

SOCIAL AND PSYCHOLOGICAL ASPECTS OF PROSTATITIS DISEASE

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Prostatitis (N41 at ICD-10) is one of the most common diseases that cause male sterility. In U.S. it takes 8% of all urological diseases among men aged 18-50 years and older. Morbid affection, such as urethritis, vesiculitis, benign prostatic hyperplasia, are concomitant diseases for prostatitis.

In addition to known symptoms, for instance pain during palpation of prostate, in perineum, under pubis, in *regio inguinalis*, in anus area, in small of the back, in inner thighs, in penis, in urethra, in testicles, during erection and ejaculation (painful symptom complex), weakening of erection, premature ejaculation, orgasm blunting (sexual symptom complex), frequent urination, colics, burning and discomfort during urination, imperative feelings (dysuric symptom complex), prostaticorrhea, discharges from urethra, chronic pelvic pain syndrome etc., there are other symptoms specifically psychological factors.

Among the latter, it may be noted decrease of sexual desire and ability to work, neurasthenia, depression, waiting for aftereffect of illness, hypochondria, alarm condition, psychosocial deadadaptation and other indicators quality of life, psychological disorders. Myocardial infarction, stenocardia, crohn's disease, prostate cancers are compared with chronic prostatitis according their influence on patients QoL. During inflammatory diseases of genital system apparatus mental disorders are formed by the psychosomatic mechanism.

Among other obtrusive doubts, fears, inclination and activity on sexual sphere (unfounded fear to fail during coitus, fear of inevitable consequences from masturbation, incurable genital disorders, venereal diseases etc.) are observed in clinical presentation of phobic option. "Soft" depressions with alarm and attention focusing for ordinary activity are the basis for psychosomatic disorders by copulative cycle and psychogenic disorders by expectation neurosis.

Antidepressants, tranquilizers, other methods of medicamental correction and psychotherapy are prescribed as treatment for patients with prostatitis after ascertained pronounced changes in their psychophysical status. One does it for increment of libido and vitality, positive mood during cure and prevention of iatrogenic fixation on disease separate symptoms.

Combined influence for symptomatology or addition pharmacological measures to psychological factors are perspective in this case. E.g. a whole number of developed in National University of Pharmacy new dosage forms (apiculture, aminoacid- and microelement-based suppositories with androgenic activity for treatment of proctitis, prostatitis, male sterility) are contributed to spermatogenesis, good feeling, improved erectile function, regulated count of sex hormones, supported high sexual activity and fecundation ability. Availability of pollen use for new prostate-protector drug (capsules "Fepolen" with expressed anti-inflammatory and analgetic action) creation was established.