



Interventions for chronic abacterial prostatitis.

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BACKGROUND:

Chronic abacterial prostatitis is a common disabling but enigmatic condition with a symptom complex of pelvic area pain and lower urinary tract symptoms. The scope of treatments recommended for chronic abacterial prostatitis is a testament to how little is known about what causes the condition and how to treat it. As a result, chronic abacterial prostatitis often causes physician frustration, patient confusion and dissatisfaction, variable thresholds for referral, and potentially inappropriate antibiotic use.

OBJECTIVES:

Examine the evidence regarding the effectiveness of therapies for chronic abacterial prostatitis.

SEARCH STRATEGY:

Studies were identified through a search of MEDLINE (1966-2000), the Cochrane Library, bibliographies of identified articles and reviews, and contact with an expert.

SELECTION CRITERIA:

Studies were eligible if they: (1) are randomized controlled trials (RCTs) or controlled clinical trials (CCTs) (2) involve men with chronic abacterial prostatitis (3) control group receives placebo, sham intervention, active pharmacologic or device therapy for chronic abacterial prostatitis and (4) outcomes data are provided. Eligibility was assessed by at least two independent observers.

DATA COLLECTION AND ANALYSIS:

Study information on patients, interventions, and outcomes was extracted independently by 2 reviewers. The main outcome was the efficacy of treatment for chronic abacterial prostatitis vs. control in improving urologic symptom scale scores or global report of urinary tract symptoms. Secondary outcomes included changes in the prostate examination, uroflowmetry, urodynamics, analysis of urine, expressed prostatic secretions and seminal fluid, and prostate ultrasonography.

MAIN RESULTS:

The 15 treatment trials involved: medications used to treat benign prostatic hyperplasia (n=4 trials); anti-inflammatory medications (n=2 trials); antibiotics (n=1 trial); thermotherapy (n=5 trials); and miscellaneous medications (n=3 trials). The disparity between studies did not permit quantitative analysis. There were a total of 600 enrollees (age range 38-45). All but one of the trials were done outside the United States.

REVIEWER'S CONCLUSIONS:

The treatment trials are few, weak methodologically, and involve small sample sizes. The routine use of antibiotics and alpha blockers for chronic abacterial prostatitis is not supported by the existing evidence.

The small studies examining thermal therapy appear to demonstrate benefit of clinical significance and merit further evaluation. Additional treatment trials are required and they should report important patient characteristics (e.g., race), study design details and utilize clinically relevant and validated assessment measures.