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[Corticoid combined with an antibiotic for chronic nonbacterial prostatitis]

[Article in Chinese]

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Abstract

OBJECTIVE: To evaluate the efficacy and safety of corticoid in combination with an antibiotic in the treatment of chronic nonbacterial prostatitis (CNP).

METHODS: We used the randomized, double-blind and parallel contrasted method, selected 160 CNP patients via the Stamey test, EPS examination and NIH-CPSI scores, and equally randomized them into an experimental group (with 1 case missing) and a control group. The former received prednisone and levofloxacin for 2 weeks followed by another 2-week administration of levofloxacin only, while the latter were given levofloxacin and placebo in the first 2 weeks and placebo only in the next 2. All the patients were evaluated by NIH-CPSI scores and EPS results and followed up for adverse events after 2 and 4 weeks of treatment.

RESULTS: The total NIH-CPSI score, the pain index, voiding index and quality of life (QOL) score in the experimental group were decreased by 9.56 +/- 2.05, 4.59 +/- 1.18, 2.38 +/- 1.24 and 2.59 +/- 2 1.20 after the 2-week treatment, and 11.72 +/- 2.41, 5.51 +/- 1.42, 2.92 +/- 1.17 and 3.33 +/- 1.08 after the 4-week treatment; while those in the control group were reduced by 6.53 +/- 2.70, 3.20 +/- 1.30, 1.40 +/- 1.05 and 1.80 +/- 1.15 after the 2-week treatment, and 8.53 -/+ 2.91, 3.88 +/- 1.44, 2.08 +/- 1.11 and 2.55 +/- 1.33 after the 4-week treatment, with significant differences between the two groups as well as between pre- and post-treatment ($P < 0.01$), but not between the 2- and 4-week treatment ($P > 0.05$). Statistically significant differences were also observed in the count of WBCs in EPS between not only pre- and post-treatment, but also the 2- and 4-week treatment ($P < 0.01$). No serious adverse events were recorded, nor were significant differences in the tolerance to corticoid and placebo.

CONCLUSION: Prednisone in combination with an antibiotic can effectively relieve pain and voiding symptoms, improve QOL and reduce WBC in the EPS of CNP patients, and therefore well deserves to be recommended in clinical application. But its long-term efficacy and tolerance are yet to be further studied.

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