Prostatitis
A guide to infection and inflammation of the prostate
About this booklet

This booklet is for men who want to know more about a non-cancerous condition called prostatitis – an infection or inflammation of the prostate gland. Your partner, family or friends might also find this booklet helpful.

We describe the causes, symptoms, diagnosis and treatment of different types of prostatitis.

Each GP practice or hospital may do things slightly differently. Use this booklet as a general guide and ask your GP or hospital doctor for more information. You can also call our Specialist Nurses, in confidence, on 0800 074 8383.

The following symbols appear throughout the booklet to guide you to sources of further information:

- Our Specialist Nurses
- Our publications
- Sections for you to fill in
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What is the prostate?

Only men have a prostate gland. The prostate is usually the size and shape of a walnut and grows bigger as you get older. It lies underneath the bladder and surrounds the urethra, which is the tube men urinate and ejaculate through.

Its main job is to help make semen – the fluid that carries sperm.

Where is the prostate?
What is prostatitis?

Prostatitis is the name given to a set of symptoms that are thought to be caused by an infection or by inflammation (swelling) of the prostate, but often doctors don’t know why it develops. It is not cancer.

Prostatitis is a common condition. It can affect men of any age but it’s most common in younger and middle aged men, typically between 36 and 50.

It’s a complicated condition. There are different types of prostatitis and we don’t know very much about some types. This can make it difficult for doctors to know what causes it and how best to treat it.
This can be frustrating for men who have it, but there are things you can do to help yourself (see page 26).

The symptoms of prostatitis can be similar to other problems, such as urine infections, which can make it difficult to diagnose. It can take some time to get a diagnosis, and you might need a number of tests.

**Improving your care**
Because prostatitis is not well understood we’ve worked with experts and men with the condition to produce guidelines on how to diagnose and treat it. You can tell your doctor or nurse about these guidelines. Find them here: prostatecanceruk.org/prostatitissguideline

Prostatitis is just something I’ve got but I can manage it. I know the symptoms; I know what to do and how to treat it.

A personal experience

Prostatitis is not a form of cancer. It is also not the same as having an enlarged prostate, also known as benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH). You can read more about prostate cancer and an enlarged prostate in our booklet, Know your prostate: A guide to common prostate problems.
What are the symptoms?

Prostatitis can cause a wide range of symptoms, which vary from man to man, and will depend on the type of prostatitis you have. Symptoms can include:

- discomfort, pain or aching in your testicles, in the area between your testicles and back passage (perineum), or in the tip of your penis
- discomfort, pain or aching in the lower part of your stomach area (lower abdomen), your groin or your back
- needing to urinate (pee) more often or urgently
- pain or stinging during or after urinating
- feeling as if you are sitting on something like a golf ball
- no desire for sex (lack of libido)
- less commonly, difficulty getting or keeping an erection (erectile dysfunction), pain or burning during and after ejaculation, and premature ejaculation.

In rare cases there can be blood in the semen. This can also be a sign that there is something else wrong, so always speak to your doctor if you have this symptom. Also in rare cases, prostatitis can be severe – it can cause a high temperature and sweating. If this happens, you may need treatment in hospital.

There are four types of prostatitis. Read more about the symptoms of each type of prostatitis in the next section.

Even after an initial infection has been treated, you may still have prostatitis for a long time. It might come and go, causing occasional episodes of pain, sometimes known as flare-ups.

Speak to your GP if you have any of the symptoms listed here. You can also call our Specialist Nurses if you have any questions.
Types of prostatitis

There are four types of prostatitis:
• chronic pelvic pain syndrome (CPPS, also called chronic non-bacterial prostatitis or prostate pain syndrome)
• acute bacterial prostatitis
• chronic bacterial prostatitis
• asymptomatic inflammatory prostatitis.

We look at the causes, symptoms, diagnosis and treatment of each one in the following sections.

Chronic pelvic pain syndrome (CPPS)

Chronic pelvic pain syndrome (CPPS) is the most common type of prostatitis – around 19 out of every 20 men (90 to 95 per cent) with prostatitis have it. You might also hear it called chronic non-bacterial prostatitis, chronic abacterial prostatitis or prostate pain syndrome. Chronic means long-lasting which means the pain can go on for a long time. Men with CPPS usually have symptoms for three months or longer.

What causes it?

Nobody knows for certain what causes CPPS. Unlike other types of prostatitis it is not usually caused by a bacterial infection. There could be a number of causes, so that makes it difficult to diagnose and treat. Some men might just be more likely to get it than others, and there could be a number of things that trigger it.
Possible causes include:
- urine getting into the prostate
- previous infections in or around the prostate
- an infection that doesn’t show up in tests
- problems with nerves, so that they send pain signals to the brain even when there’s nothing physically wrong
- stress, anxiety or depression
- problems with the pelvic floor muscles (the muscles that support your bladder and bowel and help to control urination)
- previous damage to the pelvic floor muscles.

Some research shows a connection between high levels of stress, anxiety and depression and CPPS. But this doesn’t mean that CPPS is all in your head. If you’re feeling stressed or depressed, this may cause physical symptoms that trigger CPPS, or make symptoms worse.

There’s some evidence that CPPS may be linked to other conditions such as chronic fatigue syndrome and irritable bowel syndrome (IBS). Some men with CPPS also have symptoms of these conditions. IBS causes bowel problems such as bloating or diarrhoea, while chronic fatigue syndrome causes long-term severe tiredness.

It’s unlikely that CPPS is caused by a sexually transmitted infection.

**What are the symptoms?**

The symptoms of CPPS vary from man to man, but you may have one or more of the following:
- pain in the area between your back passage and testicles (perineum)
- pain in the lower part of your stomach area (lower abdomen)
- pain in your penis, especially the tip
• pain in your testicles
• pain in your back passage (rectum) and lower back
• pain when you ejaculate
• difficulty getting or keeping an erection (erectile dysfunction), pain or burning during ejaculation, and premature ejaculation
• urinary problems such as feeling like you haven’t emptied your bladder properly, needing to urinate more often or urgently, or pain when you urinate
• bowel problems such as bloating or diarrhoea
• mild discomfort or pain when urinating.

CPPS affects each man differently. For some men the symptoms are constant and for some they vary over time.

**How is it diagnosed?**

There is no single test to diagnose CPPS. Your doctor will need to rule out other possible causes of your symptoms to make a diagnosis.

It can take some time. You might be diagnosed with CPPS if you’ve had some of the symptoms listed above for more than three of the last six months. But your doctor may suspect CPPS sooner than this.

They will ask about your symptoms or give you some questionnaires to fill in, such as the one on page 35. Your doctor may also ask about your medical history. This can help them work out what is causing your symptoms, and which treatments are most likely to help.

You’ll need to give a urine sample to make sure you don’t have a urine infection. You will probably have a physical examination which includes a digital rectal examination (DRE) and you may have some other tests too.
Digital rectal examination (DRE)
This is where the doctor feels your prostate through the wall of the back passage (rectum). During a DRE, the doctor will ask you to lie on your side on an examination table, with your knees brought up towards your chest. The doctor will slide a finger gently into your back passage. They’ll wear gloves and put some gel on their finger to make it more comfortable.

They’ll feel your prostate for any hard or irregular areas, or tenderness, and to check its size. You may find this a little uncomfortable or embarrassing, but the test isn’t usually painful and it doesn’t take long.
Other tests
There are a number of other tests that can be useful. These include a test to measure the amount of prostate specific antigen (PSA) in your blood (see page 25).

Ask your doctor for more information about other tests. For some tests, you might need to visit a doctor who specialises in urinary problems (a urologist) or a specialist nurse.

How is it treated?
Treatment varies from man to man – just like CPPS does. The treatments won’t get rid of CPPS, it’s about finding what works best to control your symptoms. You’ll probably have more than one of the treatments listed below.

• Drugs. For example, pain-relieving drugs. Your GP or urologist may prescribe these. Read more about different types of drugs on the next page.

• Counselling. As there is research to suggest a link between CPPS and how you are feeling, your doctor might refer you to a counsellor.

• Physiotherapy. If your doctor thinks your CPPS may be caused by problems with your pelvic floor muscles, they may refer you to a physiotherapist.

• Treatment for pain. If pain-relieving drugs aren’t helping you, your doctor may refer you to a pain clinic. Pain clinics have teams of health professionals who specialise in treating pain and can carry out further assessments and offer a variety of treatments.

• Other treatments. There are some other treatments, such as prostate massage, that might help.
Each man will respond to the treatments differently. If one thing doesn’t work, you should be able to try something else. Your treatment may be managed by your GP or by a urologist at the hospital. You may also see a nurse specialist, or sexual health specialist.

Drugs

There is some evidence that a number of drugs can help improve prostatitis symptoms.

You might be offered one or a combination of the following drugs.

- **Alpha-blockers, such as tamsulosin.** There is some evidence that alpha-blockers help improve symptoms for some men, particularly urinary problems such as a weak or slow flow, and pain. But if there is no sign of them working after four to six weeks, you will usually stop taking them.

- **Antibiotics.** Despite CPPS not usually being caused by a bacterial infection, there is a little evidence that antibiotics might help control symptoms in some men. This might be because they treat an infection that hasn’t been found by the tests. Or it might be because they help reduce inflammation.

- **5-alpha-reductase inhibitors, such as finasteride.** Although there is no strong evidence that these drugs are effective, some men find they improve urinary symptoms. This could be because they shrink the prostate. These can take up to six months to work.

- **Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen.** Although there is no strong evidence that NSAIDs are effective, some men find they can reduce symptoms such as pain. You can get some NSAIDs from pharmacies, but it’s important to discuss using them with your GP. This is because they can have side effects, such as stomach irritation and stomach ulcers.
• **Pain-relieving drugs.** These may help with any discomfort or pain. It may be enough to take over-the-counter pain relief such as paracetamol. Your doctor or a pharmacist can recommend ones that are suitable for you.

• **Other drugs to relieve pain.** Drugs used for other conditions can also be used to treat prostatitis pain. You might be offered anti-depressants (such as amitriptyline) or anti-epileptic drugs (such as gabapentin or pregabalin) to treat prostatitis pain. These drugs can be used to treat long-term pain and some men with prostatitis find them helpful. A drug called allopurinol can also help ease pain, and some men find it helps with urinary symptoms.

All drugs carry a risk of side effects. Ask your doctor for more information about the different treatments, and whether they might be suitable for you.

**Counselling**

Some men find talking to a counsellor helpful. They can help you understand your feelings and find ways to deal with them. In particular, cognitive behavioural therapy (CBT) can help men find ways to deal with prostatitis. CBT focuses on your thoughts, beliefs and attitudes and how these can affect what you do and how you feel. It involves talking with a therapist who will help you come up with practical ways to tackle any patterns of behaviour or ways of thinking about your prostatitis that are causing you problems.

Your GP may be able to refer you to a counsellor, or you can see a private counsellor. To find out more contact the British Association for Counselling & Psychotherapy.
There’s been a link between my flare-ups and times of stress or anxiety. CBT certainly helped me, used alongside medication.

A personal experience

Physiotherapy

You may be referred to a physiotherapist if your doctor thinks your CPPS is caused by problems in your pelvic floor muscles. The physiotherapist might use a variety of treatments including massaging particularly tender areas of your pelvic floor muscles (known as trigger points). They might also teach you how to do pelvic floor exercises. The pelvic floor muscles support the bladder and bowel, and help control when you urinate. There are exercises you can do to strengthen them that may help with some urinary symptoms. For more information, read our Tool Kit fact sheet, Pelvic floor muscle exercises. Your physiotherapist may also teach you breathing and relaxation techniques.

Other treatments

Some men have found the following treatments helpful.

- **Prostate massage.** The doctor massages your prostate through the wall of the back passage (rectum). They will slide their finger gently into your back passage, using gloves and gel to make it more comfortable. If your prostate is tender or painful this might be done under general anaesthetic in hospital so you will be asleep and won’t feel anything. There is no strong scientific evidence for this.
- **Anti-depressants.** If your prostatitis affects your mood and you become very low, depressed or anxious, your doctor might suggest you try taking anti-depressants or refer you to a counsellor for CBT.

- **Treatments for sexual problems.** If your prostatitis is causing sexual problems such as difficulty getting or keeping an erection, speak to your doctor or nurse. There is support available and there are a number of things you can try that can be very effective. For example, your doctor can prescribe drugs such as sildenafil (Viagra) or tadalafil (Cialis).

- **Surgery.** Very occasionally, surgery may be an option. It usually involves removing all or part of the prostate. It isn’t done very often because there’s a chance it may make symptoms worse and cause a number of side effects.

The treatments offered vary in different hospitals – speak to your doctor about the most suitable treatment for you. There’s information about other things you can do yourself to try to relieve your symptoms on page 26.
Acute bacterial prostatitis

Acute bacterial prostatitis is an infection of the prostate that is caused by bacteria. Acute means that the symptoms develop very quickly. But it is not common. It can be a serious infection that needs treating in hospital.

What causes it?

Acute bacterial prostatitis can develop when certain types of bacteria get into your prostate, causing it to become infected.

Bacteria that normally live in your bowel may spread to the tip of your penis and to the urethra (the tube men urinate and ejaculate through). From here, the bacteria might reach your prostate. Bacteria can also spread to your prostate from your bladder or bloodstream.

Acute bacterial prostatitis can happen if:

- you have a urine infection
- you’ve had difficulty emptying your bladder
- you’ve had a prostate biopsy
- you regularly use a thin tube called a catheter to drain urine from your bladder.

What are the symptoms?

Symptoms usually develop very quickly. They include:

- a high temperature (above 38°C), feeling feverish, sweating, chills and shivering
- pain in the area between your testicles and back passage (perineum), the skin around your testicles (scrotum), your penis, lower back, and sometimes in your back passage (rectum)
- needing to urinate more often, especially at night
• a sudden urge to urinate
• pain when urinating
• difficulty urinating
• pain in your muscles or joints in the pelvic area, thighs and lower back.

About 1 in 10 men (10 per cent) with this type of prostatitis find they suddenly and painfully can’t urinate. This is called acute urinary retention. It needs treating straight away, usually at a hospital. The doctor or nurse will pass a thin, flexible tube called a catheter up your penis into your bladder to drain the urine. Or they might pass the catheter through the wall of your stomach area (abdomen).

Don’t wait
It is very important to seek medical advice immediately if you think you might have acute bacterial prostatitis and have a high temperature. It needs treating right away.

How is it diagnosed?
You’ll need to give a urine sample so the doctor can check for bacteria and other signs of infection. You might need a blood test. The doctor may also examine your stomach area (abdomen). You might have a digital rectal examination (DRE – see page 12). If you have acute bacterial prostatitis, your prostate may be swollen and painful.

How is it treated?
Acute bacterial prostatitis is treated with antibiotics. You might get antibiotic tablets to take at home. These should treat the infection quite quickly. Your doctor will tell you how long to take the antibiotics for – usually four to six weeks.
Make sure you finish the course of antibiotics – if you don’t take all the tablets, the infection could come back.

If the infection is more severe or the antibiotic tablets don’t work well, you may need to take antibiotics for longer.

You might also need to spend time in hospital so you can have antibiotics through a drip. A liquid containing antibiotics is passed through a thin tube into a vein, usually in your arm. Once the infection has cleared up, you might get antibiotic tablets to take at home for two to four weeks.

You might also get a type of drug called an alpha-blocker to help with urinary symptoms, though there isn’t much evidence that these work in men with acute bacterial prostatitis.

During treatment in hospital or at home, make sure you get plenty of rest and drink enough liquid (six to eight glasses a day). Avoid or cut down on fizzy drinks, alcohol and drinks that contain caffeine (tea, coffee and cola), as these can irritate your bladder. Your doctor can give you pain-relieving drugs if you need them.
Chronic bacterial prostatitis

Chronic bacterial prostatitis is an infection of the prostate that can last for a long time – at least three months. It tends to come and go, causing episodes or flare-ups. Like acute bacterial prostatitis, it isn’t common.

What causes it?

Chronic bacterial prostatitis is caused by a bacterial infection. It tends to affect men who’ve had lots of urine infections or an inflamed urethra (urethritis) in the past. Each episode tends to be caused by the same bacteria, which also cause the urine infections.

It can develop from acute bacterial prostatitis if antibiotics don’t get rid of all the bacteria. This could be because the bacteria were resistant to the antibiotics or because the treatment was stopped too early.

What are the symptoms?

The most common symptoms are similar to the symptoms of acute bacterial prostatitis (see page 18) but they are usually less severe. You may find your symptoms come and go. Another common symptom is painful ejaculation.

How is it diagnosed?

Your doctor will ask about your symptoms and any similar problems you’ve had before. This is because chronic bacterial prostatitis tends to affect people who’ve had infections in the past.
They will then try to rule out other problems that could be causing your symptoms. For example, they’ll ask for a urine sample to make sure you don’t have a urine infection. They may also do some further tests – ask your doctor for more information about these.

**How is it treated?**

Your doctor will give you a course of antibiotic tablets. You’ll need to take these for at least four to six weeks.

If you still have symptoms after you finish the treatment, your doctor may do another urine test to see if the infection has gone.

If the antibiotics don’t get rid of all the bacteria, your symptoms could come back. If this happens, you’ll need more antibiotics.

If you still have symptoms after you finish your antibiotic treatment but there is no further infection, you might need more tests to find out what’s causing the problem. You might be offered another type of drug, called an alpha-blocker. Some men find that taking alpha-blockers together with antibiotics can help to improve urinary symptoms, such as a weak or slow flow. If you have a lot of discomfort or pain, you may also need to take pain-relieving drugs. Your doctor can recommend ones that are suitable for you.

If your doctor is sure that the infection is chronic (long-lasting), you might be offered a prostate massage to help relieve pain (see page 16).
Asymptomatic inflammatory prostatitis

This is prostatitis that doesn’t have any symptoms – the word asymptomatic means there are no symptoms. It is usually detected by chance when you’re having tests for other conditions, such as prostate cancer.

How is it treated?

Because it doesn’t cause symptoms, asymptomatic prostatitis doesn’t usually need any treatment. But you might get a course of antibiotics if:

- you have high levels of a protein called prostate specific antigen (PSA) in your blood, or
- you have high levels of white blood cells in your urine or semen. This is a sign that you have an infection or inflammation in your body.

Your doctor will tell you how long to take the antibiotics for, but it’s usually around four to six weeks. In most cases, your PSA level will return to normal four to six weeks after you finish your antibiotics.
Prostatitis and PSA

Prostate specific antigen (PSA) is a protein produced by the prostate. A PSA test is a simple blood test that measures the amount of PSA in your blood.

You might be offered a PSA test if your GP is checking for other possible prostate problems, such as an enlarged prostate or prostate cancer. You may want to ask your doctor why the test is being done and what will happen if your PSA is raised.

It’s normal for all men to have a small amount of PSA in their blood and the amount naturally rises as you get older. But a raised PSA level can be a sign of a problem with your prostate, such as an enlarged prostate, prostate cancer or prostatitis. If your PSA level is raised, your doctor might want to do further tests to find out what is causing it.

If your GP thinks you may have another prostate problem they will avoid testing your PSA while you have prostatitis symptoms. This is because prostatitis can raise your PSA level and may make the results less reliable. They will try to delay the test for three months after your symptoms have settled down.

Read more about the PSA test in our booklet, Understanding the PSA test: A guide for men concerned about prostate cancer.

Am I more likely to get prostate cancer if I have prostatitis?
At the moment, there is no evidence to show that men with prostatitis are more likely to get prostate cancer.
Living with CPPS

Long-term prostatitis can be a difficult condition to live with. The pain or discomfort can make it difficult to carry out everyday tasks, and you might have no warning before a flare-up.

Travelling long distances or sitting in meetings when you don’t know when you will be able to reach a toilet can be worrying, especially if you need to go frequently. And it could be uncomfortable to sit for long periods.

If you’re living with prostatitis it’s natural to feel frustrated. Some men feel that other people don’t understand their symptoms, making them feel alone. Some men even find that living with prostatitis and its symptoms makes them feel depressed or anxious. If you feel like this, speak to your doctor or nurse.

There is more about finding support on page 33 and you can get more information and tips from other men from our interactive online guides prostatecanceruk.org/guides.

If your symptoms don’t improve with the treatment offered by your GP, ask them to refer you to a doctor who specialises in managing prostatitis.

Speak to your GP about making an action plan so that you know what to do when you have a flare-up. This will help to make sure you can get treatment quickly and get a referral to a specialist if you need it.
Managing pain

If you’re having problems with pain, speak to your doctor. They might prescribe pain-relieving drugs which can help. If these don’t work, ask your doctor to refer you to a pain clinic (see page 13). Pain can sometimes make you feel anxious and not want to do anything. But not being active can make you feel down and may actually increase your pain. This is called the pain cycle.

There’s also some research to suggest that how you feel about pain can affect how much pain you feel. So people who think a lot about their pain, or feel there’s nothing they can do to reduce it, can have worse levels of pain. But there are ways to help you manage your pain (see next page).
What can I do myself to help manage pain?

You might find some of the following ideas helpful. They may help you feel more comfortable and more in control of your pain.

- **Find ways to relax.** Feeling stressed or anxious can cause a flare-up or make symptoms worse. If this is a problem for you, try things to help you relax and feel more in control. You could try relaxation techniques such as deep breathing or meditation, or taking a warm bath.

- **Distract yourself.** Do something to take your mind off the pain, such as listening to music, reading, watching television or chatting with a friend or family member. This may sound simple, but it really can help.

- **Pace yourself.** Try planning your day by setting goals and include frequent rest breaks.

- **Sit comfortably** if you need to sit for long periods during a flare-up. For example, if you work in an office, take in a soft or inflatable cushion to relieve the pressure. Change your position frequently to stay as comfortable as possible – you could try standing up and walking around every 30 minutes.

- **Get active.** Exercise can help some men feel better and reduce symptoms, including pain. This includes brisk walking, jogging or running, or playing sports like football – anything that makes your heart beat faster. Speak to your doctor before you start exercise.

- **Try to get plenty of sleep.** Talk to your doctor or nurse if something is getting in the way of your sleep. This could be anything such as urinary problems or worries that are keeping you awake.
Make some lifestyle changes

There are a number of things you can try that other men have found helpful. You might want to plan your day more, to allow for things like toilet trips. Trying different things can help you feel more in control, and that you are actively doing something to improve your health. If one thing doesn’t work, try something else. Here are some suggestions.

- **Watch what you drink.** Drink plenty of fluids – 1.5 to 2 litres (3 to 4 pints) a day. And cut down on fizzy drinks, alcohol and drinks that contain caffeine (tea, coffee and cola) as these can irritate the bladder.

- **Watch what you eat.** Some foods may make your symptoms worse. Try to work out what these are so you can avoid them. There’s some evidence that spicy foods can make the symptoms of CPPS worse.

- **Avoid cycling.** It’s a good idea to avoid activities that put pressure on the area between your back passage and testicles (perineum), such as cycling. They can make symptoms worse. If you want to keep cycling, you could try using a different saddle, such as one made from gel.

- **Keep a diary.** This can help you spot things that make your symptoms worse, and can be a useful way of showing your doctor what you’re experiencing. Record things like food, drink, exercise, how stressed you feel and your symptoms. You’ll find a useful way of recording your symptoms on page 35.

Some men also find that ejaculating regularly helps with their symptoms as it empties some of the fluid from the prostate – although there isn’t much evidence for this.
Can complementary therapies help?

Many men find complementary therapies help them deal with their symptoms and the day-to-day impact of their prostatitis, helping them feel more in control. Some men find they feel more relaxed and better about themselves and their treatment.

Complementary therapies are usually used alongside medical treatments, rather than instead of them. Some complementary therapies have side effects and some may interfere with your prostatitis treatment. So tell your doctor or nurse about any complementary therapies you’re using or thinking of trying. You should also tell your complementary therapist about your prostatitis and any treatments you’re having as this can affect what therapies are safe and suitable for you.

Some GPs and hospitals offer complementary therapies. But if you want to find a therapist yourself, make sure they are properly qualified and belong to a professional body. The Complementary and Natural Healthcare Council have advice about finding a therapist.

The following are examples of complementary therapies that some men use.

- **Acupuncture** involves inserting very thin needles just below the skin at specific points on the body. There’s some research suggesting it may help to relieve pain. Electro-acupuncture may also help relieve pain. This is where small electrical currents are passed through the needles. Ask your doctor if it is available on the NHS in your area. Or you can also find a private acupuncturist through the British Acupuncture Council.
• **Massage, reflexology, aromatherapy or hypnotherapy.** Some people with pain caused by other conditions find that these therapies help them feel better about themselves and their treatment. They might also help to relieve stress, making you feel more relaxed.

• **Supplements or herbal remedies.** There are several plant extracts that researchers are currently looking into. Some men find them helpful with easing pain or urinary symptoms. A small amount of research suggests that quercetin and a pollen extract called cernilton (sometimes sold as ProstaBrit) may be helpful. Some men find that the plant extract saw palmetto helps, although there’s no scientific evidence for it. If you are thinking about using supplements or herbal remedies, speak to your doctor or nurse. Some may have side effects or interfere with some treatments for prostatitis.

Not all herbal remedies in the UK are licensed, and the quality varies a lot. Be very careful when buying herbal remedies over the internet. Many are made outside the UK and may not be high-quality. Many companies make claims that are not based on proper research. There may be no real evidence that their products work, and some may even be harmful. Remember that even if a product is ‘natural’, this doesn’t mean it is safe.

For more information about using herbal remedies safely, visit www.mhra.gov.uk

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This section is about managing long-term prostatitis. If you think you may have acute bacterial prostatitis (see page 18) speak to your doctor as it can be a serious infection that needs treating in hospital.
Prostatitis: A guide to infection or inflammation of the prostate
Where can I get support?

As well as trying things to help yourself, some men find getting support is useful.

Your medical team

It could be useful to speak to your nurse, doctor, GP or someone else in your medical team. They can help you understand your diagnosis, treatment and side effects, listen to your concerns, and put you in touch with other people who can help.

Our Specialist Nurses

Our Specialist Nurses can answer your questions, help explain your diagnosis and go through your treatment options with you. They’ve got time to listen to any concerns you or those close to you have about living with prostatitis. Everything is confidential.

To get in touch:

- call our Specialist Nurses on 0800 074 8383
- email or chat online at prostatecanceruk.org/get-support
- text NURSE to 70004.

Our online community

Our online community is a place to talk about whatever’s on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience. It’s a place to deal with prostatitis together.

Sign up on our website at prostatecanceruk.org/get-support
What research is being done?

Researchers are trying to find out more about prostatitis so that better treatments can be developed.

They’re looking into the causes of CPPS and why it affects men differently. This includes looking at the genes involved. A better understanding of the causes will mean that, in the future, treatments can be tailored to suit each man.

They’re also looking into different treatments. These include a number of drugs, botox, surgery, and using small electrical currents to reduce pain.

Another area of research is looking at ways to help men live with CPPS, such as cognitive behavioural therapy (CBT), and ways men can take more control themselves – such as with diet and supplements.

At the moment, most of the research is happening in other countries, but if you’re interested in taking part in a clinical trial, mention this to your doctor. There might be trials you can join in the future.
The chronic prostatitis symptom index

If you have CPPS, the following questions can help you to explain your symptoms to your doctor and can help them to monitor your treatment.

Pain or discomfort

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

   a. Area between rectum and testicles (perineum)
   b. Testicles
   c. Tip of the penis (not related to urination)
   d. Below your waist, in your pubic or bladder area

2. In the last week, have you experienced:

   a. Pain or burning during urination?
   b. Pain or discomfort during or after sexual climax (ejaculation)?

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

   Never  Rarely  Sometimes
   Often  Usually  Always
4. Which number best describes your average pain or discomfort on the days that you had it, over the last week?

\[
\begin{array}{ccccccccccc}
0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & 10 \\
\end{array}
\]

No pain \quad Pain as bad as you can imagine

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

- [ ] Not at all
- [ ] Less than half the time
- [ ] More than half the time
- [ ] Less than 1 time in 5
- [ ] About half the time
- [ ] Almost always

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

- [ ] Not at all
- [ ] Less than half the time
- [ ] More than half the time
- [ ] Less than 1 time in 5
- [ ] About half the time
- [ ] 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?

- [ ] None
- [ ] Only a little
- [ ] Some
- [ ] A lot
8. How much did you think about your symptoms, over the last week?

☐ None  ☐ Only a little

☐ Some  ☐ 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?

☐ Delighted  ☐ Pleased

☐ Mostly satisfied  ☐ Mixed (about equally satisfied and dissatisfied)

☐ Mostly dissatisfied  ☐ Unhappy

☐ Terrible

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Medical words used in this booklet

**Catheter**
A thin tube that is used to drain urine from the bladder out of the body. The catheter can be put into the bladder either through the penis (urethral catheter) or through the stomach area (suprapubic catheter).

**DRE**
Digital rectal examination. A common way of helping to diagnose a prostate problem, where your doctor or nurse feels the prostate through the wall of the back passage (rectum).

**Flare-up**
Prostatitis can remain for a long time. It might come and go, causing occasional episodes of symptoms. These are sometimes known as flare-ups.

**PSA**
Prostate specific antigen. A protein produced by the prostate. It is normal for all men to have a small amount of PSA in their blood. Causes of a raised PSA level include infection, prostatitis, an enlarged prostate and prostate cancer.

**Urethra**
The tube that carries urine from the bladder, and semen from the reproductive system, through the penis and out of the body.

**Urologist**
A doctor who specialises in conditions of the urinary and reproductive systems. Urologists are also surgeons.
More information from us

Leaflets and booklets
We have a range of other leaflets and booklets about prostate problems.

To order publications:
All our publications are free and available to order or download online. To order them:
• call us on 0800 074 8383
• visit our website at prostatecanceruk.org/publications

Call our Specialist Nurses
If you want to talk about prostatitis or other prostate problems, call our Specialist Nurses in confidence. You can also text NURSE to 70004, or you can email or chat online with our nurses on our website. Visit prostatecanceruk.org/get-support

Speak to our Specialst Nurses
0800 074 8383*
prostatecanceruk.org

* Calls are recorded for training purposes only. Confidentiality is maintained between callers and Prostate Cancer UK.
Other useful organisations

**British Acupuncture Council**
www.acupuncture.org.uk
Telephone: 020 8735 0400
Information about acupuncture and details of practitioners in your area.

**British Association for Counselling & Psychotherapy**
www.itstogoodtotalk.org.uk
Telephone: 01455 88 33 00
Information about counselling and details of therapists in your area.

**Complementary and Natural Healthcare Council (CNHC)**
www.cnhc.org.uk
Telephone: 020 3668 0406
Details of complementary therapists who meet national standards.

**electronic Medicines Compendium (eMC)**
www.medicines.org.uk
Information on UK-licensed medicines, including how to use your drugs, side effects, and how other drugs, food or alcohol may affect your drug.

**Medicines and Healthcare products Regulatory Agency**
www.mhra.gov.uk
Telephone: 020 3080 6000
Provides advice about how to use herbal remedies safely. Also runs the Yellow Card Scheme, a system for reporting unusual side effects from any treatment, including herbal remedies.
**Mind**  
[www.mind.org.uk](http://www.mind.org.uk)  
**Telephone:** 0300 123 3393  
Information and support for mental health issues such as depression or anxiety.

**NHS Choices**  
[www.nhs.uk](http://www.nhs.uk)  
Information about conditions, treatments and lifestyle. Support for carers and a directory of health services in England.

**NHS Direct Wales**  
[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)  
**Telephone:** 0845 46 47  
Provides health advice 24 hours a day, and lists local health services in Wales, including GPs and dentists.

**NHS Inform**  
[www.nhsinform.co.uk](http://www.nhsinform.co.uk)  
**Telephone:** 0800 22 44 88  
Provides health information and details of NHS and other support services in Scotland.

**nidirect**  
[www.nidirect.gov.uk](http://www.nidirect.gov.uk)  
Information about government services in Northern Ireland, including health services.

**Patient UK**  
[www.patient.co.uk](http://www.patient.co.uk)  
Information that’s often used by GPs to help explain health problems to patients. Also has a directory of UK health websites.
About Prostate Cancer UK

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate diseases. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this booklet are available at prostatecanceruk.org

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• Our Specialist Nurses
• Our Volunteers.
Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.

- £25 could give a man diagnosed with prostate cancer unlimited time to talk over treatment options with one of our specialist nurses.

To make a donation of any amount, please call us on 0800 082 1616, visit prostatecanceruk.org/donate or text PROSTATE to 70004†. There are many other ways to support us. For more details please visit prostatecanceruk.org/get-involved

†You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms