Management of Chronic Prostatitis using UPOINT

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Background/introduction:

Chronic prostatitis is a distressing condition with significant impact on quality of life. Chronic prostatitis (CP) symptoms include pain, urinary symptoms and sexual dysfunction. The prevalence of prostatitis is approximately 5-9 % in the general male population (1), many hypotheses suggest aetiology including infection, inflammation, autoimmune and neuromuscular spasm (1). This retrospective case study evaluated the management of this condition using the NIH – Prostatitis symptoms index (NIH-CPSI) (2) and UPOINT involving 6 domains (urinary, psychological, organic-specific, infection, neurological/systemic and tenderness) to stratify patients into specific symptoms-led phenotypes (3).

Aim(s)/objectives:

Chronic prostatitis/chronic pelvic pain syndrome is a prevalent and multifactorial condition. Many patients have the condition for years despite conventional therapy. Our objective is to better classify patients with chronic prostatitis using UPOINT and understand various aetiology and provide guidance for better therapies.

Methods:

The symptoms of patients were captured using the NIH- CPSI scores and the UPOINT diagnostic algorithm addressing CP phenotypic domains according to the likely aetiology mechanism (4). NIH-CPSI is used to measure the severity of CP symptoms, encompassing 13 items grouped into three domains: pain, urinary symptoms and quality of life (QOL). The highest score is 43; a high score indicates a worse outcome. A reduction of 6 points in the NIH-CPSI score after treatment is considered as a good response.

Results:

28 patients were seen over 6 months. 57% (16) had a new diagnosis and 43% (12) were recurrent. The average duration of symptoms was 15 months. All patients were treated with ciprofloxacin except when gram positive bacteria were detected and Co-Amoxiclav was prescribed. The average reduction in NIH-CPSI score after treatment was 11.5.

Rates of Symptoms Associated with Prostatitis Using the UPOINT Diagnostic Algorithm

QOL and Prostatitis Scores Pre and Post Treatment

Discussion/conclusion:

In our cohort a significant proportion of men responded to antibiotic treatment because of positive bacterial culture in the semen. A quarter of patients had a combination of antibiotics and anti-inflammatory treatment.

7% (2) patients responded to quercetin tablets after unsuccessful antibiotic treatment. Patients with voiding difficulties were referred to the urology team and those with psychological problems were referred to the psychology team.

Clinically categorising patients with chronic prostatitis using UPOINT and treating according to the algorithm, can be the key for treatment success in the majority of patients with this syndrome.

References:

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2. Journal of Urology (1999) The National Institutes of Health Chronic Prostatitis Symptom Index: Development and Validation of a New Outcome Measure. 162 (2): 369-375.
3. BJU International (2015) Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline. 116 (4): 509-525.

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