



# Health Awareness

## Chronic Pelvic Pain Sufferers Search For Answers

(NAPSA)—Imagine having chronic, severe pelvic pain. The kind of pain that debilitates you, prevents you from working, traveling, sleeping soundly or having sex with your partner.

Now imagine that years pass by with physician after physician unable to diagnose what is wrong. Some women even question that the pain they are experiencing might be more mental than physical. With no diagnosis, treatment or relief in sight, depression and anxiety build as the intense pain continues unabated.

That's the scenario that has been faced by many of those who suffer from Interstitial Cystitis (IC), a chronic inflammatory condition of the bladder lining, the cause of which is unknown. As a result, IC is widely misunderstood and often misdiagnosed.

It is believed that Interstitial Cystitis is caused by tiny leaks in the protective liner of the bladder, allowing chemicals in the urine to irritate the bladder wall. Sufferers experience not only chronic pain but urinary urgency (frequent trips to the bathroom) and may feel pain and pressure in the vagina, pelvis, lower abdomen or external genitalia.

While the number of sufferers in the United States is estimated to be one to two million, the number of actual sufferers may be higher, simply because IC is just now being widely recognized as an actual condition.

For more than 10 years, Terry-Jo Myers, a professional golfer on the LPGA tour, was unable to find the cause of her chronic pelvic pain. The pain grew so intense that she began to increasingly withdraw from tournaments and her social and family situations suffered. Finally, after visiting numerous physicians, she received the proper diagnosis as suffering from IC. After beginning an effective treatment course, Terry-Jo is today enjoying a comeback on the LPGA tour and actively speaking out about IC.



### **Misdiagnosed and misunderstood, interstitial cystitis can go undetected for years.**

"I was constantly in excruciating pain and it had a profound impact on my ability to function normally," said Myers. "At the time, I was too uncomfortable to discuss the symptoms with anyone other than my immediate family. After receiving a proper diagnosis and beginning treatment for IC, I've been able to regain control over my personal life and my career. It is important for people with IC symptoms to know that there are effective treatments available. They should go see their doctor as soon as possible so that if they are diagnosed with IC, they can be treated early and not have to endure the pain like I did for so long."

Recognizing the signs and symptoms of IC is the first step toward getting relief. Signs and symptoms include:

- The need to urinate frequently
- Pain and pressure in the bladder area
- Inability to hold much urine
- Waking more than once a night to urinate
- Feeling unexplained pain and pressure in the vagina, pelvis, lower abdomen or external genitalia
- Having negative tests for bacterial urinary tract infections (UTIs), other urological disorders, tumors and sexually transmitted diseases.

If you experience these signs

and symptoms, start a conversation about them with your physician or nurse. He or she may prescribe treatment such as ELMIRON® (pentosan polysulfate sodium), which is the only oral medication approved by the FDA for the relief of bladder pain or discomfort associated with IC. A physician may also recommend changes in lifestyle or diet such as avoiding foods that commonly cause flare-ups including caffeinated beverages, fermented foods and drinks (cheese and alcohol), and spicy foods to help alleviate your symptoms.

Some sufferers live with the pain and discomfort of the condition for years without receiving a correct diagnosis. Early diagnosis may ease the pain and suffering associated with IC.

Ortho McNeil Pharmaceutical, Inc. markets ELMIRON, the first and only oral treatment for the relief of bladder pain associated with IC. In a long-term study, the most frequently occurring adverse events were diarrhea, nausea, localized alopecia (reversible upon discontinuation), headache, rash, dyspepsia, abdominal pain, liver function abnormalities, and dizziness, each of which occurred at a frequency of one percent to four percent. Patients must be counseled that pain relief may require up to three months of therapy. Treatment should be assessed after three months of therapy. If improvement has not yet occurred and limiting adverse effects are not present, assessment of ELMIRON® (pentosan polysulfate sodium) should be continued for a second three-month interval. If improvement occurs and limiting adverse events are not present, therapy may continue. Clinical relevance and risks of continued treatment in patients whose pain has not improved by six months are unknown. For more information on IC, please contact your physician or visit the following Web sites: [www.ichelp.org](http://www.ichelp.org) or [www.elmiron100.com](http://www.elmiron100.com).