

**Title:**

Comparison of Nurse Practitioner Knowledge and Treatment Choices for Chronic Unexplained Orchialgia

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**Session Title:**

Rising Stars of Research and Scholarship Invited Student Poster Session 1

**Keywords:**

men's health, nurse practitioner curricula and orchialgia

**References:**

Quallich, S.A., & Arslanian-Engoren, C. (2014). Chronic Unexplained Orchialgia: A Concept Analysis. *Journal of Advanced Nursing*,70(8), 1717-1726. Doi: 10.1111/jan.12340 Quallich, S.A., & Arslanian-Engoren, C. (2013). Chronic testicular pain in adult men: an integrative literature review. *American Journal of Men's Health*. 7(5), 402-413. DOI:10.1177/1557988313476732

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Contrast treatment patterns between specialty and generalist NPs for a specific condition	Focus on NP role, with its focus on health promotion, as an ideal group to promote health and not cure, within the context of chronic pain. Chronic pain management requires an ongoing role for management of physiology, psychology and social domains.
Add to the body of knowledge regarding NP specialty practice	NP curricula traditionally do not include substantial content on men's health, urology, or nonmalignant pain management topics.
Raise awareness of a unique men's health issue with an unclear prevalence	Prevalence was calculated within the 2 NP groups queried

**Abstract Text:**

**Purpose:** Chronic unexplained orchialgia is “a subjective negative experience of adult men, perceived as intermittent or continuous pain of variable intensity, present at least three months, localizing to the testis(es) in the absence of objective organic findings, that interferes with quality of life” (Quallich & Arslanian-Engoren, 2014). The purpose of this project was to survey the knowledge base of nurse practitioners (NP) and their experience treating chronic unexplained orchialgia (CUO) in adult men, as urology and pain are topics that receive variable attention in nurse practitioner curricula.

**Data sources:** This was a descriptive survey design. Data was gathered from a convenience sample of NPs attending two national conferences, using a survey instrument designed for the project, and based on current treatment guidelines for CUO.

**Conclusions:** This is the first study to report prevalence specifically for CUO, in both urology-focused NPs (3.57%) and generalist NPs (1.77%), and in the combined study sample (2.12%). NPs in non-urology

settings did not have routine exposure to chronic unexplained orchialgia in their male patients. However, the treatment pattern of both NP groups was consistent with what they suspected as a cause. NPs in urology settings have greater exposure to CUO and exhibit more varied treatment patterns.

**Implications for practice:** Pain is one of the most common reasons that people seek care from a healthcare provider, but literature supports that pain management is underemphasized in all healthcare provider programs, suggesting that providers may not be prepared to meet the needs of the estimated 126 million Americans with chronic pain. Chronic pain, men's urology and men's genital health issues are traditionally unrepresented in NP curricula. Increasing numbers of men will seek both primary and specialty care since the establishment of the Affordable Care Act (ACA). While this sample size limits generalizability, this study highlights a knowledge gap in NP practice that may disadvantage a chronic pain subpopulation.