

Neurontin (Gabapentin®) for the Treatment of Chronic Pelvic Pain Syndrome (CPPS) Patients with High Pain Score

Introduction and Objective: The underlying pathogenic mechanisms of chronic pelvic pain syndrome (CPPS) remain elusive. Growing evidence suggests that the urogenital pain of CPPS may be neuropathic in origin. The objective of this study is to determine whether neurontin is effective in treating the symptoms of CPPS with severe pain or not.

Materials and Methods: There were 35 CPPS men (category IIIa 25, IIIb 10) with National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total pain score for at least 9 of the previous 6 months who were enrolled in this study between October 2010 and December 2011. Neurontin dosage was increased from 300 to 600 mg/d during the first 4 weeks. The primary outcome was evaluated with NIH-CPSI at 0, 4, 8 weeks. Multiple secondary outcomes were assessed.

Results: Mean age of 35 CPPS men was 54.2 ± 9.8 year old, mean duration of CPPS 34.2 ± 27.7 months, and mean volume of prostate 24.9 ± 5.3 cc. Total NIH-CPSI pain score was statistically decreased at 4 weeks, but no more change was shown at 8 weeks (Table). Between category IIIa and IIIb CPPS patients, the change of total pain score was not significant.

Conclusions: Neurontin may prove effective in some CPPS men with high pain score. If neurontin showed no effect in pain at 4 weeks, more neurontin may be useless.

Table

Category of CPPS	Sum of Pain Score (O Wks)*, **	At 4 Wks*	At 8 Wks**
IIIa (25)	12.80 ± 2.43	10.47 ± 3.77	10.07 ± 3.65
IIIb (10)	13.00 ± 2.20	10.10 ± 3.50	10.50 ± 4.30
Total (35 Pts)	12.88 ± 2.36	10.32 ± 3.67	10.24 ± 3.93

*, ** $p < 0.05$