

Please find attached a personal submission on a significant but under-recognised and frequently poorly treated condition affecting many men in Australia.

James Best

Professor James Best

Personal submission to the Senate Select Committee on Men's Health

As a Professor of Medicine and Head of the Medical School at the University of Melbourne, but also as a 60 year old male and patient, I would like to make a personal submission to the Senate Select Committee on the medical condition known as 'Chronic Prostatitis'.

Chronic non-bacterial (not due to infection) prostatitis (inflammation of the prostate) is also known as 'Chronic Pelvic Pain Syndrome' or CPPS and accounts for 90-95% of all cases diagnosed as prostatitis. (1) CPPS is a common condition affecting men and is reported to affect "tens of millions of men at some time in their lives" in the United States. (1) There has been no estimate of its prevalence in Australia but it would be at least as common as a proportion of the male population.

There are a variety of symptoms from this condition but as the name of CPPS (adopted following a US National Institutes of Health consensus conference in 1995) implies, chronic pain predominates. "Studies have shown that men undergo severe impairment in their self-esteem and their ability to enjoy life in general because the pain and urinary dysfunction is so profoundly intimate and intrusive. If non-bacterial prostatitis moves from a mild and intermittent phase to a chronic phase, sufferers tend to live lives of quiet desperation. Having no one to talk about their problem, usually knowing no one else who has it, and receiving no help from the doctor in its management or cure, they often suffer depression and anxiety". (1)

A study published by a leading Canadian researcher in this field in 1998 concluded "There is widespread frustration, discomfort, and lack of confidence in both Primary Care Physicians'[GPs] and Urologists' perceived ability to manage prostatitis. Physicians have expressed a desire for a better understanding of this disease, simpler and clearer diagnostic guidelines, and more rational treatment strategies." (2) The same situation applies to Australia in 2009.

Many senators will recall that one of their colleagues, Senator John Anderson, retired from politics in 2005 because of this condition. I was most impressed by his willingness to announce publicly the nature of his condition and certainly hope that his health has improved since retiring from his duties as a Senator. His public statement no doubt provided some comfort and support to many Australian men (including me) with this condition which can cause debilitating pain, present constantly day and night, and lasting for years.

<http://www.abc.net.au/worldtoday/content/2005/s1398902.htm>

This condition can be diagnosed and managed sufficiently to allow enjoyment of a relatively normal life, but awareness of the condition and its treatment is still poor, despite its prevalence and severity. I have been fortunate to find a Urologist who took an interest in this problem, which is not helped by surgery. I also found benefit from talking by telephone with one of the authors of the book referenced below. He himself has been affected by this condition for many years. In this personal submission I want to make Senators aware, from both a medical and patient perspective, of an important medical condition that adversely affects the lives of many Australian men. I hope also to increase awareness of this condition by doctors in Australia, particularly General Practitioners and Urologists.

(1) Wise D, Anderson, R. A headache in the pelvis: A new understanding and treatment for prostatitis and chronic pelvic pain syndromes. Third Edition. Occidental, Ca: National Center for Pelvic Pain research 2004

See also: www.pelvicpainhelp.com

(2) Nickel JC, Nigro M, Valiquette L, Anderson P, Patrick A, Mahoney J, Buckley R, Corcos J, Hosking D. Diagnosis and treatment of prostatitis in Canada. Urology 52: 797-802, 1998