“I think potassium sensitivity is the initiating event,” he said. “You don’t have pelvic floor reaction until the patient is in her 30s and has had the disease for more than 10 years.”

“Pain from the bladder can refer anywhere from the navel to the interior thighs, front or back. You can’t trust where the pain is. It can be anywhere,” he said, suggesting that some conditions actually are symptoms of LUDE. “It is all about how the lower urinary tract handles potassium,” he said, adding, “If you have a healthy, intact membrane, you won’t react to potassium. If you do react, you have a problem.”

Dr. Parsons cited a study based on a potassium sensitivity test he developed for interstitial cystitis. He and his colleagues found 197 (81%) of 244 patients with pelvic pain were sensitive to potassium. He said the highest rates of positive response were 100% of patients with interstitial cystitis, 89% of patients with dyspareunia, and 86% of patients with endometriosis. Not one of 47 patients in a healthy control group was sensitive to potassium (Am. J. Obstet. Gynecol. 2002;187:1395-400).

In other studies cited by Dr. Parsons, patient responses on a Pelvic Pain and Urgency/Frequency questionnaire were predictive of potassium sensitivity in gynecologic patients. He said he no longer tests patients for potassium sensitivity, however, but initiates Elmiron instead.