DISCUSSION FOLLOWING DR. NADLER'S PRESENTATION

J. Curtis Nickel, MD (Kingston, Ontario, Canada): This is a highly selected group of patients. Everyone who had urodynamic studies had uninhibited contractions, a small-capacity bladder, and dyssynergic voiding. That is not what we see in our typical chronic pelvic pain syndrome (CPPS) population when we do urodynamics. So, you selected out the patients with bladder voiding problems and then decided on biofeedback, which I think is the right thing to do. I'm not criticizing that. But you cannot extrapolate this to our CPPS population—only to the small minority that has those characteristics.

Anthony J. Schaeffer, MD (Chicago, Illinois): We did not take men who had CPPS and then do the urodynamics and then select them for biofeedback. It is in retrospect that we find out that they have this kind of urodynamics. I agree with you that it is an unusual subset. They are the people who failed everything else, but they were not selected because they had urodynamic criteria.

Dr. Nickel: However, if you ever had to pick a population that would get better with biofeedback, it would be that subset of patients, whom I very rarely see.

Robert B. Nadler, MD (Chicago, Illinois): The next time around, we probably should not do the video urodynamics, and maybe just do a flow rate and an ultrasound residual urine determination. A problem has been that the insurance companies are very reluctant to pay for biofeedback across the board, let alone for something like prostatitis. However, there are some data to justify that this does work in some patients. Personally, I am surprised at the low acceptance rate. These patients are from a fairly high economic class, so I would think they would just pay out of pocket if this were really such a debilitating problem. But they do not. They want their insurance to pay for it, or they do not want to pay their deductible. These are reasons that they give our nurses as to why they don't want to do it, in addition to the time commitment, the fear of the urodynamics, and skepticism.

Michel Pontari, MD (Philadelphia, Pennsylvania): Instead of coming in 6 times, is there a scaled-down approach, such as home exercises, that might accomplish the same thing at lower cost?

Dr. Nickel: They can buy the machine for use at home for half the cost of the urodynamics study.

Dr. Nadler: I agree. However, the nurses say that to teach the slow relaxation phase is not that easy.

Dr. Schaeffer: For many good reasons or bad reasons, most people do not want to do this. I was among the skeptics. But there are 8 patients who seemingly got better. You can say this is a placebo effect. However, even if it is, if they are happy, I am happy. These are the most treatment-resistant patients, so I'm amazed it works at all. If we could treat even 5% or 10% of that population with this approach, it might be useful. I think we just have to come up with a way of doing it that is not so costly.

Dr. Nickel: What you need for an efficacy study is a sham treatment where the nurse explains to half of them how to do it properly and the other half are told how to do it improperly.