

IUSTI–E Scientific Advisory Council

Topic Report 2016 Chronic pelvic pain syndrome/ Chronic prostatitis / Chronic NGU (CPPS/CP/CNGU)

Rapporteurs: Dr. Paddy Horner

Advances in the field 2015-6

- The two most important changes in the evidence base are 1) increase in macrolide resistant *Mycoplasma genitalium* - thus the need for laboratory diagnostic of *M. genitalium* in men with chronic NGU if not already undertaken as part of management for acute NGU 2) Further evidence that detection of *Ureaplasma urealyticum* in men with chronic NGU/ CPPS may not necessarily be causal and if present treatment with azithromycin 1g, doxycycline 100mgs bd 7/7 and moxifloxacin 400mgs od 7/7 has a high failure rate – thus testing for *U. urealyticum* in men with CPPS/CP/CNGU is not recommended.
- Two “guidelines” were published which had many similarities. One was a “How to” article in a sexual health setting developed by Horner et al which used a structured biopsychosocial, holistic management strategy incorporating evidence based pharmacotherapy. It was positively evaluated and some evidence was provided that earlier intervention may lead to improved outcomes. The other was a consensus guideline, from a urological perspective, for management of men with CPPS/CP. This was defined as persistent or recurrent symptoms and no other urogenital pathology for ≥3 of the previous 6 months. It was undertaken by a multi-disciplinary team. Literature review of the evidence was undertaken and a Delphi panel process was used where high-quality, published evidence was lacking. Identification of individual symptom patterns and a symptom-based treatment approach were recommended. The guideline advocates management within a multi-disciplinary team for those who fail first line therapy. *The role of specialist pelvic floor physiotherapy is discussed* (which was not detailed in the sexual health “How to” article but is now incorporated in the management protocol of Horner et al (personal communication).

5 Most Important Recent Publications

1. Lau A, Bradshaw CS, Lewis D, Fairley CK, Chen MY, Kong FY, Hocking JS: The efficacy of azithromycin for the treatment of genital *Mycoplasma genitalium*: a systematic review and meta-analysis. *Clin Infect Dis.* 2015;61:1389-99.
 - Macrolide *M. genitalium* antimicrobial resistance is increasing world wide
2. Khosropour CM, Manhart LE, Gillespie CW, Lowens MS, Golden MR, Jensen NL, Kenny GE, Totten PA: Efficacy of standard therapies against *Ureaplasma* species and persistence among men with non-gonococcal urethritis enrolled in a randomised controlled trial. *Sex Transm Infect* 2015;91:308-13
 - Persistence of *U. urealyticum* is not associated with symptomatic disease
3. Crofts M, Mead K, Persad R, Horner P. How to manage the chronic pelvic pain syndrome in men presenting to sexual health services. *Sex Transm Infect* 2014;90:370–37.
 - Management algorithm for men with CPPS/CP/CNGU attending sexual health services
4. Kenyon S, Crofts M, Horner P. An extended evaluation of a dedicated male chronic pelvic pain clinic

- Evaluation of sexual health model (Crofts et al) for managing CPPS/CP/CNGU which suggests earlier intervention may lead to better outcomes
5. Rees J, Abrahams M, Doble A, Cooper A; Prostatitis Expert Reference Group (PERG). Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline. BJU Int. 2015;116:509-25.
- Consensus evidence based guideline detailing how identification of individual symptom patterns with a symptom-based treatment approach can be applied in clinical practice. The role of specialist pelvic floor physiotherapy is discussed

Potential Speakers

Patrick J. Horner <Paddy.Horner@bristol.ac.uk

Questions to be answered by future Research

Evaluation of management options for CPPS/CP/CNGU

Rapporteurs:

1. **Dr. Patrick J. Horner**
Bacteria Reference Unit, Microbiological Services Public Health England,
London, United Kingdom
Email Paddy.Horner@bristol.ac.uk

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