

# Prostatitis

A guide to infection and inflammation of the prostate



**PROSTATE  
CANCER UK**

## About this booklet

This booklet is about a non-cancerous condition called prostatitis – an infection or inflammation of the prostate gland. It is for anyone with a prostate. 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 or chat to them online.

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The following symbols appear throughout the booklet:



Our Specialist Nurses



Our publications




Sections for you to fill in

### Try our online ‘How to manage’ guide

If you have chronic (long-term) prostatitis, our interactive guide can show you how to manage some of your symptoms. You’ll find a range of resources, from expert ‘how-to’ films, to tips from other men, to diaries to help you keep track of your symptoms day by day. Find it at [prostatecanceruk.org/guides](https://prostatecanceruk.org/guides)

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# What is the prostate?

The prostate is a gland. It is usually the size and shape of a walnut and grows bigger as you get older. It sits underneath the bladder and surrounds the urethra, which is the tube that carries urine (wee) out of the body. The prostate's main job is to help make semen – the fluid that carries sperm.

## Who has a prostate?

The following people have a prostate:

- men
- trans women\*
- non-binary people who were assigned male at birth\*\*
- some intersex people.\*\*\*

### Trans, non-binary or intersex?

The information in this booklet has been developed based on guidance and evidence in men. If you are a trans woman, male-assigned non-binary or intersex, some of this information is still relevant to you – but your experience may be slightly different.

For more information visit [prostatecanceruk.org/trans-women](https://prostatecanceruk.org/trans-women)

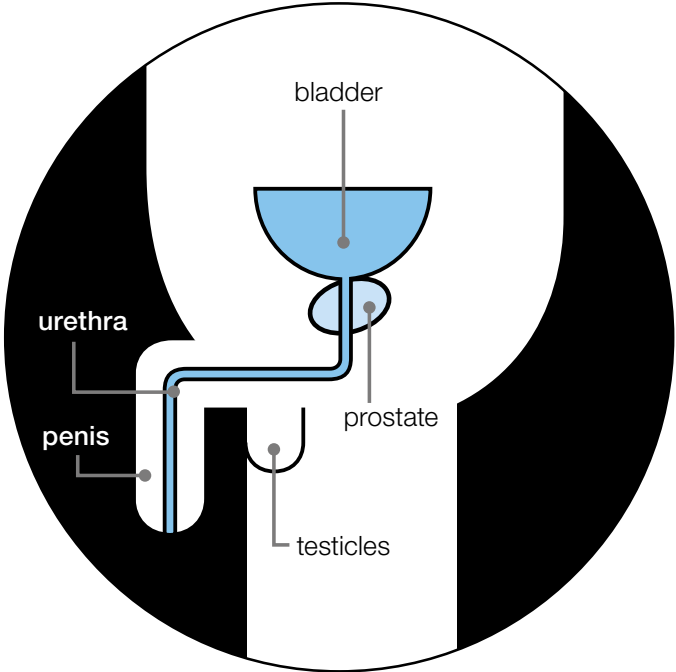
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\* A trans woman is someone who was assigned male at birth but identifies as a woman. Trans women can develop prostate problems, even if they have taken hormones. The prostate is not removed during genital reconstructive surgery.

\*\* A non-binary person may not identify as a man or a woman.

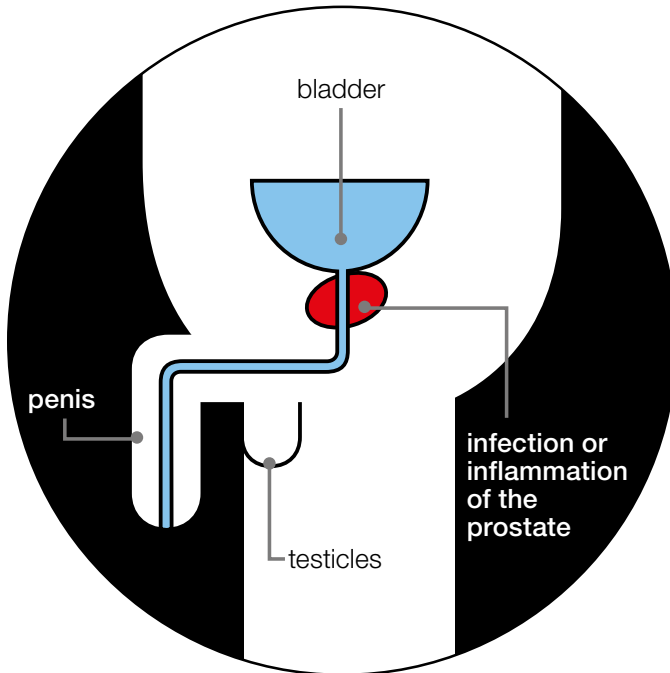
\*\*\* An intersex person may have both male and female sexual characteristics and so might have a prostate.

# 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 of the prostate or the surrounding area. 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 20 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 to have a number of tests.

### Use our guideline to help you

Because prostatitis isn't well understood, we worked with experts and men with prostatitis to produce a guide for health professionals on how to diagnose and treat it. You can show it to your doctor or nurse to help you get the best possible treatment and support. Find the guideline at [prostatecanceruk.org/prostatitisguideline](https://prostatecanceruk.org/prostatitisguideline)

### Prostatitis is not a type of cancer.

It is also not the same as an enlarged prostate, also known as benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH). You can read more about these in our booklet,



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

## Types of prostatitis

There are four main 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.

In this booklet we look at the causes, symptoms, diagnosis and treatment of each of these types of prostatitis.

# Chronic pelvic pain syndrome (CPPS)

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. Men with CPPS usually have symptoms for three months or longer. Even after treatment, you may still have prostatitis for a long time. It might come and go, causing occasional episodes of severe pain, sometimes known as flare-ups.

## What causes it?

Nobody knows for certain what causes CPPS. Unlike other types of prostatitis it isn't usually caused by a bacterial infection. There could be a number of causes, which makes it difficult to diagnose and treat.

There are also a number of things that might trigger it, including:

- urine getting into the prostate
- previous infections in or around the prostate
- an infection that doesn't show up in tests
- problems with nerve pathways, 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).

Some research shows a link between 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, which causes severe tiredness, and irritable bowel syndrome (IBS), which causes bowel problems. Some men with CPPS have symptoms of these conditions too.

There's also some evidence that in a small number of men, CPPS may be caused by a sexually transmitted infection. But we need more research to know for sure.

## What are the symptoms?

The symptoms of CPPS vary from man to man, but may include pain or discomfort in:

- the area between your back passage and testicles (perineum)
- the lower part of your stomach area (lower abdomen)
- your penis, especially the tip
- your testicles
- your back passage (rectum) and lower back
- your inner thighs.

You may also have:

- sexual problems such as difficulty getting or keeping an erection, pain or burning when you ejaculate, and premature ejaculation
- urinary problems such as feeling like you haven't emptied your bladder properly, needing to urinate more often or urgently, or mild discomfort or pain when you urinate
- bowel problems such as bloating or diarrhoea.

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 blood in your semen.



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.

## 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 before they make a diagnosis. This can take some time.

You might be diagnosed with CPPS if you've had some of the symptoms listed on page 9 for more than three of the last six months. But your doctor may diagnose CPPS sooner than this.

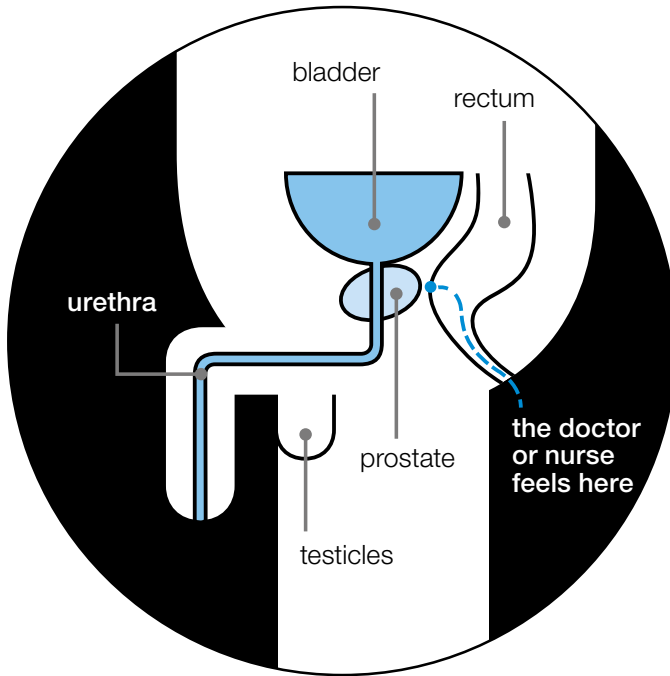
They will ask you about your symptoms or give you a questionnaire to fill in, such as the one on page 35. Your doctor may also ask about your medical history. This can help them work out what is causing your symptoms, and which treatments are most likely to help.

You'll need to have a urine test to make sure you don't have a urine infection. You may also have a physical examination, including a digital rectal examination (DRE), and some other tests too.

### Digital rectal examination (DRE)

This is where your doctor feels your prostate through the wall of your back passage (rectum). They 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.

You may find the DRE slightly uncomfortable or embarrassing, but it only takes less than a minute. The test isn't usually painful, but some men with prostatitis may find it feels sore. The doctor will feel your prostate for any hard or lumpy areas, or tenderness, and to get an idea of its size. If you're having problems urinating, they may also examine your abdomen (stomach area) and penis.



### Worried about having a DRE?

It's natural to feel worried or embarrassed about having tests, but some men find the idea of having a DRE upsetting. For example, if you've ever been sexually abused, you might feel very upset about having this test.

There's no right or wrong way to feel, and it's your choice whether or not to have a DRE. If you do decide to have a DRE, explain your situation to your doctor. They can talk you through the test and help to reassure you. It may also help to talk to a counsellor.

### Other tests

There are a number of other tests that can be useful. These include a blood test called the PSA test (see page 24).

Ask your doctor for more information about other tests you may have. For some tests, you might need to visit a doctor at the hospital 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 will help to control your symptoms and might even get rid of your CPPS completely. But CPPS could return weeks, months or even years later. You may have to try a few things until you find something that works well for you. You'll probably try more than one of the following:

- medicines
- counselling
- exercises and physical activity
- treatment for pain
- other treatments.

Each person will respond to treatments differently. If one 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 specialist nurse, or a sexual health specialist.

The treatments available vary in different hospitals – speak to your doctor about the most suitable treatment for you.

## Medicines

There is some evidence that certain medicines can help improve prostatitis symptoms. Your GP or urologist may prescribe one or a combination of the following medicines.

- **Alpha-blockers.** There is some evidence that alpha-blockers, such as tamsulosin (Flomaxtra<sup>®</sup>, Diffundox<sup>®</sup>, Flomax Relief<sup>®</sup>, Pinexel<sup>®</sup>, Stronazon<sup>®</sup>), help improve urinary symptoms for some men, particularly a weak or slow flow, and pain. If they aren't helping after four to six weeks, you will usually stop taking them.
- **Antibiotics.** Even though CPPS isn't usually 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.** Although there is no strong evidence that 5-alpha-reductase inhibitors, such as finasteride (generic finasteride or Proscar<sup>®</sup>), are effective, some men find they improve urinary symptoms. This could be because they shrink the prostate. They can take up to six months to work.
- **Non-steroidal anti-inflammatory drugs (NSAIDs).** There is no strong evidence that NSAIDs, such as ibuprofen, are effective, but some men find they reduce symptoms such as pain. You can get some NSAIDs from pharmacies, but it's important to talk to your GP first. This is because they can have side effects, such as stomach irritation and stomach ulcers.
- **Pain-relieving medicines.** 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 medicines to relieve pain.** Medicines used for other conditions can also be used to treat prostatitis pain. You might be offered anti-depressants (such as amitriptyline) to treat long-term prostatitis pain – some men with prostatitis find these helpful.

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

### Names of medicines

Medicines often have two different names – a scientific or generic name and a brand name. For example, the alpha-blocker tablet tamsulosin is the scientific or generic name for the drug. Flomaxtra® and Diffundox® are examples of different brand names. The brand name is given to the drug by the company that makes it. Ask your doctor or nurse if you have any questions about your medicines, or speak to our Specialist Nurses.



### Counselling

Studies suggest there is a link between CPPS and how you're feeling, so your doctor might refer you to a counsellor or psychologist. They are trained to listen and can help you understand your feelings and find ways to deal with them. Some men find this helpful. 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 change any patterns of behaviour or ways of thinking that may be causing you problems.

You can refer yourself for counselling on the NHS, or you could see a private counsellor. To find out more, visit [www.nhs.uk/counselling](http://www.nhs.uk/counselling) or contact the British Association for Counselling & Psychotherapy, [www.bacp.co.uk](http://www.bacp.co.uk)



## 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

### Exercises and physical activity

If your doctor thinks your CPPS may be caused by problems with your pelvic floor muscles, they may refer you to a physiotherapist. A physiotherapist helps people to reduce pain through exercises or physical activity. The physiotherapist might show you breathing and relaxation techniques, or massage tender areas of your pelvic floor muscles (known as trigger points).

They might also teach you how to do pelvic floor muscle exercises. The pelvic floor muscles support the bladder and bowel, and help control when you urinate. Doing pelvic floor muscle exercises and stretches can help strengthen the muscles, which may help with urinary symptoms. For more information, read our fact sheet,



### **Pelvic floor muscle exercises.**

Some research has shown that doing regular physical activity can help to prevent CPPS symptoms. Your GP may also be able to refer you to a local exercise programme, or you could join a community walking group. You can find local walking groups at **[prostatecanceruk.org/walking-options](https://prostatecanceruk.org/walking-options)**. Remember to pace yourself and only do what is comfortable for you.

## Treatment for pain

If pain-relieving medicines aren't helping, 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

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 using prostate massage.
- **Anti-depressants.** If your prostatitis affects your mood and you become very low, depressed or anxious, your doctor might suggest you try taking anti-depressant tablets or refer you to a counsellor. Joining a support group and talking to other people with prostatitis can also help your mood.
- **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 things to try that can work well. For example, your doctor can prescribe medicines such as sildenafil (generic sildenafil or Viagra®) or tadalafil (generic tadalafil or 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.



# 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. It isn't common, but it can be serious and may need 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 you urinate 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, muscles or joints in your pelvic area, inner thighs, 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.

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 urine 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). This will help drain urine from your bladder.

### **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 straight away.

## **How is it diagnosed?**

You'll need to have a urine test so the doctor can check for bacteria and other signs of infection. You might also need a blood test. You might have a digital rectal examination (DRE – see page 10) to see if your prostate is inflamed and painful, and the doctor may examine your stomach area (abdomen) and penis. You might also be offered an MRI (magnetic resonance imaging) scan or an ultrasound scan to check if you have a prostate abscess (see page 19).

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## 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. You'll usually take antibiotics for up to four weeks. If the infection is more severe or the antibiotic tablets don't work well, you may need to take antibiotics for longer. Make sure you finish the course of antibiotics – if you don't take all the tablets, the infection could come back.

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 about two to four weeks.

If acute bacterial prostatitis isn't treated straight away, you might develop a prostate abscess, where pus builds up inside the prostate. This can be serious and you may need surgery to drain the abscess, as well as antibiotics.

During treatment in hospital or at home, make sure you get plenty of rest and drink enough liquid (six to eight glasses of water a day). Avoid or cut down on fizzy drinks, artificial sweeteners, alcohol and drinks that contain caffeine (tea, coffee and cola), as these can irritate your bladder and make some urinary problems worse. Your doctor may also give you pain-relieving medicines if you need them, such as paracetamol or ibuprofen.

## Chronic bacterial prostatitis

Chronic bacterial prostatitis is an infection of the prostate that can last for a long time – at least three months. Chronic means that it is long-lasting. It tends to come and go, causing episodes or flare-ups. 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, or who have a damaged or narrow urethra (a stricture). 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 17) but they are usually less severe. Common symptoms include painful ejaculation, pain in the penis and testicles, and urine infections. You may find that your symptoms are worse on some days than others.

### 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 you to have a urine test 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 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 the antibiotics do get rid of the infection but you still have symptoms, you might need more tests to find out why. You might be offered another type of medicine, 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 medicines. 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, as this is a sign that you have an infection or inflammation in your body.

If you're prescribed antibiotics 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, you may need more tests to find out what's 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. Your GP may wait until any symptoms have settled down before testing your PSA again.

 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?**

There is some research to suggest that men with inflammation in their prostate might be more likely to get prostate cancer. But not all men with symptoms of prostatitis have inflammation in their prostate. We need more research to know for sure if prostatitis is linked to prostate cancer, as other studies haven't found a link or are very small.

If you have prostatitis and you're worried about getting prostate cancer, talk to your GP or hospital doctor or speak to our Specialist Nurses.



## Living with chronic prostatitis

Long-term prostatitis can be a very 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 having a flare-up.

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

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.

Feeling depressed or anxious could actually make your prostatitis symptoms worse. If you feel depressed or anxious, speak to your doctor or nurse. There are things that can help. Sometimes just talking to someone about the way you feel can make things feel better.

If your prostatitis symptoms don't improve with the treatment offered by your GP, ask them to refer you to a doctor who specialises in managing prostatitis. Your GP may also be able to refer you to a psychologist or counsellor, or you could join a support group. Talking to other people who understand what you're going through can be helpful.

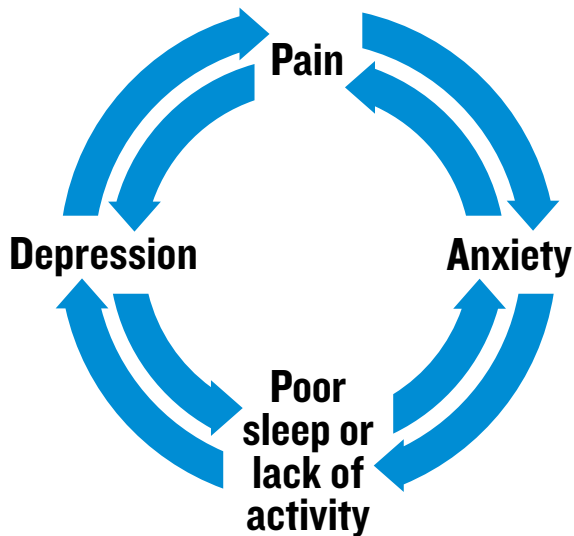
Speak to your GP about making an action plan so that you know what to do when you have a flare-up. This will help to make sure you can get treatment quickly and get a referral to a specialist if you need it.

This section is about managing long-term prostatitis. If you think you may have acute bacterial prostatitis (see page 17), speak to your doctor as it can be a serious infection that may need treating in hospital.

## Managing pain

If you're having problems with pain, speak to your doctor. They might prescribe pain-relieving medicines that can help. If these don't work, ask your doctor to refer you to a pain clinic (see page 16).

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 below).

## 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, taking a warm bath, or listening to music.
- **Distract yourself.** Do something to take your mind off the pain, such as listening to music, reading, watching television or chatting with someone. This may sound simple, but it really can help.
- **Transcutaneous electrical nerve stimulation (TENS).** Some people find using a TENS machine helps to relieve pain. A TENS machine uses mild electrical currents that target areas of the body where there is pain. But there isn't much strong evidence to say it works. Talk to your GP or a pharmacist to find out more about using a TENS machine and how you can get one.
- **Pace yourself.** Try planning your day by setting goals and include frequent rest breaks. Writing down your goals and prioritising tasks is a good way to stay motivated.
- **Sit comfortably.** If you need to sit for long periods, for example if you work in an office or do lots of driving, try using a soft or inflatable cushion during a flare-up to reduce the pressure. Change your position regularly 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.
- **Stretching.** Some men find that doing regular gentle stretching exercises can help them feel better and reduce symptoms. A physiotherapist can show you how to do stretching exercises, or you could try joining a yoga class.
- **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 from urinary problems to 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 – about six to eight glasses of water a day. And cut down on fizzy drinks, artificial sweeteners, alcohol and drinks that contain caffeine (tea, coffee and cola) as these can irritate the bladder and make some urinary problems worse.
- **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 way to record your symptoms on page 35.

Some men also find that ejaculating regularly helps with their symptoms as it empties some of the fluid from their prostate – although there isn't much evidence for this and some men may find that the pain gets worse.



**For me, the key to managing my prostatitis is being able to recognise the symptoms. Having a treatment plan helps me deal with flare-ups.**

A personal experience

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

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

- **Acupuncture.** This involves inserting very thin needles just below the skin at specific points on the body. Some research suggests 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 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.

- **Meditation and relaxation.** Some people find that doing meditation or relaxation exercises can help them feel less anxious. One way of meditating, called mindfulness, is about staying focused on what is happening in the present moment. Sitting quietly each day and focusing on your breathing is a good way to be mindful. Other people may prefer writing, drawing, or listening to gentle music. This is often a good way to take your mind off things.
- **Supplements or herbal remedies.** Researchers are currently looking into several plant extracts. Some men find they help to ease pain or urinary symptoms. A small amount of research suggests that quercetin and rye grass pollen 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.

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 aren't 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](http://www.mhra.gov.uk)

There is more information on ways to manage prostatitis in our interactive online guide at [prostatecanceruk.org/guides](http://prostatecanceruk.org/guides)



# Where can I get support?

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

## Your medical team

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



## Our Specialist Nurses

Our Specialist Nurses can help explain your diagnosis and treatment options. They have time to listen, in confidence, to any concerns you or those close to you have about living with prostatitis. To get in touch:

- call our Specialist Nurses on 0800 074 8383
- email or chat online at [prostatecanceruk.org/nurses](https://prostatecanceruk.org/nurses)
- 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 their experience of living with prostatitis. Sign up on our website at [prostatecanceruk.org/online-community](https://prostatecanceruk.org/online-community)

## What research is being done?

Researchers are trying to find out more about prostatitis so that they can develop better treatments.

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 medicines, 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. You might find it useful to download a copy of these questions from our website at [prostatecanceruk.org/symptom-index](http://prostatecanceruk.org/symptom-index). You can also use this to show your GP.



## Pain or discomfort

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Area between the back passage and testicles (perineum) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Testicles  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tip of the penis (not caused by urinating)             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Below your waist, in your pubic or bladder area        | <input type="checkbox"/> | <input type="checkbox"/> |

### 2. In the last week, have you had:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Pain or burning when you urinate?               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or discomfort during or after ejaculation? | <input type="checkbox"/> | <input type="checkbox"/> |

**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?**

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

<----->  
No pain Pain as bad as  
you can imagine

## Urination

**5. How often have you had a feeling that your bladder hasn't emptied properly, over the last week?**

- Not at all       Less than 1 time in 5  
 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 1 time in 5  
 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 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 modified with kind permission of the National Institutes of Health (US).

## 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. This is where your doctor feels the prostate through the wall of the back passage (rectum). It is a common way of helping to diagnose a prostate problem.
- 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 cells in the prostate. It's normal for men to have a small amount of PSA in their blood. A raised PSA level can be caused by lots of things, including infection, prostatitis, an enlarged prostate and prostate cancer.
- Urethra** The tube that carries urine from the bladder, and semen from the male reproductive system, out of the body.
- Urologist** A doctor who specialises in treating problems with the urinary system, including prostatitis. 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](http://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](http://prostatecanceruk.org/get-support)**



**Speak to our  
Specialist Nurses**

**0800 074 8383\***

**[prostatecanceruk.org](http://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](http://www.acupuncture.org.uk)**

**Telephone: 020 8735 0400**

Information about acupuncture and details of practitioners in your area.

### **British Association for Counselling & Psychotherapy**

**[www.bacp.co.uk](http://www.bacp.co.uk)**

**Telephone: 01455 883 300**

Information about counselling and details of therapists in your area.

### **Complementary and Natural Healthcare Council**

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

**Telephone: 020 3327 2720**

Details of complementary therapists who meet national standards.

### **electronic Medicines Compendium (eMC)**

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

Information on UK-licensed medicines, including how to use your medicine, side effects, and how other medicines, food or alcohol may affect your medicine.

### **Medicines and Healthcare products Regulatory Agency (MHRA)**

**[www.mhra.gov.uk](http://www.mhra.gov.uk)**

**Telephone: 020 3080 6000**

Advice about how to use medicines and herbal remedies safely. Also runs the Yellow Card Scheme, a system for reporting unusual side effects from any treatment.



## 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 111 Wales

**[www.111.wales.nhs.uk](http://www.111.wales.nhs.uk)**

Provides health advice 24 hours a day and lists local health services in Wales, including GPs and dentists.

## NHS Inform

**[www.nhsinform.scot](http://www.nhsinform.scot)**

**Telephone: 0800 22 44 88**

Provides health information and details of NHS and other support services in Scotland.

## NHS website

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

Information about conditions, treatments and lifestyle. Support for carers and a directory of health services in England.

## nidirect

**[www.nidirect.gov.uk](http://www.nidirect.gov.uk)**

Information about government services in Northern Ireland, including health services.

## About us

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](http://prostatecanceruk.org)

**This publication has been reviewed for accuracy and updated by:**

- Our Health Information team
- Our Specialist Nurses.

## 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, over 47,000 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](http://prostatecanceruk.org/donate)** or text **PROSTATE to 70004<sup>†</sup>**. There are many other ways to support us. For more details please visit **[prostatecanceruk.org/get-involved](http://prostatecanceruk.org/get-involved)**

<sup>†</sup>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](http://prostatecanceruk.org/terms)



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If you have any comments about our publications, you can email: **[yourfeedback@prostatecanceruk.org](mailto:yourfeedback@prostatecanceruk.org)**



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**prostatecanceruk.org**



*Patient Information Forum*

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 Follow us on Twitter: **@ProstateUK**

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To be reviewed March 2024

**Call our Specialist Nurses from Monday to Friday 9am - 5pm,  
Wednesday 10am - 5pm**

\* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

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