



## Recurrent Cystitis In Women

Cystitis is commonly caused by a urine infection. Typical symptoms are pain on passing urine and having to go to the toilet often. Other symptoms may include pain in the lower abdomen, blood in the urine and fever. About half of all women will have at least one attack of cystitis in their lifetime. About half of these women have two or more bouts of cystitis and it is a recurring problem for some women. This leaflet is for women who are prone to recurring cystitis.

### Understanding the bladder and genital area

Most urine infections are due to bacteria (germs) from the person's own bowel. This occurs because a small number of bacteria lie on the skin near the anus (back passage). These can travel the short distance round into the bladder. Bacteria thrive in urine. If they get into urine in the bladder, they can multiply quickly and cause bladder inflammation (cystitis). Women are more prone to cystitis than men as the opening to pass urine (urethra) is shorter and nearer the anus.

However, the body has defences to prevent bacteria from causing cystitis. The mucus around the vagina and opening of the urethra is slightly acid which prevents bacteria from multiplying. Although bacteria may thrive in urine, the bladder empties regularly and flushes urine out. Also, the cells lining the urethra and bladder have some resistance against bacteria.

### Why do some women have cystitis more often than others?

For most women prone to cystitis, there is no apparent reason why they have more infections than most. They do not have any problem of the bladder or defence (immune) system that can be identified. It is possible there is a slight alteration in the ability of their body to resist the bacteria getting into the bladder, settling on the lining of the bladder, multiplying and causing an infection. (In the same way, some people seem more prone to colds, sore throats, etc). A slight variation in the body's defence may 'tip the balance' in favour of bacteria to cause infection.

For some women, one of the following may contribute to recurring bouts of cystitis.

- ◆ *The menopause* causes changes to the lining of the vagina and urethra and there is less mucus made in the vagina. The defence against infection is then weaker. Recurring bouts of cystitis may start only after the menopause in some women.
- ◆ *Bladder or kidney problems* may lead to infections being more likely. For example, kidney stones or conditions leading to urine 'pooling' and not draining properly.
- ◆ *Sexual intercourse* increases the chance of developing cystitis in some women (see below).

### Are there ways to prevent cystitis?

Many women only have the occasional bout of cystitis and no change in lifestyle is needed. For women who have recurring cystitis, one or more of the following may be of help.

- ◆ *Hygiene* - it is commonly believed that poor hygiene can lead to cystitis. There is no evidence for this. In fact, some women may wash their genital area, anus and vagina *too* much. This may do more harm than good. Over scrubbing and cleaning may slightly damage the skin or genital tissue. Bacteria thrive better on damaged skin. Cleaning or 'douching' the vagina may alter the normal balance of protective mucus. Again, this may allow bacteria to thrive. A common sense approach is to wash the anus and the nearby skin gently once a day with soap and water. Do not scrub and do not 'douch' the vagina. Perhaps also gently wash around the anus after each bowel

motion. Always wash hands after going to the toilet.

- ◆ *Wiping the anus* from front to back after going to the toilet is commonly advised. The logic is that bacteria from the anus will be pushed back away from the bladder. There is no proof that this reduces the chance of developing cystitis but it seems sensible.
- ◆ *Drink* plenty of fluid each day to flush out the bladder frequently. This is thought to help *prevent* cystitis. It has also been commonly advised to drink large amounts of water to *treat* cystitis if symptoms start. However, the advice to drink lots after symptoms have started is controversial. This may do little to clear the bacteria from the inflamed bladder and drinking lots may just cause inconvenience and more (painful) toilet trips.
- ◆ *Underwear* - avoid warm, moist, airless conditions around the vagina which bacteria thrive in. To do this wear cotton underwear changed daily and do not wear tight fitting trousers or tights. There is no proof that this advice about underwear helps but it seems sensible.

## What are the treatment options?

### *Prompt self-treatment of each bout of cystitis*

Some women have a supply of antibiotics in the home. This enables them to treat cystitis as soon as symptoms begin without having to wait to see a doctor. This is an option for women confident about knowing the symptoms of cystitis. A three day course of antibiotics is the usual treatment. Potassium citrate or other similar products (available at the pharmacy without a prescription) may help reduce the symptoms of 'burning urine'. Paracetamol will help with pain or discomfort. It is best to see a doctor if symptoms do not go within a few days.

### *Antibiotic prevention*

Antibiotic prevention is an option for people with frequent bouts of cystitis. This means taking a low dose of an antibiotic regularly. One dose each night will usually reduce the number of cystitis attacks. (It is best to take the antibiotic at bedtime). One taken three times per week is an alternative routine. A 3-6 month course is usual and then to review the situation.

### *HRT (Hormone Replacement Therapy)*

HRT tablets or cream may reduce recurrent cystitis in women past the menopause. This is because HRT reverses the changes to the tissues around the vagina due to the menopause.

### *Cystitis related to sexual intercourse*

Some women find that they are prone to cystitis within a day or so after having sex. This may be partly due to the movements of intercourse pushing bacteria up into the bladder. There may also be slight damage to the urethra that encourages bacteria to grow. This is more likely if the vagina is dry during sex. The use of spermicides and diaphragm contraceptives may also upset the normal mucus in the vagina. The following may reduce the chance of cystitis developing.

- ◆ Do not use spermicides and/or diaphragm for contraception. An alternative is better.
- ◆ Go to the toilet to empty the bladder after sex.
- ◆ The use of a lubricating jelly during sex may help if the vagina is dry.
- ◆ A single dose of antibiotic taken after sex is an option.

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