

Prostatitis: Acute and Chronic

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KEYWORDS

- Prostatitis • Acute prostatitis • Acute bacterial prostatitis
- Chronic prostatitis • Evaluation and treatment of prostatitis
- Urological infections

Prostatitis is one of the most common urological infections afflicting adult men and has recently been divided into 4 different categories based on the National Institutes of Health (NIH) consensus classification.¹ This category system includes category I (acute bacterial prostatitis), category II (chronic bacterial prostatitis), category III chronic nonbacterial prostatitis and pelvic pain syndrome, including inflammatory and noninflammatory types (CP/CPSP), and category IV (asymptomatic inflammatory prostatitis). **Table 1** shows the frequencies of the various types of prostatitis as well as the symptoms and physical examination findings characteristic of each type. Bacterial prostatitis is also classified as acute or chronic based on the duration of symptoms, with chronic cases having symptoms persisting for at least 3 months.² Acute and chronic bacterial prostatitis affects less than 5% of men with prostatitis.³ Most patients with prostatitis are found to have either nonbacterial prostatitis or prostatodynia.⁴

One survey of 5000 primary care doctors and 545 urologists estimated the prevalence of prostatitis to be about 9.7%.⁵ The cumulative incidence of recurrence is much higher (20%–50%), increasing in the older age groups.⁵ A more recent population-based study involving men 25 to 80 years old indicated that nearly 1 in 9 men reported experiencing prostatitis-like symptoms.⁶ The incidence of acute prostatitis peaks between 20 and 40 years of age and then peaks again after 60 years. Patients with symptoms of prostatitis seem to be at increased risk for recurrent episodes. One retrospective analysis of 968 patients with acute prostatitis showed the mean age at presentation of acute bacterial prostatitis to be 53.3 years. In this study, 15% reported having had previous episodes, another 10% had recently undergone lower urinary tract procedures (mostly prostate biopsy or urethral catheterization), and 13.6% had undergone urologic surgery.⁷ Chronic prostatitis is more common after the middle of the fifth decade.⁴

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Prim Care Clin Office Pract 37 (2010) 547–563

doi:10.1016/j.pop.2010.04.007

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Type	Description	Legend
I	Acute bacterial prostatitis (2%–5%)	Acute infection of the prostate gland characterized by local and systemic symptoms (dysuria, frequency, suprapubic/pelvic/perineal pain, fevers, chills, malaise); uropathogen identified; responds to antibiotics
II	Chronic bacterial prostatitis (2%–5%)	Chronic infection of prostate characterized by episodic dysuria, frequency, and suprapubic/pelvic/perineal pain); no systemic symptoms, uropathogen identified; responds to antibiotics, asymptomatic between infections
III	Chronic abacterial prostatitis/ Chronic pelvic pain syndrome (90%–95%)	No demonstrable infection. Causes local symptoms (pelvic pain, urinary symptoms, ejaculatory dysfunction); usually no identifiable uropathogen or infection; treatment often unsuccessful. The National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) used to quantify severity
A	Inflammatory CPPS	White blood cells in semen, expressed prostatic secretions or urine obtained after prostate massage
B	Noninflammatory CPPS	No white blood cells in these body fluids
IV	Asymptomatic inflammatory prostatitis	No subjective symptoms; white blood cells in prostate secretions or in prostate tissue found incidentally during evaluation for other disorders

Data from Krieger JN, Nyberg L Jr, Nickel JC. NIH consensus definition and classification of prostatitis JAMA 1999;282(3):236–7.

From 1990 to 1994, prostatitis accounted for almost 2 million outpatient visits per year in the United States.⁸ Race and ethnicity do not affect the incidence. Unemployment, lower education, and annual income of less than \$50,000 are associated with more severe episodes of CPPS and more disability.⁹ An estimated \$84,452,000 was spent on treating prostatitis in 2000.¹⁰ Men with CP/CPPS experienced considerable impairment in health-related quality of life (HRQOL), worse than patients in the most severe subgroups of diabetes mellitus and congestive heart failure.¹¹ Men with benign prostatic hypertrophy have an 8-fold greater risk of prostatitis. Other risk factors

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