

# Prostatitis

A guide to infection or  
inflammation of the prostate

# Introduction

This booklet is for men who want to know more about infection or inflammation of the prostate gland, called prostatitis. It may also be useful for partners and families of men who want to know more.

The booklet describes the causes, symptoms, diagnosis and treatment of prostatitis.

Each GP practice or hospital may do things slightly differently, so use this booklet as a general guide to what to expect and ask your GP or hospital specialist for more information.

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



The Prostate Cancer Charity Helpline



The Prostate Cancer Charity publications



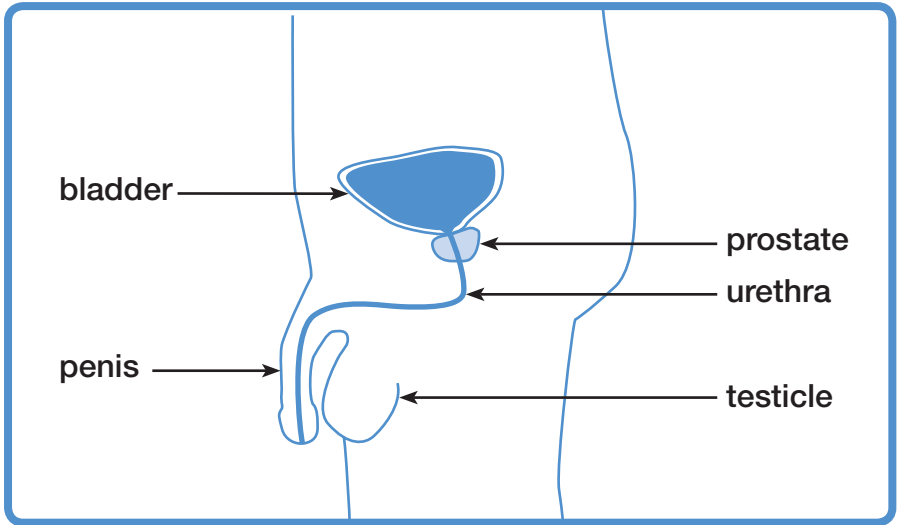
If you would like to know more about anything you read in this booklet, you can call our confidential Helpline on 0800 074 8383.

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## What is the prostate gland?

Only men have a prostate gland. The prostate is usually the shape and size of a walnut. It lies underneath the bladder and surrounds the tube that men pass urine and semen through (urethra). The prostate gland's main job is to make some of the fluid that carries sperm, called semen.



## What is prostatitis?

Prostatitis is the general term used to describe an infection or inflammation of the prostate gland.

Prostatitis is a common condition. Up to three in 20 men (15 per cent) may have prostatitis at some time in their lives. It can affect men of any age but it is more common in men aged between 30 and 50.

Prostatitis is a complex condition. Although it is quite common, some types of it are not well understood and doctors can disagree about what causes it and what the most effective treatments are. This can be frustrating for men with prostatitis.

**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 hyperplasia (BPH). You can read more about an enlarged prostate and prostate cancer in our booklet, **Know your prostate: A guide to common prostate problems.**


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## What are the symptoms?

Prostatitis can cause a wide variety of symptoms, which differ from man to man. Some common symptoms include:

- Discomfort, pain or aching in your testicles, the area between your testicles and back passage (perineum), the tip of your penis, the lower part of your stomach area (lower abdomen), or your back
- Needing to pass urine frequently or urgently
- Pain or stinging when passing urine
- Feeling as if you are sitting on a golf ball
- No desire for sex (lack of libido)

In severe cases, prostatitis may cause fever and sweating and you may need treatment in hospital. Even after an initial infection has been treated, prostatitis can be present for a long time, causing occasional bouts of pain.

If you have any of the symptoms listed here, you should think about visiting your GP. You can also talk to a specialist nurse by  calling our confidential Helpline on 0800 074 8383.

# Types of prostatitis

There are four types of prostatitis:

- Chronic pelvic pain syndrome (CPPS)
- Acute bacterial prostatitis
- Chronic bacterial prostatitis
- Asymptomatic prostatitis

This section describes the causes, symptoms, diagnosis and treatment of each type of prostatitis.

## Chronic pelvic pain syndrome (CPPS)

Chronic pelvic pain syndrome (CPPS) is the most common type of prostatitis. You may also hear it called chronic non-bacterial prostatitis or prostate pain syndrome. Between 18 and 19 out of every 20 prostatitis cases (90 to 95 per cent) are CPPS. However, this is the form of prostatitis that doctors know least about because there is no evidence of any bacterial infection.

### What causes it?

Nobody knows for certain what causes CPPS. There may be a number of physical and psychological causes, which makes it difficult to diagnose and treat. Possible causes of CPPS include:

- A backflow of urine into the prostate gland
- A problem with the body's immune system
- A previous or undiscovered infection
- Inflammation of the nerves around the prostate gland
- Anxiety
- Tension in the pelvic floor (the muscle that controls urination)

There is some evidence that CPPS may be linked with chronic fatigue syndrome and irritable bowel syndrome.

There appears to be a connection between raised levels of stress and anxiety and CPPS, but this does not mean that CPPS is 'all in your head'. If you are feeling stressed or depressed, you may get physical symptoms that trigger CPPS.

There is no evidence that CPPS is caused by a sexually transmitted infection.

## What are the symptoms?

The symptoms of CPPS vary from man to man but may include:

- Pain in the area between your testicles and back passage (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 an erection (erectile dysfunction)
- Urinary problems such as feeling like you have not emptied your bladder properly or needing to go to the toilet frequently or urgently
- Mild discomfort when passing urine

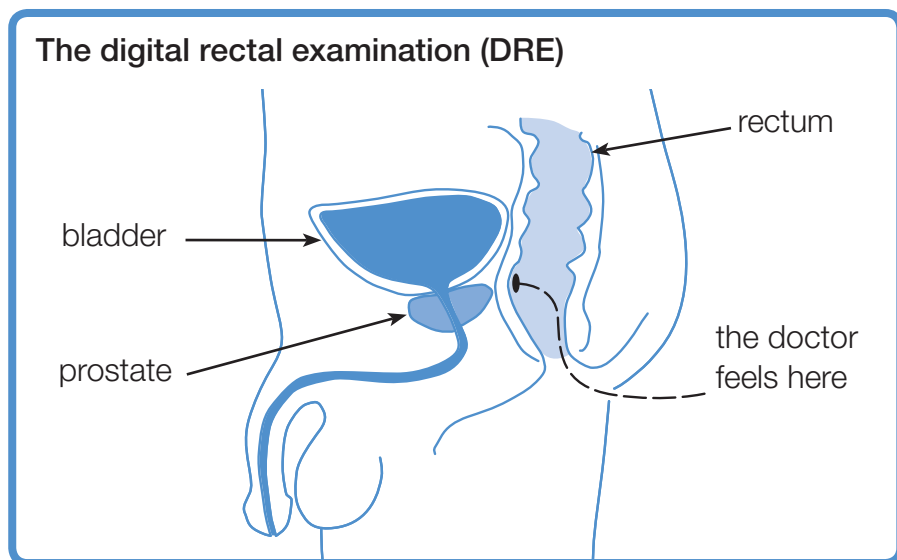
If you have had some of these symptoms for more than three of the last six months, you may be diagnosed with CPPS. However, your doctor may suspect CPPS sooner than this.

## How is it diagnosed?

There is no single test to diagnose CPPS so your doctor will need to rule out other possible causes of your symptoms before making a diagnosis. They will ask you about your medical history and you will need to give a sample of urine to test for any infection. You may also have one or both of the following tests:

### Digital rectal examination (DRE)

This is where the doctor feels your prostate gland through the wall of the back passage (rectum). If you have a DRE, the doctor will ask you to lie on your side on an examination table, with your knees brought up towards your chest. If you find it easier, you can stand and lean over the back of a chair or across the examination table instead. The doctor will slide their finger into your back passage (rectum). They will wear gloves and put some gel onto their finger to make it more comfortable. They will feel your prostate for any hard or irregular areas and to check its size. Some men find this uncomfortable or embarrassing, but it should not be painful.



## Prostate fluid sample

The doctor will massage your prostate gland by inserting a gloved lubricated finger into your back passage (rectum). They will then take a sample of the fluid from the tip of your penis and send this sample to the laboratory for testing. The doctor may ask you to give a urine sample straight after the prostate massage.

Depending on the results of these tests, you may have further tests, for example, a test to measure the level of prostate specific antigen (PSA) in your blood (see **Prostatitis and PSA** on page 17). You can ask your doctor for more information about further tests. You may need to visit a doctor who specialises in urinary problems (a urologist) or a specialist nurse at the hospital for some of these tests.

## How is it treated?

There is no one recommended treatment for CPPS and each man will respond differently to different treatments. More research is needed for us to better understand who will respond best to which type of treatment. Your treatment may be managed by your GP or by a urologist at the hospital.

## Medicines

There is some evidence that medicines may help improve symptoms of prostatitis.

You may be offered one or more of the following medicines:

- **Alpha-blockers, such as tamsulosin.** There is some evidence that alpha-blockers may help improve symptoms, but you will usually need to take them for at least three months for them to take full effect.
- **Antibiotics.** There is no strong evidence that antibiotics help to control prostatitis symptoms but some men may see an improvement.

- **5-alpha-reductase inhibitors, such as finasteride.** There is no strong evidence that these medicines are effective, but they may improve symptoms for some men.
- **Non-steroidal anti-inflammatory drugs (NSAIDs).** Again, there is no strong evidence that NSAIDs are effective, but they may improve symptoms for some men.
- **Anti-depressants.** There is no published evidence on their use in men with prostatitis, but there is some evidence to suggest that they may improve symptoms for some people with other conditions that cause chronic pain.

CPPS is not the same for everyone so your treatment will be tailored to you.

All medicines carry a risk of side effects. Speak to your doctor for more information about the different treatments and their possible side effects. Your medicine will come with an information leaflet that tells you how to take the medicine and lists possible side effects.

### Other treatments

There is no strong evidence that the following treatments work, but some men have found them helpful:

- **Prostatic massage.** The doctor will massage your prostate gland by inserting a gloved lubricated finger into your back passage (rectum).
- **A nutritional supplement called quercetin,** which may help reduce inflammation in the prostate. You can buy this from most health food stores.
- **Pelvic floor exercises.** Ask your doctor for advice, or call our confidential Helpline on 0800 074 8383.



*(continued on next page)*

- **Acupuncture**, which involves inserting fine sterile needles just below the skin. Your specialist team or GP may be able to give you details about having acupuncture on the NHS. If you would prefer to find your own therapist, make sure that they are properly qualified and belong to a professional body. The Complementary and Natural Healthcare Council will be able to give you more advice about finding a therapist (see **More information** on page 25).
- **A type of psychotherapy called cognitive behavioural therapy (CBT)**, which may help you cope with symptoms. You may be able to get a referral from your doctor, or you can find a therapist yourself by contacting the UK Council for Psychotherapy (see **More information** on page 25).
- **Pain-relieving drugs.** These may help you cope with any discomfort. Your doctor will recommend ones that are suitable for you.

Some men find that regular ejaculation and warm baths can help relieve symptoms. It is also a good idea to avoid activities that put pressure on the area between the back passage (rectum) and testicles, such as cycling. These activities can make symptoms worse.

You may find it useful to record your symptoms on a regular basis. The chronic prostatitis symptom index (shown on page 19) is a useful way of scoring how you are feeling. This can help you discuss your symptoms with your doctor and find out which treatment suits you best. It may also help you feel more in control of your condition.

# Acute bacterial prostatitis

Acute bacterial prostatitis is an inflammation of the prostate gland that causes symptoms to develop very quickly. It is not a common condition.

## 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 tube that you pass urine and semen through (urethra), and reach your prostate. Bacteria can also spread to your prostate from your bladder or blood stream.

It is also possible for acute bacterial prostatitis to develop if:

- You regularly use a thin tube (catheter) to drain urine from your bladder
- You have had a biopsy of your prostate
- You have a urinary tract infection

## What are the symptoms?

Symptoms usually develop very quickly. They include:

- Fever, a high temperature (above 38°C), sweating, chills
- Needing to pass urine more often, especially at night
- Needing to rush to the toilet
- Pain when passing urine
- Pain in your lower back, your penis, behind the sack containing your testicles (scrotum), and sometimes in your back passage (rectum)
- Pain in your muscles or joints

Some men may develop acute urinary retention, which is a sudden and painful inability to pass urine. This needs treating straight away, usually at a hospital. The doctor or nurse will pass a thin, flexible tube (catheter) through your penis into your bladder to drain the urine from your bladder. Or they may pass the catheter through the wall of your stomach area (abdomen).

### How is it diagnosed?

You will need to give a sample of your urine so that the doctor can check for signs of infection, and you may have a blood test. The doctor may also examine your stomach area (abdomen). You may have a digital rectal examination (DRE), where the doctor feels the prostate gland through the wall of your back passage (see page 9). If you have acute bacterial prostatitis, your prostate gland may be swollen and painful.

### How is it treated?

Acute bacterial prostatitis is treated with antibiotics. You may have antibiotic tablets which you can take at home. These should treat the infection quite quickly. Your doctor will tell you how long you need to take the antibiotics for, but it will usually be for four to six weeks. If the infection is more severe, you may need to take the antibiotics for longer and you may also need to spend some time in hospital having antibiotics through a drip. This involves passing a liquid containing the antibiotics through a fine tube into a vein, usually in your arm.

During treatment, make sure that you get plenty of rest and drink enough liquid (six to eight glasses a day). Avoid or cut down on drinks that contain alcohol or caffeine, such as tea, coffee or cola, as they may irritate your bladder. Your doctor will give you pain-relieving tablets if you need them.

# Chronic bacterial prostatitis

Chronic bacterial prostatitis is an inflammation of the prostate gland that can last for several weeks or months.

## What causes it?

Chronic bacterial prostatitis is thought to be caused by a bacterial infection. It can develop from acute bacterial prostatitis if antibiotics do not destroy all of the bacteria in the prostate gland. This may be because the bacteria resisted the antibiotics or because the treatment was stopped too early. It can also be caused by the same bacteria that cause urinary tract infections.

## What are the symptoms?

The most common symptoms are similar to the symptoms of acute bacterial prostatitis (see page 13) but they are usually less severe and they may come and go. Another common symptom is painful ejaculation. You may also have had several urinary tract infections in the past or problems with inflammation of the urethra (urethritis).

## How is it diagnosed?

Your doctor will ask you about your symptoms and any similar problems you have had in the past. They will ask you for a urine sample to test for infection. If you do not have a urine infection, the doctor may need to take a sample of prostate fluid (see page 10 for more details of this test). If your test results show that bacteria are present in the prostate gland, you may have chronic bacterial prostatitis.

## How is it treated?

Your doctor will give you a course of antibiotic tablets, which you will need to take for around four to six weeks. These may be a different type of antibiotic to ones you may have had previously. After you finish the treatment, your doctor will test a sample of your urine to check that the infection has gone.

If the antibiotics do not cure the main source of the infection, your symptoms may come back. If this happens, you will need another course of antibiotics and you may need to have more tests to find out whether something else is causing the problem. You may also be offered another type of tablet, called an alpha-blocker. Some studies have shown that taking alpha-blockers together with antibiotics may help to prevent symptoms from coming back, but this needs more research. If you are in a lot of discomfort, you may also need to take pain-relieving drugs and your doctor will recommend ones that are suitable for you.

## Asymptomatic prostatitis

It is possible to have prostatitis but not show any of the symptoms. This is called asymptomatic inflammatory prostatitis. It is usually detected by chance when you are having tests for other conditions.

### How is it treated?

Asymptomatic prostatitis usually needs no treatment. However, if you have high levels of a protein called prostate specific antigen (PSA) in your blood or if you have high levels of white blood cells in your urine or semen, your doctor will usually give you a course of antibiotics. Your doctor will tell you how long you need to take the antibiotics for but it will usually be for around four to six weeks. In most cases, your PSA level will return to normal four to six weeks after a course of antibiotics.

## Prostatitis and PSA

Prostate specific antigen (PSA) is a protein produced by cells in the prostate gland. A PSA test measures the amount of PSA in your blood. It is normal for all men to have a small amount of PSA in their blood, but a raised level can suggest there is a problem with your prostate, such as prostatitis.

You may have been offered a PSA blood test if your GP is investigating other possible prostate problems such as an enlarged prostate, also called benign prostatic enlargement (BPE) or hyperplasia (BPH), or prostate cancer. These conditions can also raise your PSA level.

For more information about the PSA test, read our booklet,

**i** **Understanding the PSA test: A guide for men concerned about prostate cancer.**


## Am I more likely to get prostate cancer if I have prostatitis?

Some studies suggest that there might be a link between prostatitis and prostate cancer. However, more research is needed before we can say whether having prostatitis increases your risk of getting prostate cancer. Some studies also suggest that there might be a link between prostatitis and developing an enlarged prostate. Again, more research is needed.

## Living with prostatitis

You may find it frustrating living with prostatitis. If you are in discomfort, it can be difficult to carry out everyday tasks. You may worry about travelling long distances or sitting in meetings if you do not know when you will be able to reach a toilet. You may feel that other people do not understand your symptoms. There is still a lot we do not know about prostatitis and you may feel frustrated by this lack of knowledge.

Treatment of prostatitis aims to relieve symptoms and improve your quality of life, but you may find you need extra support.

You may find it helpful to talk to your doctor about how you are feeling, or you can call our confidential Helpline on  0800 074 8383. You may also find it helpful to talk to a partner, friend, or relative, or to a counsellor. You may be able to get a referral to a counsellor through your doctor, or you can get a list of private counsellors from the UK Council for Psychotherapy. You can find their contact details, along with contact details of other organisations who can offer support on page 25.

# The chronic prostatitis symptom index

If you have chronic pelvic pain syndrome (CPPS), also called chronic non-bacterial prostatitis, the following questions may help you to explain your symptoms to your doctor or to monitor your treatment.

## Pain or discomfort

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

	Yes	No
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. How often have you had pain or discomfort in any of these areas over the last week?

- Never
- Rarely
- Sometimes
- Often
- Usually
- Always

3. In the last week, have you experienced:

	Yes	No
a. Pain or burning during urination?		
b. Pain or discomfort during or after sexual climax (ejaculation)?		

4. Which number best describes your **average** pain or discomfort on the days that you had it, over the last week?

0	1	2	3	4	5	6	7	8	9	10
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No pain

Pain as bad as  
you can imagine

## Urination

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 one time in five
- Less than half the time
- About half the time
- More than 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 one time in five
- Less than half the time
- About half the time
- More than 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

The chronic prostatitis symptom index has been reproduced with kind permission of The National Institute of Health (US).

# Medical words used in this booklet

## Catheter

A thin hollow tube that is used to drain urine from the bladder out of the body.

## DRE

Digital rectal examination. The doctor or nurse feels the surface of the prostate gland with a gloved finger inserted into the back passage (rectum).

## GP

General practitioner. A doctor who deals with a range of medical problems in people of all ages. Also called a family doctor.

## PSA

Prostate specific antigen (PSA) is a protein that is produced by the prostate gland. It is normal for all men to have a small amount of PSA in their blood. A raised PSA level can be due to a variety of reasons including age, infection, benign prostatic enlargement (BPE) and prostate cancer.

## Urethra

The tube that carries urine from the bladder and semen from the reproductive system, through the prostate and penis to the outside of the body.

## Urologist


A doctor who specialises in urinary problems.

## The Prostate Cancer Charity

The Prostate Cancer Charity is the UK's leading charity working with people affected by prostate cancer. We fund research, provide support and information, and we campaign to improve the lives of men with prostate cancer. Our vision is of a world where lives are no longer limited by prostate cancer.

### Confidential Helpline

If you have any questions about prostate cancer or other prostate problems call our confidential Helpline to speak to a specialist nurse.



**Confidential Helpline**  
**0800 074 8383\***  
Mon - Fri 10am - 4pm, Wed 7pm - 9pm

You can also send your questions to our specialist nurses by using our Helpline email contact form at [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

\*Calls are occasionally recorded for training purposes only. Confidentiality is maintained between callers and The Prostate Cancer Charity.

## Publications

Other booklets on prostate problems can be ordered free of charge from The Prostate Cancer Charity:

**i Know your prostate: A guide to common prostate problems**

For anyone who wants to know more about the prostate gland and prostate problems.



**i Understanding the PSA test: A guide for men concerned about prostate cancer**

For men who are thinking about having a PSA test or want to know more about it.

**i Enlarged prostate: A guide to diagnosis and treatment**

For men who want to know more about a non-cancerous enlargement of the prostate gland, called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH).

**📞 To order these publications call our Helpline on 0800 074 8383 or email us at [literature@prostate-cancer.org.uk](mailto:literature@prostate-cancer.org.uk). You can also download all of our publications from our website at [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)**

## More information

The following organisations can give you support and information on prostatitis and other prostate problems:

### British Prostatitis Support Association

[www.bps-assoc.org.uk](http://www.bps-assoc.org.uk)

An internet-based voluntary organisation offering support to men with prostatitis.

### eMC Medicine Guides

[www.medicines.org.uk/guides](http://www.medicines.org.uk/guides)

For information on UK licensed medicines, including how to use or take your medicine, possible side effects, and how your medicine may be affected by other medicines, food or alcohol.

### NHS Choices

[www.nhs.uk](http://www.nhs.uk)

Provides information to support you in making decisions about your own health, including an A-Z of treatments and conditions, and information on NHS health services in your local area.

### Patient UK

[www.patient.co.uk](http://www.patient.co.uk)

Contains information that GPs use with their patients, including information on prostate problems. It also provides a directory of UK health websites.

### The Complementary and Natural Healthcare Council (CNHC)

[www.cnhc.org.uk](http://www.cnhc.org.uk)

Telephone 020 3178 2199

Provides details of complementary therapy practitioners who meet national standards of competence and practice.

## UK Council for Psychotherapy

[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

Telephone 020 7014 9955

Holds a national register of psychotherapists and counsellors and provides information to help you choose a therapist.

References to sources of information used in the production of this booklet are available at **[www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)**

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**The Prostate Cancer Charity** makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have already been given and will help you to make any decisions you may face. Please do continue to talk to your doctor if you are worried about any medical issues.

**The Prostate Cancer Charity** funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

### Tell us what you think

We hope you have found this information useful. If you have any comments or suggestions about any of our publications, you can email [literature@prostate-cancer.org.uk](mailto:literature@prostate-cancer.org.uk) or write to the Information team at The Prostate Cancer Charity, 100 Cambridge Grove, London W6 0LE



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Confidential Helpline

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Mon - Fri 10am - 4pm, Wed 7pm - 9pm

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CANCER CHARITY