

Summaries for Patients are a service provided by *Annals* to help patients better understand the complicated and often mystifying language of modern medicine.

The full report is titled "Ciprofloxacin or Tamsulosin in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome. A Randomized, Double-Blind Trial." It is in the 19 October 2004 issue of *Annals of Internal Medicine* (volume 141, pages 581-589). The authors are R.B. Alexander, K.J. Probert, A.J. Schaeffer, J.R. Landis, J.C. Nickel, M.P. O'Leary, M.A. Pontari, M. McNaughton-Collins, D.A. Shoskes, C.V. Comiter, N.S. Datta, J.E. Fowler Jr., R.B. Nadler, S.I. Zeitlin, J.S. Knauss, Y. Wang, J.W. Kusek, L.M. Nyberg Jr., M.S. Litwin, and the Chronic Prostatitis Collaborative Research Network.

Treating Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome

What is the problem and what is known about it so far?

Chronic prostatitis or chronic pelvic pain syndrome (CP/CPPS) occurs in men and is characterized by persistent discomfort or pain in the pelvic area that lasts several months, often longer. The discomfort is usually at the base of the penis and around the anus and lower back. Sometimes it spreads into the testes. Some patients have pain with ejaculation, and others may have pain or an urgency or hesitancy when they pass urine, as well as a poor urinary stream. The cause of CP/CPPS is not known. Physicians often try various therapies, including antibiotics to treat hidden or persistent infections in the prostate gland and α -blockers to relax the muscle tissue of the prostate and the outlet of the bladder. Thus far, few research studies have tested whether either of these treatments helps relieve symptoms of CP/CPPS.

Why did the researchers do this particular study?

To see whether an antibiotic (ciprofloxacin) or an α -blocker (tamsulosin) improves symptoms in men with CP/CPPS.

Who was studied?

196 men with moderately severe symptoms of CP/CPPS who were recruited from 10 urology clinics in North America. Their average duration of symptoms was 6.2 years.

How was the study done?

Researchers recruited men who reported persistent pain or discomfort in the pelvic region for at least 3 months. All men reported moderately severe symptoms related to pelvic pain and voiding urine that interfered with their quality of life. The men were randomly assigned to take ciprofloxacin (500 mg twice daily), tamsulosin (0.4 mg once daily), both drugs, or placebo (matching dummy pills) for 6 weeks. Neither the researchers nor the participants knew who received which drug or placebo. The researchers asked the men about symptoms every 3 weeks for 3 months. They then compared symptoms and quality of life among the groups.

What did the researchers find?

None of the groups reported substantive improvements in symptoms or quality of life. Also, the groups reported no differences in adverse side effects of the treatments.

What were the limitations of the study?

Patients had long-standing CP/CPPS that had not responded to previous treatments. They received the trial treatments for only 6 weeks. Patients with new diagnoses or those given the trial treatments for longer durations might respond differently.

What are the implications of the study?

Neither ciprofloxacin nor tamsulosin given for 6 weeks improved symptoms in men with long-standing, moderately severe CP/CPPS.

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