

Publication: She
Date: January 2010
Circulation: 135,895



DO LESS, LIVE MORE * STORAGE SPECIAL * CELEBRITY CHEFS SHARE THEIR RECIPES

SHE

Kate Hudson
on motherhood,
me-time and
staying sane

WOMEN WHO JUGGLE THEIR LIVES

**NEW YEAR
NEW YOU!**
LOST YOUR
CONFIDENCE
LOSE WEIGHT
GAIN ENERGY

**FORGET
GYM - DRESS
YOURSELF SLIM!**

ANTI-AGEING
SKIN MAKEOVERS
*instant way
top 5 years*

CONFESSIO
"I WAS SO
ANGRY WITH
MY HUSBAND
FOR LEAVING
ME CHILDLESS"

THE SECRETS
OF WOMEN
WHO LOOK
BETTER NOW
THAN EVER

FAST & EASY
PARTY BUFFET

SOLD AS PART OF A
VALUE-PACK.
NOT FOR RESALE

JANUARY 2010 £3.30
www.allaboutyou.com

259 WAYS TO LOOK & FEEL AMAZING!

...RYING JEANS * LUXURY STYLE FOR LESS - HOW TO WEAR THE
...EVERY WOMAN SHOULD MAKE



THE BURNING ISSUE

Most of us have experienced the misery of bacterial cystitis. But for Sarah White, 44, PhD and a senior researcher at a Scottish university, her undiagnosed interstitial cystitis caused untold agony for over seven years

The earliest hours of the morning were always my worst and the pattern was horribly familiar. I'd be in the middle of the night with horrendous pelvic pain, desperate for the loo. I'd steel myself to get up and go to the bathroom, but already I'd feel the agony that would last for at least 20 minutes afterwards. I'd go back to bed, get on my electric blanket for comfort and try hard not to cry, as the sobbing only intensified the pain. In those lonely moments before dawn, the minutes stretched out hours as I tried to get back to sleep. Eventually I'd nod off, only to be woken by the alarm a few hours later, feeling utterly exhausted...

FIRST SYMPTOMS

It happened for the first time in August 2001. I can remember waking up to use the loo in the middle of the night and experiencing an awful aching pain afterwards. The same thing happened again two or three weeks later. I had no idea what might be causing it. I just hoped, as you do, that it would go itself out and go away. My husband Iain, a photographer, and I were living in London and my previous experience of my GPs' surgery hadn't left me keen to return. It was one of those large, anonymous surgeries with eight part-time GPs, and you never saw the same doctor twice.

But by the time we'd moved back home to Scotland, in the summer of 2002, the pain had become more frequent and severe – and I knew I needed help. I made an appointment with the family GP who I trusted and began the long process of finding a diagnosis and effective treatment.

In addition to the agony before and after peeing, my symptoms included painful ovulation, heavy periods and increased pain in the week before my period, which all

suggested that it might be endometriosis. My GP referred me to a gynaecologist and in the meantime told me to use a hot water bottle and take Nurofen to help with the pain.

The consultant gynaecologist confirmed the diagnosis of endometriosis and I underwent a series of operations to remove endometrial tissue from my Fallopian tubes and ovaries. But the surgery did nothing to alleviate the pelvic pain before and after peeing, which was so intense that it actually made me feel nauseous.

My days passed in an anxious haze of trying to manage my bladder. Feeling horribly self-conscious, I'd have to interrupt work meetings to go to the loo and then come back and sit there in extreme pain for 20 minutes afterwards. Whenever I went out, the first thing I'd have to do was find where the toilets were.

Driving on a motorway without checking the location of service stations was unthinkable. And at night I was desperate for sleep – but knew I wouldn't get much.

Fruitless visits to my GP and gynaecologist often left me in tears of frustration. I knew they were doing their best and were very sympathetic, but they had no idea what was causing the pain. I did have endometriosis but there was clearly something else going on too, so they inserted implants to simulate the menopause, prescribed pills to imitate pregnancy and finally I was fitted with a coil. But nothing helped.

Determined to find an answer, I also saw a homeopath for 12 months. And when that didn't work, I embarked on a year-long course of Chinese medicine and acupuncture. I spent thousands of pounds, but there was still no improvement in my symptoms.

By 2005, my pelvic pain was agony for three weeks out of four, with the symptoms worse in the week before my period. To make matters worse, the

hormonal treatments for my endometriosis were triggering migraines and, desperate to alleviate the pelvic pain, I had begun to reduce my fluid intake so that I didn't need to pee so frequently, but that caused dehydration, which exacerbated the migraines. I was stuck in a terrible vicious circle.

UNBEARABLE PAIN

By then I was also utterly exhausted from long-term lack of sleep. The pain kept me awake, as did anxiety as to what was causing it. I couldn't help thinking that bowel or bladder cancer might have gone undiagnosed. Although my GP had been supportive, the doctors didn't seem to have a clue what the problem was. One gynaecologist simply concluded that I had irritable bowel syndrome (IBS) and said I needed to eat All-Bran, listen to classical music, get a grip and relax.

Apart from the endometriosis, I didn't know what was wrong with me but knew that it wasn't IBS. I felt so powerless and frustrated that I couldn't think what to do next. Meanwhile, the pain seemed serious enough to be life-threatening and one of the most difficult consequences was that it had become impossible for Iain and me to have sex. It was unbearably painful for me and not an experience he wanted to subject me to.

Fortunately we were able to talk openly about our feelings. I felt guilty for not being able to give him what we both wanted and he felt guilty for wanting it. If we hadn't been so open, resentment, anger

and misunderstanding could easily have pushed us apart.

Going without a sexual relationship wasn't the only part of my illness that Iain struggled with. He was brilliantly supportive, but as I was permanently miserable with the pain and exhaustion it was impossibly hard for him. And there were some pretty difficult times.

In May 2008, the surgeon performed a fourth operation to remove more tissue – but found that, in fact, there were no new endometrial deposits. He told me, "I'm pretty sure you need to see a urologist, not a gynaecologist."

Although that information was a breakthrough in a way, I felt at my lowest ebb. My gynaecologist had to pass me on to another department and there was an 18-week wait just to see the urologist. I was so worried that, in the

chasm between one hospital department and the next, my health would really deteriorate and my life would fall apart. How could I get through those 18 weeks of waiting?

During the summer of 2008, my future seemed so bleak. Recovering from my fourth operation in five years, I was in constant pain, day and night, and felt utterly exhausted. I'd put on a stone and a half and was in that vicious spiral of not feeling well enough to exercise. And I dreaded having to give up the job I loved. As a senior researcher and team

leader, my role was stimulating and demanding, with senior managerial responsibilities. I knew the work I did was a full-time commitment and dipping in and out on a part-time basis really wasn't viable. And if ▷

“Although my GP had been supportive, one gynaecologist told me I had irritable bowel syndrome and needed to eat All-Bran, listen to classical music, get a grip and relax

my job went, so would our home – as without my salary, Iain and I couldn't afford the mortgage on our house. I was devastated when I was signed off work for three weeks; I'd never been signed off before. Having fought to stay optimistic for years, I started to worry that everything I'd striven for might slip through my fingers.

TAKING ACTION

Determined not to let that happen, I started searching online for information that might help me, when I came across an American website on interstitial cystitis (IC) and the British charity, the Cystitis and Overactive Bladder Foundation (COB Foundation). I printed off the symptoms for IC – and wept with relief. Here, clearly, was what I was suffering from. At last, I had found the correct diagnosis. I finally knew what was wrong with me and, in that moment, I knew that I'd manage it; I could start the journey of beginning to cope.

After reading that 50 per cent of sufferers have reduced symptoms if they change to low-acid foods and drinks, I downloaded the diet sheet. I immediately cut out citrus fruits, tomatoes, cheese, bacon and sausages – basically anything that was processed or containing sulphites was out, as was tea, coffee and alcohol. I began the diet on a Monday and, amazingly, by the following Friday, I had almost no pain, even after going to the loo. For me, that was nothing short of a miracle.

Changing my diet reduced my symptoms by 60 per cent and, knowing how to control the pain, was immensely liberating for me. Of course, it's not always easy – I can feel awkward and self-conscious refusing food at working lunches and conferences. But not following the diet isn't an option. And if that means always carrying an emergency stash of oatcakes, a pear and



“**I began the diet on a Monday and by the following Friday, I had almost no pain, even after going to the loo. For me, that was nothing short of a miracle**”

peppermint tea in my handbag, then so be it.

In January 2009, I finally saw the consultant urologist, who confirmed I had IC. He was pleased that my low-acid diet was having a positive effect and he explained that limiting my daily fluid intake to 1.5-2 litres would also help control the pain. And I've discovered that I can drink vodka and blueberry smoothies with no ill effects, which gives me a couple more options.

Apart from my IC and painful bladder syndrome (PBS), my health is good, I have a happy and loving relationship and a stimulating job. I've had a lot of support from my husband, my friends, GP and specialists. And I thank god for the internet! Without it, I may never have found the cause of my pain – or the various charities that have given me information on controlling my symptoms, which has totally turned my life around.

• Visit the *Cystitis and Overactive Bladder Foundation* at cobfoundation.org or call 0121 476 1222.

FOR GREAT HEALTH AND WELLBEING
ADVICE VISIT NETDOCTOR.CO.UK

INTERSTITIAL CYSTITIS

Consultant urologist Mr Zaki Almallah of The Bladder Clinic (thebladderclinic.co.uk), says:

“Interstitial cystitis (IC), also increasingly referred to as Painful Bladder Syndrome (PBS), is a severe and debilitating condition of the bladder and its cause is unknown. It is becoming common for patients to diagnose themselves with IC through research on the internet. I often see patients with interstitial cystitis, who have been suffering unnecessarily for far too long before they get to see a urologist. They've been prescribed antibiotics repeatedly to no effect, or been dismissed as anxious and neurotic. They finally come to me very despondent about continuing to seek medical help.

There is no cure for IC but, in most cases, the right specialist with relevant experience and a sympathetic attitude can help alleviate many of the symptoms. It's just a matter of raising awareness about the condition and the help available among both patients and healthcare professionals.”

• The main symptoms of IC are pain, pressure or discomfort in the bladder, pelvic region or lower abdomen and increased frequency in passing water to relieve pain or discomfort. Some sufferers with severe IC may urinate

up to 60 times per day. Sexual intercourse is often very painful.

• The symptoms are similar to bacterial (common) cystitis but IC symptoms are persistent, usually lasting more than three months, with no evidence of an infection or other illness. It is not uncommon for patients to see up to five doctors before their condition is correctly diagnosed.

• Recent research suggests that IC affects from 4 to 7.5 per cent of women.

• Certain foods and drinks aggravate the symptoms and a low-acid diet and controlled fluid intake has been found to be effective for many sufferers.

• Oral medications such as amitriptyline, an antidepressant used where pain is significant, or hydroxyzine, a strong antihistamine prescribed to block the immune response, and other anticonvulsants, muscle relaxants, pain relief medications and anti-inflammatory medications are often effective.

• Bladder instillations – medications that are placed directly into the bladder via a catheter – are increasingly used to help restore the bladder lining or reduce inflammation.

• Surgery may be considered as a last resort, but only in severe cases that haven't responded to other treatments. **SHE**