

Studies Show Men with Orchialgia or Chronic Pelvic Pain Could Benefit from Multifaceted Therapies including Physical Therapy, Low Doses of Tadalafil and Dry Needling

SAN FRANCISCO, May 20, 2018 /PRNewswire/ -- A multifaceted approach to treating men with orchialgia and chronic pelvic pain may lead to improvements in quality of life and less pain over time, according to data being presented at the 113th Annual Scientific Meeting of the American Urological Association (AUA). These studies will be presented to the media during a special press conference on Sunday, May 20 at 11:00 a.m. (PT) at the Moscone Center in San Francisco, CA. This session will be moderated by Jamin Brahmhatt, MD, men's health specialist and urologist with Orlando Health in Clermont, Florida.

Study Details

Publication #: PD62-08

Trigger Point Dry Needling as a Treatment for Orchialgia: Orchialgia, also known as chronic testicular pain, is persistent pain in the scrotum with no known organic cause. It can come on suddenly with severe pain, or it may be chronic – lasting more than three months – and come on gradually. Although orchialgia historically has been a challenging condition to treat, researchers in Virginia Beach, VA, set out to examine if pelvic floor trigger point dry needling may be an effective treatment option for men suffering with this condition.

Analyzing 2009 to 2016 self-reported improvement data, as well as NIH Chronic Prostatitis Symptom Index (NIH-CPSI) data from patients who underwent dry needling as a component of physical therapy, results showed:

- Eighty-five percent of patients who underwent dry needling indicated their orchialgia improved.
- Average number of dry needling treatments was 4.6 for those who improved and 6.5 for the 15 percent who reported no improvement.
- Dry needling is an effective treatment for orchialgia and should be a part of multi-modal physical therapy.

Study Details

Publication #: PD62-09

Physical Therapy for Orchialgia Effective in Previously Treated Patients: Chronic testicular and pelvic pain can have a negative impact on a patient's quality of life, including a reduced desire for sexual activity. However, recent research and treatment programs for these conditions have begun to focus on musculoskeletal dysfunction, a possible overlooked origin of testicular pain, as a major contributor to both conditions. Management of musculoskeletal dysfunction includes pelvic floor physical therapy, as well as other medical and surgical options. As such, researchers set out to examine clinically reported outcomes of patients who subsequently underwent physical therapy after going through other treatments for orchialgia.

A retrospective review of patient data was conducted for men who initially presented with orchialgia and were referred for pelvic floor physical therapy between January 2009 and June 2016. Each patient had a urologic assessment prior to physical therapy referral and were evaluated and treated by a physical therapy team, in accordance with any presenting musculoskeletal impairments. Past treatments for orchialgia (non-steroidal anti-inflammatory drugs (NSAIDs), antibiotics, surgery, nerve block, narcotics and previous pelvic floor physical therapy) were assessed and NIH-CPSI data was collected following pelvic floor physical therapy.

Results showed and improvement in NIH-CPSI pain and quality of life categories for all patients who received previous orchialgia treatment. This lead researchers to conclude physical therapy serves as a valid and effective treatment option for men with orchialgia who have undergone previous medical and surgical interventions.

Study Details

Publication #: PD62-01

Daily Low Dose Tadalafil in Treatment of Chronic Prostatitis/Chronic Pelvic Pain Syndrome: Randomized Controlled Study of Efficacy and Safety: Chronic prostatitis, also known as chronic pelvic pain syndrome, is a common problem for men that does not have a clearly defined origin or definitive treatment. Antibiotics may be prescribed if there is a bacterial infection, but most often treatment options are aimed at decreasing pain, discomfort and inflammation.

Tadalafil, commonly known by the brand names Cialis or Adcirca, is a vasodialator used to treat erectile dysfunction and enlarged prostate (benign prostatic hyperplasia) – it can also treat pulmonary hypertension. The primary objective of this study was to assess the safety and efficacy of treating chronic prostatitis with a daily low dose of Tadalafil (5 mg) added to Levofloxacin, an antibiotic used to treat bacterial infections.

A total of 108 patients with prostatitis, but without erectile dysfunction, were randomized into two treatment groups: group I (54 patients) received Levofloxacin, and group II (54 patients) received 5mg of Tadalafil added to Levofloxacin. Treatment lasted four weeks in a single-blinded manner. Patients were evaluated using NIH chronic prostatitis symptom index (NIH-CPSI) and International index of erectile function (IIEF-5) filled at baseline and after the end of treatment.

Results showed:

- No significant difference between both groups in baseline assessment characteristics.
- When comparing both groups, a statistically significant difference in favor of Tadalafil group was reported in the pain domain ($p < 0.05$), urinary symptom domain ($p < 0.05$), total NIH-CPSI score ($p < 0.01$) and IIEF-5 score ($p < 0.01$), but not in the quality of life domain ($p > 0.05$).
- In the Tadalafil group the mean percent reduction from baseline to four weeks was significant in all the three domains and in the total NIH-CPSI scores (-54.86% - $p < 0.001$). However there was a mean increase in the IIEF-5 score (9.95 % - $p < 0.001$).

The study concluded low dose Tadalafil (5 mg) added to Levofloxacin as treatment is well tolerated and significantly improved chronic prostatitis/chronic pelvic pain syndrome related symptoms.

"These studies show great promise for men around the world struggling with the pain and reduced quality of life issues associated with prostatitis, pelvic pain and orchialgia," said Dr. Brahmhatt. "The role of physical therapy and the importance of a multifaceted approach to treating these conditions are very much evident within the results of this research."

About the American Urological Association: *The 113th Annual Meeting of the American Urological Association takes place May 18-21 at the Moscone Center in San Francisco, CA. Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.*

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