

## **CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME RECURRENCE AFTER INITIAL EFFECTIVE PHYTOTHERAPEUTIC TREATMENT**

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**INTRODUCTION & OBJECTIVES:** Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is a common life burden condition effecting many men. Patients with CP/CPPS category IIIB initially treated with *Serenoa repens* (Permixon) in a prospective placebo-controlled multicenter trial were re-evaluated 3 years after treatment.

**MATERIAL & METHODS:** Men with category IIIB CPPS were primarily randomized to Permixon and matched with a placebo-control group. The response to therapy was evaluated at 6 and 12 months. 3 years later, a follow-up study was conducted to re-evaluate efficacy parameters including Patients Subjective Global Assessment (SGA), the total NIH Chronic Prostatitis Symptom Index (CPSI), the pain, voiding and quality of life/impact domains of the CPSI, safety data, PSA and prostate volume.

**RESULTS:** 55 of 72 men (average age 40.5, range 28-52) had a 3-year follow-up evaluation after initial treatment with Permixon. Follow-up outcomes were compared with the initial response to therapy based on efficacy parameters. The initially observed decrease in total NIH-CPSI, pain, quality of life domain and voiding could not be confirmed at 3 year follow-up visit. By 6 and 12 months 78.2% and 71.8% (initial visits) had at least mild improvement (30-50% improvement) of SGA + NIH-CPSI versus 32.4% at follow-up evaluation after 3 years.

A clear, clinically significant improvement in total NIH-CPSI (50% or greater improvement) of 52.6% and 44.2% as reported at initial visits decreased to 19%, respectively. PSA-values and prostate volume slightly increased from baseline.

**CONCLUSIONS:** The initially encouraging study results suggesting that Permixon provides clinical benefit in patients with category IIIB CP/CPPS could not be confirmed 3 years after treatment. This study clearly shows that a treatment strategy based on a short time monotherapy does not have a continuous effect in patients with CP/CPPS.