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Report on Wise-Anderson Protocol showing sustained improvement in men with prostatitis/pelvic pain in 2010 study in the Journal of Urology



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Intensive Therapy Regimen Helps Men with Chronic Pelvic Pain Syndrome

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June 1, 2010 (San Francisco, California) — A 6-day immersion program involving physiotherapy and cognitive behavioral therapy is showing promise in the treatment of severely refractory chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), researchers reported here at the American Urological Association (AUA) 2010 Annual Scientific Meeting.

The study, by a group from Stanford University School of Medicine in Palo Alto, California, showed that men with longstanding pain refractory to traditional treatment benefited from an intensive program involving focused myofascial trigger-point therapy and cognitive behavior and relaxation training.

"Once you get patients to turn the corner, understand what's going on in their body, and learn how to control it mentally and with physical manipulations, this regimen works as well as any oral drug has ever worked," lead author and professor of urology Rodney Anderson, MD, told *Medscape Urology* in an interview.

The program is intended for patients exhibiting the phenotype of pelvic musculature tenderness, he pointed out.

Men referred for treatment underwent physical examination, answered pain-symptom questionnaires, and then spent several hours per day for 6 consecutive days undergoing myofascial trigger-point release and training in paradoxical relaxation. Many patients were taught how to perform their own manipulations. Cognitive behavioral therapy sessions were held daily to help patients manage the anxiety and catastrophic thinking associated with their symptoms.

In all, 125 men participated in follow-up assessments, which were performed from 3 to 42 months after the training/treatment program. The average age of the study population was 48 years, and the median duration of symptoms was 4.8 years.

The penis was the site of pain in 92% of men, the perineum in 78%, and the rectum in 71%.

Sustained Improvements Seen With Multimodal Therapy

Results showed that scores on the National Institutes of Health (NIH)-Chronic Prostatitis Symptom Index (CPSI) improved significantly (P < .001), with an average decrease of about 30% in total score after a

median of 6 months. The NIH-CPSI is a widely validated tool for the symptomatic evaluation of men with CP/CPPS.

Overall, 70 of 116 patients (60%) had a decrease of 6 points or more in NIH-CPSI total score.

Symptomatic improvements after the immersion protocol were sustained even in patients who had longer-term follow-up.

Of 106 patients, 63 (59%) self-reported moderate or marked improvements in symptoms on the global response assessment; 14 (11%) patients indicated no change in their symptoms.

In all, 78% of patients indicated that they continue to use relaxation audiotapes — in many cases more than once weekly.

"We are really encouraged by the results, as there has really been no conventional treatment for the condition," Dr. Anderson said. "There is a whole gamut of oral agents that can be given to try to treat the condition but nothing really addresses the biophysiology of it because no one really knows what it is."

"I think this study addresses an important clinical problem. We see a lot of patients who have CP/CPPS who may not respond to the treatments usually used in this population," Tomas L. Griebling, MD, MPH, an AUA spokesperson and associate professor and vice-chair of the Department of Urology at the University of Kansas City Medical Center in Kansas City, Missouri, said in an interview with *Medscape Urology*.

"The results in this study were good and support the use of multimodal therapy and a type of therapy we might not have looked at in such a scientific way previously."

In the past, there has been some hesitation among practitioners to consider these types of therapies because we haven't had good scientific data to support them, and this study appears to be very well designed and has good outcomes," Dr. Griebling said.

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