found encouraging also break up the text, keeping the reader engaged and positive while learning about this complex diagnosis.

The Interstitial Cystitis Solution is divided into three sections. The first, an overview of IC, devotes 50 pages to current research, literature and information, covering:

- The names and causes of IC – the latter include hereditary conditions, the bladder lining, inflammation, oestrogen levels and pelvic surgery.
- The prevalence of IC – what I really liked about this part was the emphasis on men as well as women. Chronic prostatitis is discussed, and the authors certainly made me think: these symptoms are very similar, if not identical, to IC. The link between these conditions is examined, and studies are referenced for further reading. This links nicely with the next segment on IC in men.
- The diagnosis of IC – the authors provide good advice for patients about how to make the most of an appointment with their doctor if they suspect that they have IC. For example, readers are advised to bring along a bladder and symptom diary, a list of easing and aggravating symptoms, and medications that they have tried.
- A discussion of IC and associated conditions covers mental health, irritable bowel syndrome, chronic fatigue syndrome, fibromyalgia, allergies and asthma.
- A detailed explanation of the symptoms of IC is presented.
- Medical procedures and diagnosis – for example, the authors discuss cystoscopy and urodynamic investigations, and the evidence base for these approaches.

Physiotherapists will be particularly interested in chapter 5, "The Pelvic Floor Connection: It's Not Just Your Bladder". This concludes the first section of *The Interstitial Cystitis Solution*, and spurs the reader on to the next part of the book. Its 15 pages contain three diagrams of the male and female pelvic floor, and a patient- and clinician-friendly explanation of the all-important

levator ani, ischiocavernosus, bulbospongiosus, coccygeus, piriformis, obturator internus, urethral sphincter and superficial transverse perineal muscles. The authors explain the function, anatomy, attachment and origin of this musculature, as well as the role that it plays in both normal function and what may be presenting as a dysfunction in a patient with IC. This chapter also helps the reader understand the bladder and urinary system, and what normal voiding is. It concludes with things that we can do to help (e.g. trigger point release, pelvic floor physical therapy and changes to daily routines).

Section II, "Treatments and Therapies", consists of 83 pages on evidence-based treatment options, and the authors discuss traditional medications, diet and lifestyle changes, physical therapy, and alternative medicine(s). They even cover surgical removal of the bladder, although they do state that it would be difficult to imagine a set of circumstances in which this would be appropriate! However, this was once a relatively common procedure under the AUA guidelines – although not anymore – but patients who did undergo this procedure often still reported phantom pain and feelings of urgency, even after the bladder had been completely removed! (This should be no surprise to physiotherapists, and it highlights the importance of treating IC psychosomatically.)

Home exercises that address relaxation of the gluteal, abdominal and pelvic floor muscles are described. These are very well explained and easy to follow, especially with the aid of the pictures provided.

Also covered in section II are:

- Oral medications (chapter 7, "A Bitter Pill: Why Medication Isn't the Only Answer") – the authors provide an explanation of the pain cycle and the medicines used to treat it (e.g. antidepressants, muscle relaxants, opioids, antibiotics and antihistamines), and how these may or may not help with IC. The evidence base and appropriate guidelines are discussed.
- Bladder and medical treatments – these include bladder installations (e.g. lidocaine, dimethyl sulfoxide and heparin), botulinum toxin A (Botox) injections, and the irritability and/or effectiveness of such treatments on the urethra.
- Chapter 11, "Food as Medicine: The Role of Diet in IC", critically discusses the role of pH in foods, acidity and its effect on the bladder, as well as trigger foods, such as caffeine and rich, spicy dishes. Specific diets are discussed (e.g. Palaeolithic dairy- and gluten-free ones),

as well as vitamins and oils, and evidence is cited to support each.

- Pelvic floor physical therapy evidence – the evidence base to support posterior tibial nerve stimulation, internal and external physical therapy/manual techniques, abdominal (diaphragmatic) breathing, trigger point release, and stretching is discussed. There are eight pages of pictures of exercises that relax the pelvic floor, inner thighs, abdomen and gluteal muscles. The authors encourage the reader to do these exercises as a self-care regime, which I have found that patients respond to well. (This also saves me time because I do not have to print out exercises in a busy clinic!)
- Reading and understanding a clinical trial – I found this portion very well worded to help patients to understand concepts such as placebo, randomization and controlled studies, as well as what statistical significance and complications such as bias mean. While this information only takes up two pages with a short paragraph on each element, it will help readers to digest relevant articles and studies, and interpret the findings appropriately to influence their self-management of IC. There is also a table listing the names of medications, the time needed to evaluate symptoms, common side effects and results for use in IC (tested/not tested).
- Section II ends with chapter 12, “Thinking Outside the Box: Nontraditional Therapies”, which discusses acupuncture, meditation, guided imagery, cognitive behavioural therapy and supportive psychotherapy. The authors reference the guidelines and history behind the above therapies, and discuss how these may work in theory, sometimes with evidence.

Section III, “The Three Stages of Recovery: Your Action Plan”, uses the final 20 or so pages of the book to encourage the reader to develop a unique combination of treatments to aid evidence-based self-management of IC. The authors provide templates that are designed to manage flare-ups, checklists for daily management routines, oral medication charts (that emphasize noting the effects, start dates and observed benefits of this approach), and food and bladder diaries. I found this to be very positive and an impressive way to tie up what patients have read, consolidate what they have learnt, and help them to set goals in order to achieve optimum symptom control and self-management.

In “Stage I: Manage the Symptoms”, subheadings include:

- “Take First Steps”;
- “Observe the Benefits and Side Effects of Oral Medication”;
- “Pelvic Floor Physical Therapy: Schedule an Evaluation”;
- “Self-care: Start a Daily Routine”;
- “Diet: Eliminate Common Culprits”;
- “Alternative and Complimentary Treatments: Try Something New”;
- “Mental Health: Relieve Stress and Relax the Nervous System”.

In “Stage II: Address Underlying Issues”, the authors directly address readers, and effectively congratulate them on achieving each stage I bullet point listed above. Once patients have finished this first stage and understand how their body responds to different treatments, stage II helps them to focus on the most beneficial ones. The Cozeans discuss willpower, and motivate readers to continue with their progress. They also encourage readers to set SMART goals (i.e. specific, measurable, achievable, relevant and time-bound targets) to maintain their focus and empower them to continue with optimum self-management.

The final chapter is entitled “Stage III: Living Successfully with IC”. This focuses on the importance of maintaining symptom gains, rather than finding and striving for symptom improvement. The authors discuss the value of returning to “normal life”, and finding and sticking to the permanent, individual routine that has helped the patient get to this stage.

The Interstitial Cystitis Solution is an affordable and engaging read that will empower readers to play an active part in the diagnosis and management of their IC. I would strongly recommend it as a must-have addition to any physiotherapy department library or patient’s bookshelf. I have recommended the book several times to clients who have asked for further reading about or additional information on IC, and always receive positive feedback from this patient group.

I wrote this book review because I wanted to share this resource with my colleagues in pelvic health physiotherapy. Three patients of mine came to me who had already purchased *The Interstitial Cystitis Solution* before our initial appointment/assessment, and it had provided them with a very good understanding of their management and treatment options. This allowed me to focus on pelvic floor assessment, perform

manual therapy (e.g. trigger point release), and teach them techniques such as relaxation and abdominal breathing. I have found that using this book as a patient resource has saved time, and made me more clinically effective. I also believe that my knowledge of IC has greatly developed, and I am now identifying its traits and triggers in patients who have been referred for urogynaecological conditions, which means that I am able to assist in the likely diagnosis of IC.

As a specialist physiotherapist in women's health who has an interest in IC, I found this book to be well presented and enjoyable throughout. It is well written, and appropriately critiques treatment options and the evidence base that supports these.

However, the guidelines discussed throughout *The Interstitial Cystitis Solution* are naturally American (e.g. those from the AUA, the American Physical Therapy Association and the American Urogynecologic Society). To aid best practice, I would strongly recommend that healthcare professionals working in the UK National Health Service ensure that they are familiar with the RCOG Green-top Guideline on the management of bladder pain syndrome (Tirlapur *et al.* 2016), and in the absence of any National Institute for Health and Care Excellence (NICE) guidance in

this area, the NICE advice on IC and oral pentosan polysulfate sodium (NICE 2015).

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