

**1996-97 CYSTITIS RESEARCH CENTER (CRC)
NATIONAL QUESTIONNAIRE FINDINGS**

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Materials and Methods

In the fall of 1996, a four-page national questionnaire was compiled by the Cystitis Research Center (CRC) in conjunction with the Interstitial Cystitis Information Center (ICIC). The stated goal of this questionnaire was to determine the effectiveness of the CRC monitoring program for the treatment of pelvic disorders including the bladder disease Interstitial Cystitis. The monitoring program is further explained in the Summary and Results of Section B: Participating in the CRC Program. Two hundred fifty active patients/clients of Dr. Paul Fugazzotto's CRC received the questionnaire sent out by a mailing company in Rapid City, South Dakota.

Ninety-five (95) completed questionnaires were mailed to the ICIC from patients representing 29 states, Germany, and Canada, giving a respectable 38 percent return. Seventy-six respondents (80%) were female; 19 respondents (20%) were male. The questionnaire was divided into three sections: Section A: Prior to Participating in the CRC Monitoring Program; Section B: Participation in the CRC Monitoring Program and Section C: General Questions. It is important to note that not every question in each Section was answered by each respondent. Thus, each question could possibly have a different number of respondent answers. These numbers are so noted in the body of this report.

The cost of the mailing was paid from CRC funds. Total time (19 months) and all other monies for supplies, research, compilation and writing were donated freely by the above investigators.

Summary and Results

The average age of patients at onset of pelvic problems/IC was found to be 35 years. The youngest reported onset was 10 years, the oldest 70 years. It was earlier thought that pelvic disorders/IC were mainly problems of "middle-aged" women in their forties and perimenopausal or menopausal. It would appear that the findings of this questionnaire shed new light on this misconception.

In regard to onset of symptoms, 46 of 95 respondents (48%) said their symptoms came on "suddenly" while 42 of 95 (44%) felt they came on "gradually." Six (6%) gave no answers to this question. Frequency (85 times) was reported as the symptom occurring most often, followed by urgency (72 times), burning (68), bladder spasms/pain (63), urethral pain (50), and lower back pain (24). Others mentioned more than one time were: all of the above (9), prostate

pain (5), suprapubic pain (4), testicular pain (3), vulvar/vaginal pain (3), blood in the urine (3), pain with sex (2), leg/foot pain (2), malaise (2), and bladder never feeling empty (2).

Forty of ninety-five responses (42%) saw three-to-five medical personnel in seeking help with their symptoms while thirty-seven (39%) saw more than five. Only seventeen of 95 replies (18%) said they had seen just one or two. Forty of 95 (42%) answered that it took "years" (from over one year to a high of 30 years) to get a correct diagnosis. Thirty-four (36%) were diagnosed within "months" ranging from two to nine months. Five (5%) were diagnosed "immediately." However, fourteen (15%) said they were never diagnosed.

Because patients could receive a pelvic disorder/IC diagnosis from more than one source or method, the following details how these diagnoses were made. Thus the totals will equal more than the total number of survey responses. Fifty-one obtained diagnosis by cystoscopy with general anesthesia. Twenty-eight received diagnoses based on their symptoms. Twenty others each obtained their diagnoses by cystoscopies performed in a doctor's office and by bladder biopsies. Sixteen were diagnosed by quick urinalyses done in their doctor's offices; eleven by agar plate cultures and seven by prostate massage. Other diagnoses were given by urodynamic studies, oxalate urinalysis by Dr. Clive Solomons, catheterization and testing of kidneys, hydrodistention, broth culture by Dr. Paul Fugazzotto, and EPS under a microscope.

Fifty-seven of 95 respondents (60%) replied that they were diagnosed with IC; fourteen (15%) were given no diagnoses; twelve (13%) with prostatitis; and eight (8%) were diagnosed with UTIs. Four (4%) did not answer this question.

Seven of 40 (17.5%) answered that they tried traditional antibiotics for periods of seven days to 10 days to nonspecific "days" or "weeks." Another 17 individuals (42.5%) used traditional antibiotics for periods ranging in months from one to six. Seven (17.5%) took standard antibiotics for "years" with eight (8) years being the longest time by one patient. Nine (22.5%) were NEVER given antibiotics at all.

While being treated with traditional antibiotics, 14 of 33 (42.4%) were NEVER TOLD and 13 (39.3%) were TOLD SOMETIMES for which bacteria they were being treated. Only six (18.1%) WERE TOLD, with E. Coli being cited as the most often found bacteria. Antibiotics used most often were: Macrochantin (10), Bactrim (9), Cipro (9), Keflex (5) and Ampicillin (4). Others tried included: Macrobid (3), Septra (3), Augmentin (3), Amoxicillin (2), Floxin (2) and Maxaquin, Proloprim, Doxycycline, Cinobac, Ceftin, Trimplex, Erythromycin, Gantrisin, Carbenicillin, Noroxin, Cephalixin, Mandelamine and Vibramycin one each.

Treatments tried other than traditional antibiotics were (from most used to least used): urethral dilatation, Dimethyl sulfoxide (DMSO), Elmiron, Silver Nitrate, Elavil, "IC Cocktail," bladder distentions and Heparin. Vitamin B injections, ozone therapy, self-catheterization, "trigone"

injections, spinal block, cauterization, Clorpactin and Neosporin irrigations were also mentioned.

Nineteen respondents had been given DMSO treatments ranging from "one" to as many as "50." Two individuals who did DMSO noted that their treatments were "too many to count." Seventeen persons had been given urethral dilatations ranging from "one" to "hundreds." Five reported silver nitrate instillations ranging from "one" to "hundreds." Two said they had taken Elmiron (one person daily for three months and another daily for three years). Others: fourteen IC cocktails; "hundreds" of Neosporin irrigations; 16 Heparin instillations, six Clorpactin treatments; one "cauterized three times a week" but didn't state the number of weeks however; several laparoscopies; and an IVP (Intravenous Pyelography).

Asked whether any of the above treatments were successful (i.e., did symptoms improve for any length of time, and if so, for how long a time), 18 of 36 respondents (50%) said **NO INVASIVE TREATMENTS WERE SUCCESSFUL** for them. Eight (22%) said DMSO helped them for a "few weeks" to "about a month" to sometimes "three months at a time." Three (8%) said dilatations helped their "pain." Two (5%) said bladder distentions helped for "weeks" to "two-to-three months." The remaining 15% percent said ozone therapy, Hydroxyzine HCl (Hydrochloric Acid), the IC Cocktail and Elmiron "injections" helped some but did not elaborate further.

Twenty-seven of 35 (77%) said they had definite unwanted one or more side effects from the above treatments. Eight (23%) said they had **MORE** side effects such as severe pain after DMSO or Clorpactin treatments. Eight others (23%) said they had **NO SIDE EFFECTS** from the above treatments. [Answers could be multiple on this question.]

Side effects given specifically as being related to DMSO instillations were: sore bladder, weight gain, garlic taste/smell/body odor, bleeding, allergic reactions (rash, etc.), bladder ulcers, dry throat and increased frequency/urgency. Other side effects not specifically related to DMSO were: urethral pain or leaky bladder from dilatations, hiatal hernia, and headache/hair loss from Elmiron instillations. One reported being hospitalized by weakness and severe pain after an instillation.

When these respondents were asked if they were continuing these treatments, 25 (71%) said "No!" One of these replied further: "No! They are barbaric!"

Other treatments tried with varying degrees of success were: Acupuncture helped ten persons; chiropractic treatments helped lower back pain for eight persons; biofeedback five; massage therapy four; and TENS unit two. Methods mentioned each by one person were: relaxation techniques, bladder retraining, high voltage stimulation, birth control pills, reflexology, hypnosis and counseling. Eleven said that even none of these treatments were helpful. One each also said birth control pills and Elmiron/Heparin were "somewhat helpful."

When asked how many laboratory tests they had been given for either diagnostic or treatment purposes, 28 of 36 (78%) reported greater than five (5) lab tests. Twelve of this number said their tests were "too numerous to count." Six (17%) had been given three-to-five tests, and two (5%) just 1-2 tests.

SECTION B: PARTICIPATING IN THE CRC PROGRAM

Forty percent (40%) learned about the CRC program from other participants while thirty (30%) learned about it from their own doctors or from support group meetings. The final thirty (30%) learned from other sources such as the ICA, the Internet and individuals.

The CRC testing procedure, i.e., broth culture for bacteria, found **Enterococcus** 23 times in the survey participants' urine samples. Gaffkya and strept Group B were found two times each. Micrococcus, Pseudomonas, Staphylococcus and E. Coli were each mentioned one time. Eight said they "didn't remember" what bacteria were found, and one said she was "not informed."

Significantly, only one respondent said "no bacteria" were found. [Chart 1]

Augmentin was the number one antibiotic choice suggested by the CRC and used by 21 respondents. Next in line in terms of usage were: Macroclant (5); Amoxicillin (5); Carbenicillin (4); and Geocillin, Macrobid and Cipro (2 each). Others: Doxycycline, Keflex, Ofloxacin, and Velosef/Anspor (one each). **[Chart 2]**

Twenty-three of 30 respondents (77%) had the greatest number of symptom reductions occur in taking the CRC recommended antibiotics between "DAYS" and "SIX MONTHS." Included in this number was one individual who had an "IMMEDIATE" reduction of symptoms upon beginning Augmentin. Seven (23%) reported NO reduction in their symptoms.

If there was a problem with the use of a particular antibiotic, the CRC would make suggestions regarding changes in the antibiotic taken or in the dosage amounts. Fourteen of 32 (44%) were given suggestions to change their antibiotic. Fourteen of 22 (64%) were given recommendations to change their antibiotic dosages. **Seventy-eight percent** or 18 of 23 who made changes in either the antibiotic or dosage amounts found these changes to be helpful. Only five of 23 (22%) did not find making changes suggested by the CRC to be helpful.

Time using CRC recommended antibiotics ranged from one (1) month to seven (7) years. **The average continuous time, however, for using CRC suggested antibiotics was 18 months.** The months used to reach this calculation did not include those whose generic answers included antibiotics varied greatly from individual to individual, once again pointing to the unique differences in individuals with IC. **This survey shows, however, that the time needed to stay on longterm antibiotics is far less than formerly thought by many.**

Twenty-two of 38 respondents (58%) submitted five or more samples for culturing with lesser

number of submissions going down the scale of five (13%) who gave four samples; to four (11%) who gave three samples; to two (5% who gave two samples; and five (13%) who gave just one sample.

Sixty percent (60%), 21 of 35 survey participants who continued with the CRC program now feel their bladders are healed, have only slight symptoms needing occasional antibiotic usage or no longer need antibiotics at all. Ten individuals (28%) stopped their antibiotics because they felt they did not have continuous improvement. Two (6%) had their antibiotics stopped by their doctors. Another two (6%) did not take the suggested antibiotics under the CRC program at all. [Chart 3].

When asked why they did not continue the CRC program, 12 of 34 respondents (35%) discontinued because they felt they NO LONGER NEEDED TREATMENT, i.e., their bladders felt "normal" again, were healed, or they had NO further discomfort. One (3%) said she was found to have NO bacteria and thus no treatment was undertaken.

Eight (24%) stopped the CRC program because of the "side effects from the antibiotics" they took, i.e., diarrhea, abdominal discomfort or yeast development. Recent changes in the CRC program should reduce this dropout rate considerably as all CRC participants are now urged to follow an anti-yeast care program concurrently with their antibiotic regimen.

Only three (8%) stopped at three months, seven months and nine months respectively because they saw no results from their treatment.

Four (12%) stopped the CRC program because they wanted: 1) to be treated "locally" with DMSO/Heparin/Elmiron; 2) to have their doctors prescribe the antibiotics for flare-ups; and 3) to have their cultures done nearby. Three (9%) said they are still doing well on the CRC program and plan to continue treatment. One (3%) said her doctors felt she didn't need to be on prolonged antibiotic use. One other (3%) said she could no longer send in her specimens. Another individual (3%) thought Dr. Fugazzotto had retired.

In rating the success of the CRC monitoring program, 23 of 33 respondents (72%) ranked the CRC program "fair," "good" or "excellent." Nine (28%) said it was "not effective at all" for them. [Chart 4]

Twenty-eight of 34 (82%) said "YES" they would recommend and have recommended the CRC program to others! Five (15%) said they would NOT recommend it to others (one specifically said because of her own lack of success). One (3%) gave an "uncertain" response.

The following are additional unedited written comments by those who answered whether they would recommend the CRC program:

- "Yes. Dr. F's way is more thorough."
 "Yes. It works!" (4)
 "Yes." (8)
 "Yes. The bacteria and yeast were my problems."
 "Yes. Dr. F. is on the right track."
 "Yes. I believe bacteria is the cause of IC."
 "Yes. It had healed me!"
 "Yes. But I thought the CRC had been discontinued."
 "Yes. Always! I can't believe it when people won't give it a try."
 "Yes. I value Dr. F's experience."
 "Yes. I feel normal again."
 "Yes. I felt if I had stayed in the program my symptoms would have become less severe."
 "Yes. Highly."
 "Yes. Dr. F. is very caring and solution-oriented." (2)
 "Yes. I tell many people." (2)
 "Yes. It is responsible for my recovery."

SECTION C: GENERAL QUESTIONS

Just six sexual partners of 39 respondents (15%) were diagnosed to determine if they had IC or other pelvic disorder. Two of the six were found to have enterococcus and were treated one month each with Augmentin; one was found to have prostatitis and was treated; one was given "suggested" treatment by Dr. F.; and two simply said "yes."

Seventeen of 39 answerers (44%) did not have their partners diagnosed, and sixteen of 39 (41%) said the question was "not applicable" to them. The latter response would seem to indicate that many of the respondents did not understand the possibility that the bacteria of IC could be passed back and forth during sexual relations unless proper precautions such as condoms were used. The questions also did not take into account the fact that numerous pelvic problems/IC began when sexual activity was first initiated by various IC patients, again possibly indicating that sexual partners did not realize that one partner who could be asymptomatic could also harbor the enterococcus and thus infect the other in this manner.

Eleven of 23 participants (48%) said they used NO birth control or other self-protective measures, such as condoms, birth control pills, foam/gel, IUD, diaphragm, or sponges.

Surgical measures such as vasectomies, hysterectomies and tubal ligations were used by seven of 23 (30%).

Seventy-five percent (75%) or 24 of 32 participants said they had NEVER been diagnosed with PID or endometriosis while 25% or 8 of 32 said they had been so diagnosed.

In a possible multiple answer question, respondents were asked if ANY abdominal, upper-respiratory or dental surgeries had preceded their pelvic symptoms/IC. Nineteen replied that the following surgeries DID PRECEDE their pelvic symptoms: hysterectomies (5), gallbladder (1), laparoscopies (2), three C-sections (1), inguinal hernia, ectopic pregnancy, fallopian tube cauterization, cervical wedge resection and bladder polyp removal. Five of six who had dental surgeries felt these surgeries also preceded their pelvic symptoms/IC. The answers to this question would suggest that further research into the association of abdominal and dental surgeries and the development of pelvic disorders/IC is needed.

Other surgeries which were felt NOT to have preceded pelvic symptoms were as follows: an appendectomy, a bladder rupture during hydrodistention, and one septoplasty (plastic surgery of the nasal septum).

Food poisoning was asked about because during previous informal discussions among IC patients, it seemed possible that food poisoning could have been a major culprit leading to pelvic symptoms/IC. This survey, however, did not bear this out. Seventy-four percent or 25 of 34 thought they had NEVER even had a bout of food poisoning. Of nine (26%) who believed they did have food poisoning at one time or another, only four believed these bouts came before their pelvic symptoms/IC. NONE of those having had food poisoning sought medical help or treatment other than the usual home remedies and passage of time.

When asked if any of the respondents ever had complete remissions in their symptoms, sixty-nine percent (69%), 27 of 39, reported they had complete remissions in lengths of time lasting from two-to-three weeks to four or five years! Twelve or 31% did not believe they ever had a complete remission of symptoms for any length of time.

Eleven of 39 survey participants (28%) felt their remissions were due to the CRC monitoring program/suggestions. Six (15%) said they knew of "no specific reasons" for their remissions. Other reasons (11 or 26%) given were: use of Elmiron and Heparin; Prozac; breastfeeding (2); being on low-dose Augmentin maintenance after bladder rupture; one after total knee replacement; use of Macrochantin; Elmiron "injections"; use of DMSO; no caffeine; lots of sleep and rest. Another 12 (31%) of the participants just said "no" to this question.

Participants were asked if they took a prophylactic or maintenance dose of an antibiotic to control their symptoms at present. Sixty-nine percent (69%), 27 of 39, said they do NOT. Thirty-one percent (31%), 12 of 39, do so daily, after intercourse or at bedtime.

The following are the dosage regimens they reported following:

- 1) 100mg. Macrobid every 3-4 days
- 2) 62.5mg. Augmentin bid

- 3) 125mg. Amoxicillin/day
- 4) 250mg. Augmentin bid
- 5) 325mg. Augmentin/day
- 6) 250mg. Augmentin after intercourse and another 250mg. 10 hours later
- 7) Proloprim - 1/2 tablet at bedtime
- 8) Augmentin (dosage not given) after intercourse or using a hot tub
- 9) Bactrim D (no dosage given) after intercourse
- 10) 250mg Cinobac after Heparin treatment at bedtime
- 11) 100mg Macrodantin after intercourse
- 12) 250mg. Augmentin/day

Yeast problems were controlled with the use of OTC measures as Monistat (mentioned 15 times) followed by Mycelex (6), different makes of acidophilus (7), Fem-Stat (4), Gynelotrimin (2), as well as homeopathic remedies, Azo-Standard, Pro-Seed/Can Plex, Cystex, Garlic and Biotin each mentioned once.

For prescription yeast control, Nystatin was the drug of choice (15), with Diflucan (12), Terazol (4), Nizoral (3) following in usage. Rectal ozone therapy was mentioned one time. Fourteen said they used NO RX meds for yeast control while on antibiotic therapy.

Regarding the use of **anti-spasmodics/analgesics** (another possible multiple answer question), Pyridium was prescribed the most (27), Urised a distant second (20), Urispas (6), and Levsin SL (3). Oxybutalin/Ditropan, Valium, Librax and Hydroxycycline HCl were others mentioned one time each.

Were anti-spasmodics effective--did they alleviate symptoms of yeast or spasms? Twelve of 38 (31.5%) felt they were "NOT AT ALL EFFECTIVE." Another 20 (52.5%) found them to be "SOMEWHAT EFFECTIVE." Just six (16%) found their usage to be "VERY EFFECTIVE."

As **diet** has long been considered to play a very important part in the health and wellbeing of those with pelvic problems/IC, it was good to note that 31 of 38 respondents (**82%**) **had implemented dietary controls and found them to be helpful.** The following is a sampling of what they said they did:

Twelve quit or ate less acidic foods.

Eleven gave up sugar/fruits.

Ten stopped drinking or drank less coffee, sodas and acidic beverages.

Seven quit eating spicy foods.

Four gave up carbonated beverages.

Two quit drinking alcohol.

Two avoided all MSG.

Other answers: eating less: brans and beans; proteins; yeast; white flour; additives/chemicals; dairy; high oxalate foods; and allergy foods. Some diet controls reported to work were: eating: green leafy vegetables; popcorn; an IC diet; half a lemon every morning and night. Drinking lots of water; avoiding vinegary foods; avoiding orange juice, cantaloupe and bananas; and using a barley green product two times a day. Just seven of 39 (18%) had not used any dietary controls at all.

Twenty-three of 38 (61%), however, thought they did NOT have food, drug, chemical sensitivities or other types of allergies that caused them a problem in their treatments. Fifteen (39%) felt otherwise and noted sensitivities to the following: certain antibiotics (3); cheese and dairy products; Chinese MSG and spicy foods; sugar which feeds yeast; chemical sensitivities (2) and stopped using them; eliminated coffee, chocolate, acidic foods and drinks (coffee, tea, lemonade); stopped eating fruits because they caused an increase in frequency and pain; felt anti-candida program helped against certain foods and chemical problems; avoided cigarette smoke because it increased their allergy problems; ate less acidic foods and avoided pollen in the spring-time. Others avoided their known allergy foods.

An impressive 33 of 38 (87%) reported they do take vitamin/mineral supplements to help improve their overall health. Only 13% said they didn't take any supplements.

Among the supplements taken and listed in no particular order were the following:

Eighteen said they take a multi-vitamin; 17 reported they take Vitamin E; 16 take Vitamin C; nine take zinc; seven take calcium; and six take Vitamin A. Another four take a barley green product such as blue-green algae and alfalfa; four a form of acidophilus such as Poly-Dophilus, B6 and magnesium. Garlic, antioxidants, selenium, pycnogenol, L-arginine, chromium and beta carotene were also being taken each by one person. Still others mentioned: Hank Liers' HPD IC Supplement Program, B12, folic acid, COQ10, lecithin, glucosamine sulfate, cranberry juice/pills, KM (potassium drink), biotin, B complex, EPA oil and ginkgo biloba.

Survey participants were equally divided on taking **herbal remedies**: 20 of 40 (50%) did and 20 (50%) did not. Interestingly, two remedies were particularly noted as being NOT helpful: cornsilk tea and *uva ursi*. Remedies found to be helpful were: Chinese herbal teas, echinachea, bearberry, ginger tea, aloe vera, and a candida herbal formula.

Other treatments/medications not previously noted were tried by nine of 36 respondents (25%) as follows: Heparin 1/2cc. injected two times daily; Elavil two 10mgs. at bedtime; Seldane 60mg. two times daily; Tofranil and Trazadone; homeopathy to neutralize strept toxins; and diuretics after intercourse to give forceful stream to flush out any lingering bacteria. One said a

TENS unit provided "great" relief; one did homeopathy and Elmiron; one took Macrobid 100mg daily; and one took Elavil (no dose given) as needed for pain.

Finally, survey participants were asked to indicate whether their pelvic symptoms/IC increased MORE, stayed the SAME, or became LESS while under the CRC monitoring program. In this possible multiple answer question, only ONE said their urgency was MORE. One never had bacteria diagnosed and was not treated. Those whose symptoms stayed the SAME were: frequency (6), urgency (5), bladder pain (5), urethral burning (4), and pressure (5).

Those who checked their symptoms as being LESS were as follows: bladder pain (23); frequency (21); abdominal pain (18), pressure and urgency (19), burning [in general] (9), urethral burning (6), vaginal burning (7), and vulvar burning (6).

The following are further unedited comments given by participants in this survey:

"I feel I have less lower back pain now."

"I feel I have greater bladder capacity now."

"I feel sometimes better while on antibiotics, other times not. Overall consistency is very difficult to track."

"I generally feel better to a small degree on antibiotics but decided I did not want to risk the side effects."

"I find Amoxicillin helps me get rid of UTIs."

"Seems while on antibiotics I was able to better release the urine more effectively."

"When yeast flares, I have more frequency and urgency, but I am much better than before."

"I owe the quality of my life to the CRC; I am 95-99% improved and I don't know where I'd be if not for Dr. Fugazzotto."

"Calcium citrate is the ONLY help so far and even that doesn't stop the vaginal 'fire' and severe urethral spasms."

"Better for awhile until went through another stressful period--now have a hard time with antibiotics because they 'bother' my bladder."

"I don't know where I would be today if not for Dr. Fugazzotto as I was almost completely bedridden. God bless you."

"Saw no significant improvement during nine months I used the CRC treatment monitoring program."

"Greatly improved as I reached my goals."

"Thank you for your research and determination to date on infections."

"Bladder capacity is greater now than five years ago."

"Symptoms varied even when on antibiotics."

"My family doctor has worked well with me. He continues to prescribe Augmentin--I keep

it on hand."

"I am not in as much pain now as when I first started with IC--don't know if antibiotics helped me

or if time has helped me deal with the pain."

"I believe my major problem was yeast. Allergy shots also helped!"

"I want you to know that the only people I have ever met that were doing well were people from [Dr. F's] his program that I met at IC conferences. I really wish Dr. Fugazzotto would get the recognition he deserves."

CONCLUSIONS:

The survey results show the efficacy of Dr. Paul Fugazzotto's Cystitis Research Center monitoring program of individuals with pelvic symptoms/IC. **Sixty-eight (68%) of the respondents showed symptom reduction taking the CRC suggested antibiotics within "DAYS" and/or "SIX MONTHS."** If there was a problem with the antibiotic being taken or the dosages taken, **78% of those who made the suggested changes found them to be helpful. It was learned from this survey that the *average continuous time using CRC suggested antibiotics was 18 months*, not the years and years that many IC patients have heard or felt would be necessary in order to rid their bodies of IC bacteria. It was also learned that the *average age of onset for pelvic symptoms/IC was 36-1/2 years* as opposed to the accepted thinking that most IC patients are middle-aged and either perimenopausal or menopausal.**

Sixty percent (60%) of those who stayed with the CRC monitoring program now feel their bladders ARE HEALED, have only slight symptoms needing occasional antibiotic usage or no longer feel they need antibiotics at all.

Seventy-two percent (72%) ranked the CRC monitoring program "fair" to "excellent."

Seventy-eight percent (78%) felt their pelvic symptoms/IC were LESS in all categories while under the CRC monitoring program.

Eighty-two percent (82%) said they would and have recommended the CRC monitoring program to others.

Sixty-nine percent (69%) reported they had complete remissions in their symptoms anywhere from two weeks (1) to four or five years. When asked if they were currently symptom free, forty-nine percent (49%) said they were.

Also encouraging was the fact that **eighty-two percent (82%) of the respondents had implemented dietary controls and found them to be helpful.** Interestingly, however, sixty-one percent (61%) did NOT think they had food, drug, chemical sensitivities or other types of allergies that caused them problems in their treatments. And an impressive **eighty-seven percent (87%) reported that they do take vitamin/mineral supplements to help them improve their overall health.**

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