

COPING WITH DEPRESSION IN CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME: A KEY TO TREATMENT OF THE PAIN?

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INTRODUCTION AND OBJECTIVE: The most common co-morbid disorder in chronic pain is depression, which is related to poorer functioning, increased hospitalization and physician visits. Depression is prominent, common yet usually unrecognized in chronic prostatitis. This study examined a new model of depression in Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS), utilizing a Biopsychosocial framework (i.e., physical, cognitive, environmental, and behavioral indices) to determine unique contributions to depression associated with CP/CPPS.

METHODS: Men (n=150) enrolled in the NIH Chronic Prostatitis Cohort (CPC) study from seven tertiary care clinical centers (6-U.S., 1-Canada) reported demographic data, depression (CES-D), urinary symptoms (NIH-CPSI urinary score), pain (SF-McGill Pain Inventory), catastrophizing (PCS), social support (MSPSS), and pain coping (CPCI). Hierarchical regression of depression was adjusted for significant covariates.

RESULTS: Although pain ($\beta = .18$), catastrophizing ($\beta = .21$), and social support ($\beta = -.24$) strongly predicted depression, the pain coping factors added significantly to the depression after accounting for the other effects ($F_{\text{change}}(9,137)=4.21;p=.0001$). In particular, two coping strategies of pain guarding ($\beta = .20$) and asking for assistance ($\beta = .16$) were significant predictors of greater depression.

CONCLUSIONS: Data support a Biopsychosocial model in chronic prostatitis depression and suggests that physicians may be able to advise patients to avoid certain pain coping strategies associated with greater depression.

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