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SYMPTOMS CORRELATED WITH PROSTATITIS

Aims
A series of factors makes studying and treating chronic prostatitis extremely difficult and even classifying the disease is arduous. One of these factors is a full and clear definition of symptoms, which should include all the symptoms which can be observed in the course of chronic prostatitis but should not be extended to aspecific symptoms.

This study, which is the fruit of years of experience in the field of prostatitis, defines as fully and as specifically as possible, the symptoms of prostatitis in an attempt to provide a statistically-based identikit of the patient with prostatitis.

Methods
Two years were spent researching symptoms and adjusting definitions of terms with the aim of drawing up an easily understood questionnaire which left patients with no room for doubts or perplexities. Between February 2000 and June2001, 245 patients (mean age 32 years) attending our Centre for Prostatitis replied to the questionnaire. The questionnaire investigated 3 types of symptoms: 1) **micturitional** (**A-**nicturia, **B-**pollakiuria, **C-**urine stream force, **D-**urine stream type, **E-**presence or absence of post-micturitional drip); 2) **painful** (**F-**burning during micturition, **G-**perineal, **H-**inguinal, **I-**scrotal, **J-**coccigeal, **K-**suprapubic **L-**anorectal pain); 3) **sexual** (**M-**libido, **N-**erection, **O-**ejaculation precocity, **P-**type of ejaculation **Q-**quality of sperm, **R-**force of ejaculatory jet). The results of this group of patients, was statistically compared with the results obtained in a control group of 46 normal subjects (mean age 30 years). We used the Mann-Whitney and Wilcoxon tests for statistical analysis. The symptoms proved statistically significant, were correlated against the presence of the disease in prostatitis patient group, to obtain the clinical prostatitis features, with logistic regression analysis and Backward Stepwise.

Results
The Mann-Whitney and Wilconxon tests demonstrate the symptoms statistically significant in prostatitis patients group were: **C-**urine stream force($p < .0040$), **D-**urine stream type($p < .0001$), **E-**presence or absence of post-micturitional drip($p < .0007$) **F-**burning during micturition($p < .0000$), **G-**perineal pain($p < .0000$), **H-**inguinal pain($p < .0000$), **I-**scrotal pain($p < .0001$), **J-**coccigeal pain($p = .0060$) **K-**suprapubic pain($p < .0000$), **L-**anorectal pain($p = .0001$), **M-**loss of libido($p < .0391$) **O-**ejaculation precocity($p = .0000$), **P-**type of ejaculation($p = .0000$), **Q-**quality of sperm($p = .0000$) **R-**force of ejaculation jet($p = .0000$).

The backword conditional logistic regression analysis shows a significant correlation between the chronic prostatitis disease and the following symptoms (*prostatitis identikit*): **F-**burning during micturition($p = .0003$ $R = .2099$ Odds $R = 5.3$), **G-**perineal pain($p = .0000$ $R = .2641$ Odds $R = 5.1$), **K-**suprapubic pain($p = .0005$ $R = .1980$ Odds $R = 4.7$).

Conclusions
Although many other symptoms scores have been proposed for prostatitis and the NIH scoring is certainly extremely valid, we think this study provides a systematic approach and a better understanding of this disease.