

Male Chronic Pelvic Pain

Josef van Eyk

Associate Specialist

Jefferiss Wing

Josef.vaneyk@nhs.net

Learning Objectives

Overview of Chronic Pelvic Pain

Recognise the complexity of CPPS and importance of detailed history

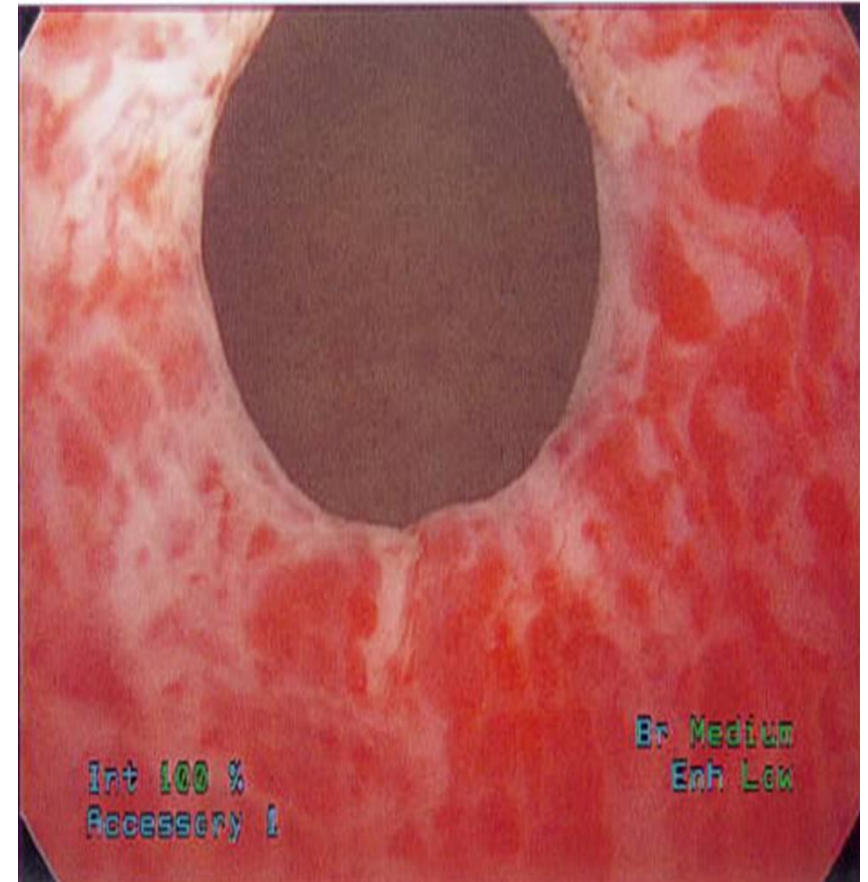
Understand the value of a multimodal and multidisciplinary approach

Urethritis

Inflammation of the urethra

Causes:

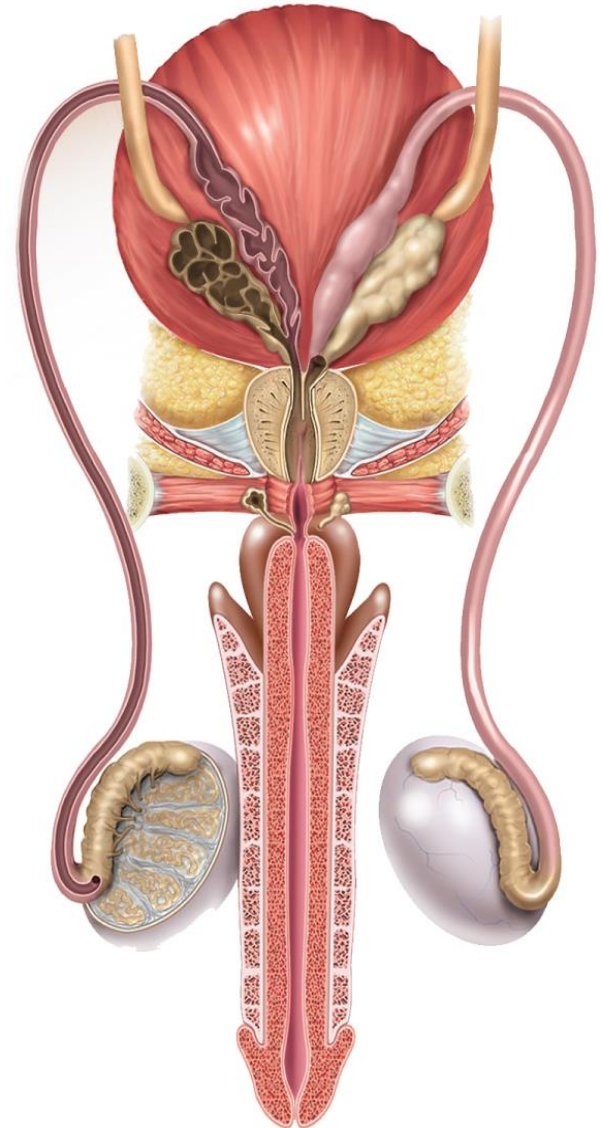
- Bladder and above
- Prostate and urethra
- Infections
 - CT, GC, TV, HSV, MG, Ureaplasmas, adeno virus
- Irritation from FP with Candida, BV
- Trauma
 - Prolonged and excessive masturbation, frequent inspection
- Chemicals



Urethritis

Divided into:

- Episodic urethritis
 - Treated with Abx with powerful anti-inflammatory properties
- Recurrent urethritis
 - Symptoms resolved between episodes
- Persistent urethritis
 - ? Prostatitis, MG infection



Some of the diagnoses that may encompass pelvic pain

- Adhesions –Colitis
- Constipation
- Chronic bowel obstruction –Diverticulitis
- Inflamm/Irrit BD
- Hernia
- Proctalgia
- Urolithiasis
- Acute and Chronic bacterial Prostatitis, CPPS
- Epididymitis
- Orchalgia
- Scrotalgia
- Interstitial Cystitis
- Pelvic Floor Tension Myalgia -Sacroiliac joint disease
- Piriformis Syndrome

NIH – CPSI Classification

1. Acute bacterial Prostatitis
2. Chronic bacterial Prostatitis
3. Chronic Pelvic Pain Syndrome (CPPS)
 - 3a. inflammatory
 - 3b. non-inflammatory
4. Asymptomatic Prostatitis

Definition of CCPS

- Chronic or recurring symptoms of perineal, testicular, penile pain or discomfort, sometimes associated with symptoms of voiding dysfunction and sexual dysfunction in the absence of infection.
- CP/CPPS show heterogeneity of clinical manifestations
- Arising from the variety of possible underlying aetiologies
- Symptoms can vary between patients or fluctuate over time

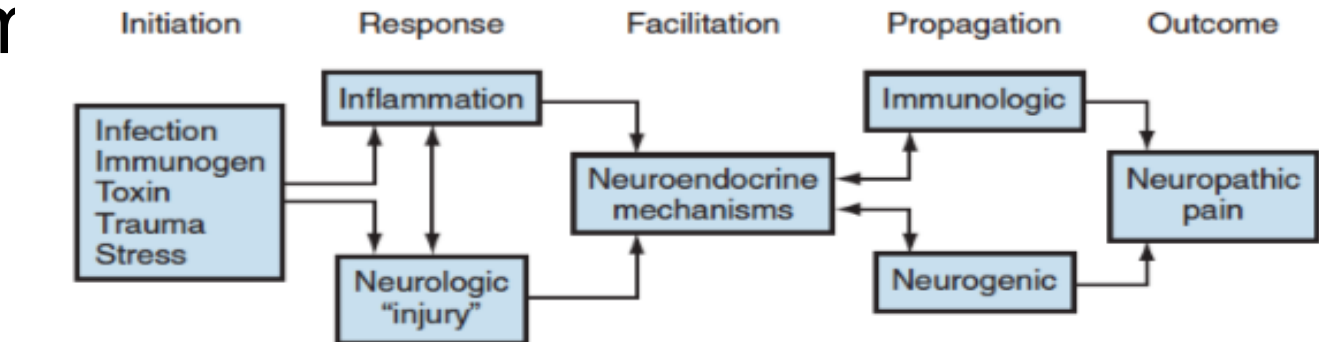
4 Symptom Domains

The four main symptom domains associated with CP/CPPS are:

1. Urogenital pain
2. LUTS
3. Psychological issues
4. Sexual dysfunction

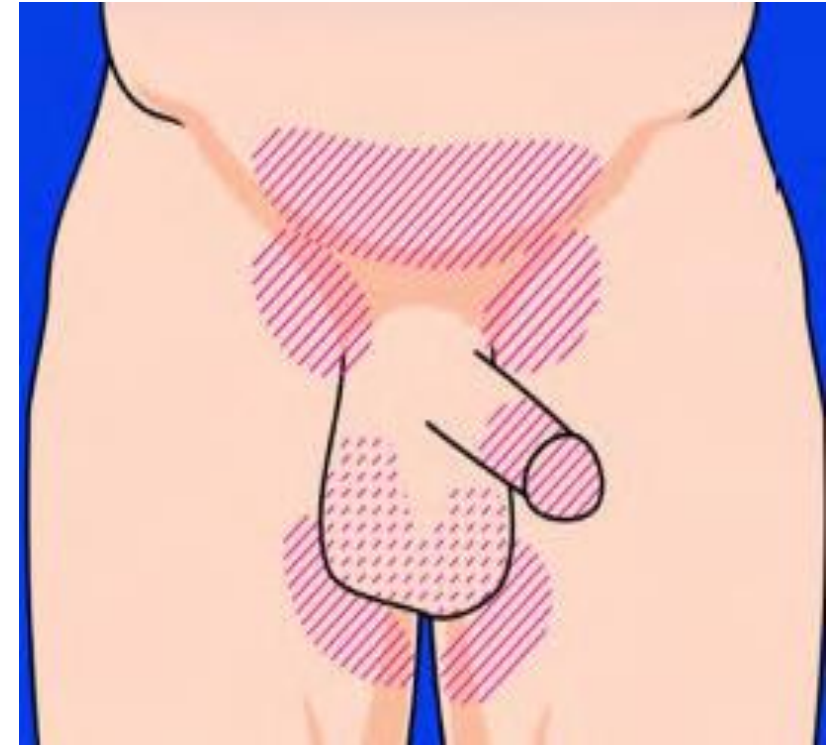
Etiology

- No single aetiological explanation
- Infection
 - E Coli, Enterococcus
 - Altered prostatic host defense
- Pelvic floor muscle abnormalities
- Genetic, anatomical, neuromuscular, endocrine
- Psychological mechanism



CPPS clinical characteristics

Symptoms	%/ 764
Pain	82
Urinary	68
Abdominal	63
Sexual	40



Clinical features

Symptoms

Variety most of which involve genital pain

Perineal pain

Lower abdo pain

Penile pain (especially tip)

Testicular pain

Ejaculatory discomfort or pain

Rectal and lower backache, dysuria

Signs

Few, may or may not be diffuse prostatic tenderness

Primary evaluation

Detailed pain history – site(s), predominate site, duration, type, severity, continues or intermittent, frequency, radiation, how long it lasts, impact of the pain on daily/work life.

Initial trigger

Aggravating and relieving factors (including triggers ie alcohol, spices etc)

Ejaculatory and erectile pain

Other regional pain syndromes (FM, constipation, IBS)

- LUTS – Storage, voiding , post mic symptoms
- Haematuria and Haematospermia
- Sexual function
- Healthcare utilisation for this problem
- Sexual history and PTSD
- Recreation drug use/Alcohol/Smoking
- Social history/ Exercise history
- Domestic abuse/sexual violence/PTSD
- Psychiatric/Psychology
- PMH/Medicine/Allergy

NIH Chronic Prostatitis Symptom Index useful to gauge and track symptoms

- 0-43 with higher score indicating increased severity
- Pain (four questions evaluating pain location, frequency and severity, 0–21)
- Voiding (two questions evaluating voiding and storage symptoms, 0–10)
- Impact on QoL (three questions, 0–12)

Name.....
Date of birth :

Date of completion:

NIH-Chronic Prostatitis Symptom Index

Pain or Discomfort

1. In the last week have you experienced any pain or discomfort in the following areas?

- | | Yes | No |
|---|----------------------------|----------------------------|
| a. Area between the rectum and testicles (perineum) | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. Testicles | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| c. Tip of the penis(not related to urination) | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| d. Below your waist, in your pubic or bladder area | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

2. In the last week, have you experienced:

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Pain or burning during urination? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. Pain or discomfort during or after sexual climax (ejaculation)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

3. How often have you had pain or discomfort in any of these areas over the last week?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Usually
- 5 Always

4. Which number best describes your AVERAGE pain or discomfort in the days that you had it, over the last week?

- | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| NO | | | | | PAIN AS | | | | | |
| PAIN | | | | | BAD AS | | | | | |
| | | | | | YOU CAN | | | | | |
| | | | | | IMAGINE | | | | | |

Urination

5. How often have you had a sensation of not emptying your bladder complete after you finished urinating over the last week?

- 0 Not at all
- 1 Less than 1 time in 5
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 Almost always

6. How often have you had to urinate again less than two hours after you finished urinating over the last week?

- 0 Not at all
- 1 Less than 1 time in 5
- 2 Less than half the time
- 3 About half the time
- 4 More than half the time
- 5 Almost always

Impact of Symptoms

7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?

- 0 None
- 1 Only a little
- 2 Some
- 3 A lot

8. How much did you think about your symptoms over the last week?

- 0 None
- 1 Only a little
- 2 Some
- 3 A lot

Quality of Life

9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

- 0 Delighted
- 1 Pleased
- 2 Mostly satisfied
- 3 Mixed (about equally satisfied and dissatisfied)
- 4 Mostly dissatisfied
- 5 Unhappy
- 6 Terrible

Scoring the NIH-Chronic Prostatitis Symptom Index Domains

Pain: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 3 & 4 =

Urinary Symptoms : Total of items 5 & 6 =

Quality of Life Impact: Total of items 7, 8, & 9 =

Patient Name _____ Patient DOB ___/___/___ Today's Date ___/___/___

Mood Symptom Questionnaire

Total Score Depression Severity for PHQ-9

1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Total Score Anxiety Severity for GAD 7

1-4	Minimal anxiety
5-9	Mild anxiety
10-14	Moderate anxiety
15-21	Severe anxiety

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Circle your answer)

0 = Not at all | 1 = Several days | 2 = More than half the days | 3 = Nearly every day

PHQ 9					
Little interest or pleasure in doing things	0	1	2	3	
Feeling down, depressed, or hopeless	0	1	2	3	
Trouble falling or staying asleep, or sleeping too much	0	1	2	3	
Feeling tired or having little energy	0	1	2	3	
Poor appetite or overeating	0	1	2	3	
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3	
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3	
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3	
Total	___	=	+_	+_	+_

0 = Not at all | 1 = Several days | 2 = More than half the days | 3 = Nearly every day

GAD 7					
Feeling nervous, anxious or on edge	0	1	2	3	
Not being able to stop or control worrying	0	1	2	3	
Worrying too much about different things	0	1	2	3	
Trouble relaxing	0	1	2	3	
Being so restless that it is hard to sit still	0	1	2	3	
Becoming easily annoyed or irritable	0	1	2	3	
Feeling afraid as if something awful might happen	0	1	2	3	
Total	___	=	+_	+_	+_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Physician Reviewed: Yes, 15 minutes

Examination

Spine and SI joints

Lower abdo and hernias

Genitalia

Perineum, perianal area and natal cleft

DRE

- Pelvic floor
- Prostate
- Seminal Vesicles
- Bulbourethral glands

Focused neurological examination

Special Investigations

- Urinalysis and culture
- STI screen
- Specialized evaluation
 - Meares-stamey four glass test
 - Pre and post-massage two glass test
- Semen culture
- Transrectal ultrasound
- Urodynamic studies (only if lower urinary tract symptoms or outflow obstruction present)
- New/optional evaluation
 - Serum prostate-specific antigen
 - Cystoscopy
 - Computerized tomography
 - Intra-anal electromyography
 - Pelvic floor ultrasound

Khan A *et al.* Updates on CP/CPPS

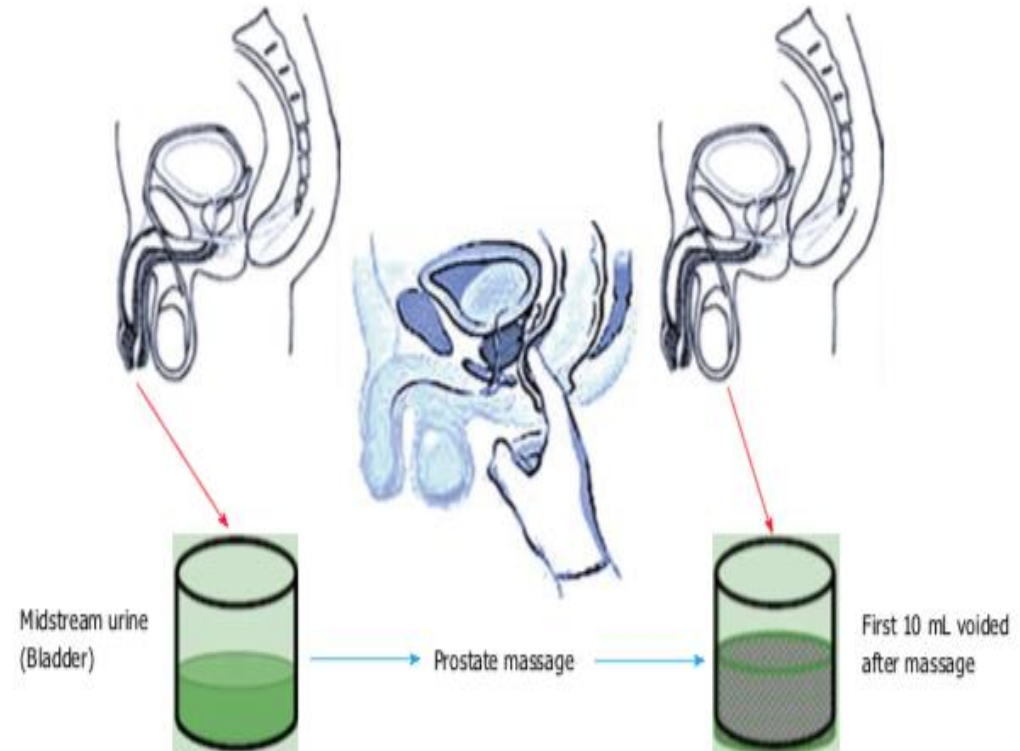


Figure 2 Pre- and post-massage two glass test.

Phenotyping CPPS

- CPPS comprises a heterogeneous group of patients with very different aetiologies, symptom complexes, and progression trajectories
- Phenotypically directed multimodal management: UPOINTS
- Aims to stratify patients into specific symptom-led phenotypes.
- Measures urinary symptoms, psychosocial dysfunction, organ-specific findings, infection, neurological/systemic routes, and tenderness of muscles and sexual function

Khan A *et al.* Updates on CP/CPPS

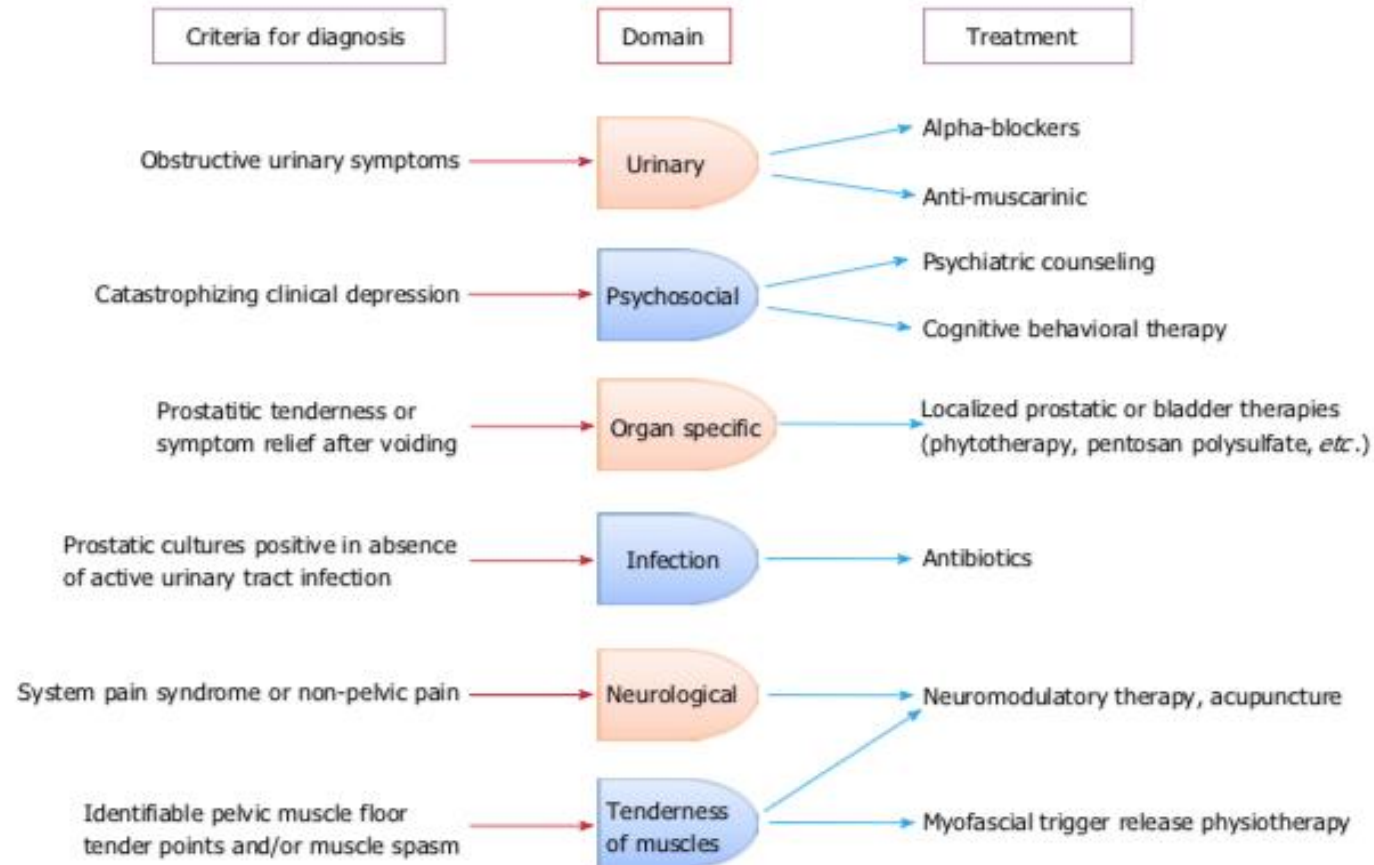
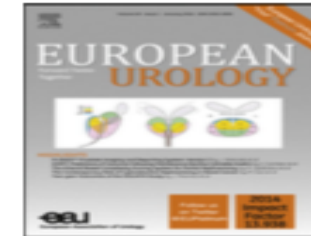


Figure 3 Multimodal therapy based on clinical phenotype (urinary, psychosocial, organ specific, infection, neurological, tenderness of muscle) approach for chronic prostatitis/chronic pelvic pain syndrome.

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



European Association of Urology



Platinum Priority – Collaborative Review – Pelvic Pain

Editorial by Thomas M. Kessler on pp. 298–299 of this issue

Contemporary Management of Chronic Prostatitis/Chronic Pelvic Pain Syndrome

**Giuseppe Magistro^{a,*}, Florian M.E. Wagenlehner^b, Magnus Grabe^c, Wolfgang Weidner^b,
Christian G. Stief^a, J. Curtis Nickel^d**

^aDepartment of Urology, Campus Großhadern, Ludwig-Maximilians-Universität München, Munich, Germany; ^bClinic for Urology, Pediatric Urology and Andrology, Justus-Liebig-University Giessen, Giessen, Germany; ^cDepartment of Urology, Skåne University Hospital, Malmö, Sweden; ^dDepartment of Urology, Queen's University, Kingston, Ontario, Canada

Most clinical trials conducted so far speak in favour of the extended UPOINTs approach. First studies suggest that the multimodal treatment guided by UPOINT leads to a significant improvement of symptoms and quality of life

Case Study

- A 42-year-old man modest perineal discomfort. Burning sensations radiating to the abdomen and his back.
- The patient is anxious about his symptoms and fears a malignant process. His worries and doubts have been progressing in recent years.
- It started with his diagnosis of irritable bowel syndrome. The development of chronic fatigue syndrome and intermediate episodes of migraine headaches are secondary findings that emerged in the last 3 yr.
- The patient admits that depressive episodes have become more frequent since the perineal pain started. The patient is on no regular medication.

Case Study

Examination:

- Spine, SI joints, Abdo normal
- No hernia or nerve entrapment
- *Tender in the perineum*, natal cleft normal
- On DRE the prostate feels normal.
- *The pelvic floor is tender to touch.*
- UA, MSU and semen cultures negative, STD negative
- A two-glass test is performed but no signs of inflammation or bacterial infection are detected.
- CPSI – P = 13, U = 1, QoL = 10, Total = 24
- *GAD 7 = 14* (moderate anxiety), *PHQ 9 = 19* (mod severe depression)

Diagnosis

UPOINTS	
U	NA
P	Depression and anxiety
O	NA
I	NA
N	Neuropathic Pain
T	Perineal and pelvic floor muscle tenderness
S	NA

Treatment	
P	Psychological support, MBCBT, Antidepressants
N	Pregabalin, Tricyclic antidepressants, Acupuncture
T	Physiotherapy/pelvic floor relaxation

Overview of JWC

MPC ↔ SFC ↔ VVCS

Physiotherapy Psychology

Weekly meeting

Patients seen in one place

Contact Information

Josef van Eyk

Josef.vaneyk@nhs.net

Booking coordinator

Fax:20233121675

Imperial.jwbt@nhs.net