

A Japanese version of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI, Okayama version) and the clinical evaluation of cernitin pollen extract for chronic non-bacterial prostatitis

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PURPOSE: The chronic prostatitis syndromes are common disorders in urologic practice and present various clinical symptoms. The development of a chronic prostatitis symptom index appropriate for judgment of therapeutic effects is awaited since the pathophysiology and appropriate treatment are not well defined so far. We developed a Japanese version of the National Institutes of Health Chronic Prostatitis Symptoms Index (NIH-CPSI, Okayama version), and examined its usefulness. In addition, we evaluated clinical effects of Cernilton for chronic nonbacterial prostatitis using this symptom index

SUBJECTS AND METHODS: A total of 87 patients including 34 patients with NIH chronic prostatitis category III, 35 patients with BPH and 18 patients for control group who visited the Department of Urology at Okayama University Medical School filled in the questionnaire of our Japanese version of the NIH-CPSI to compare the NIH-CPSI scores among three groups. Twenty-four patients with NIH chronic prostatitis category III (IIIa 16, IIIb 8) were treated with Cernilton and the NIH-CPSI scores were examined before and after its administration.

RESULTS: The pain/discomfort domain score was 9.79 (mean) in the chronic prostatitis group, 1.66 in the BPH group and 0.39 in the control group; that of the urinary symptom domain was 3.82, 3.29 and 0.72, respectively; and that of the quality of life (QOL) was 8.21, 4.17 and 1.39, respectively. The pain/discomfort domain score was significantly higher in the chronic prostatitis group than in the other groups; the QOL domain score was higher in the order of the chronic prostatitis group, the BPH group and the control group. In the chronic prostatitis group, there was a significant, positive correlation between the pain/discomfort domain score and that of the QOL, and between the urinary symptom domain score and that of the QOL. These results suggested the usefulness of our Japanese version of the NIH-CPSI as a parameter of the severity of chronic prostatitis. Examination of changes in the NIH-CPSI scores revealed that scores of the items in all domains were significantly lower 4 to 6 weeks after the start of administration of Cernilton than those obtained before the drug administration in patients with chronic prostatitis.

CONCLUSIONS: A Japanese version of NIH-CPSI (Okayama version) accurately reflects clinical symptoms and the QOL in patients with chronic prostatitis. It seemed to be a useful and appropriate system for scoring symptoms of chronic prostatitis, indicating further studies on translation, adaptation and validation of the NIH-CPSI in Japan.

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