

GLOSSARY

NIH-CPSI

National Institutes of Health Chronic Prostatitis Symptom Index

EPINCONT

Epidemiology of Incontinence in the County of Nord-Trøndelag

Surgical versus medical castration in prostate cancer patients

Long-term treatment with luteinizing hormone releasing hormone (LHRH) agonists has all but replaced surgical castration in patients with prostate cancer, partly because of the perceived advantage of testicular preservation. Some patients undergoing medical castration by this method have nevertheless reported significant decreases in the size of their testes. To investigate this, Issa and colleagues have compared testicular weight in men undergoing surgical castration with or without prior LHRH therapy.

This retrospective study included 88 men with prostate cancer, all of whom underwent bilateral simple orchiectomy with epididymal sparing. Prior to the procedure, 52 patients had been receiving LHRH agonist therapy (for a mean duration of 40.3 months) and the remaining 36 patients (the control group) had not. Following excision, the testes were weighed by the examining pathologist. The median testicular weight in patients who had received LHRH agonist therapy was less than half of that in the control group (7.0 g [range 0.5 to 22.0] vs 15.0 g [range 4.0 to 44.0] respectively, $P < 0.0001$).

Issa *et al.* conclude that testicular weight and cosmetic outcome are substantially compromised by medical castration with LHRH agonists, and they recommend that patients are fully informed of this when considering their options for hormone ablation. Among other advantages, surgical castration offers significant cost savings and avoids the problem of noncompliance. The authors also note that manufacturers of LHRH agonists must provide adequate information about testicular atrophy in drug packet inserts.

Original article Issa MM *et al.* (2004) The fate of the medically castrated testis: expectation versus reality. *J Urol* 172: 1042–1044

Prostatitis and pelvic pain: assessment of current treatments

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)—characterized by pain or discomfort

in the pelvic region lasting more than 3 months—is difficult to treat because its cause is unknown. Antibiotic therapy with agents such as ciprofloxacin is widely used, even though there is frequently no infection of the prostate. Alternatively, α -blockers such as tamsulosin are often prescribed. A new study by Alexander *et al.* has compared these treatments with placebo in men with long-standing symptoms of CP/CPPS.

A total of 196 patients, all of whom had received prior treatment for CP/CPPS, were randomly assigned to ciprofloxacin (500 mg twice daily), tamsulosin (0.4 mg once daily), both drugs, or placebo, with 49 patients in each group. After 6 weeks' treatment, all treatment groups showed a slight decrease in NIH-CPSI scores compared to baseline, but neither drug showed a significant difference compared with placebo. Secondary outcomes, including changes in the quality-of-life, pain and voiding subscales of the NIH-CPSI, were also similar in all treatment groups.

Alexander *et al.* conclude that ciprofloxacin and tamsulosin, both common treatments for CP/CPPS, were not effective in this study. It is possible that including patients who were naïve to treatment and/or extending the duration of therapy might result in improved symptom scores. The authors note, however, that the design of the study reflected current practice.

Original article Alexander RB *et al.* (2004) Ciprofloxacin or tamsulosin in men with chronic prostatitis/chronic pelvic pain syndrome. *Ann Intern Med* 141: 581–589

Female urinary incontinence: evidence of familial risk

The problem of urinary incontinence is influenced by high body mass index, parity and aging. A recent study by Hannestad and colleagues suggests that genetic factors may also play a part.

As part of a wider health survey in Norway, the EPINCONT study included over 8,000 women and their daughters or younger sisters. The continence status of the participants was self-reported using a questionnaire. The risk of incontinence was then compared between the relatives of incontinent and continent women.

Adjusting for age, body mass index and number of children, women whose mothers