A separate RCT compared silodosin with placebo in symptom relief in chronic prostatitis, randomizing 151 patients to receive silodosin 4 mg, silodosin 8 mg, or placebo for 12 weeks. Silodosin 4 mg was associated with a significantly larger decrease in NIH-CPSI score compared with placebo (–12 vs –8.5; *P* = .02). There were no additional treatment benefits with the 8-mg dose.

Another RCT evaluated the efficacy of dutasteride for prostatitis symptoms in 5,379 men with elevated PSA and negative prostate biopsy. After 48 months of taking either dutasteride 0.5 mg/d or placebo, there were modest but statistically significant differences in total NIH-CPSI scores for the dutasteride group (–0.038 vs +0.92; *P* < .0001).

Finally, a RCT evaluated the effectiveness of pregabalin in reducing chronic prostatitis symptoms. The trial enrolled 324 men with symptoms who were randomized to pregabalin titrated up to 600 mg/d or placebo for 6 weeks. The pregabalin group did not have significantly more patients with at least a 6-point decrease in NIH-CPSI score at 6 weeks compared with placebo (47% vs 38%; *P* = .07).

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A double-blind placebo-controlled RCT of 56 adolescents in Korea evaluated the change in methacholine dosing necessary to produce a 20% fall in FEV1 with the use of inhaled corticosteroids or placebo post-URI. Patients were included if they had a previous diagnosis of asthma but no use of asthma medications in 2 years, a baseline FEV1 >70% of predicted, and a concentration of methacholine producing a 20% fall in FEV1 <8 mg/mL.

These patients were divided into an experimental group who received inhaled budesonide two 200-mcg puffs BID and a placebo group who received two 500-mcg puffs BID of micronized lactose. Every 3 months over a 9-month period, every patient underwent spirometry and a methacholine challenge test. The budesonide group did not show a statistically significant change in bronchial hyperresponsiveness compared with the placebo group.

A Cochrane review of 5 RCTs (N=339) examined the effectiveness (primarily defined as decreasing use of oral steroids or emergency department visits) of inhaled steroids in children with episodic viral wheeze and no history of asthma. One trial described in the review found that nebulized budesonide (400 mg 4 times a day x2 days, then BID x7 days) in 52 children with viral-induced wheeze resulted in a decrease in a lower respiratory symptom score (weighted mean difference –0.17; 95% CI, –0.34 to –0.003) compared with placebo. However, cough was not specifically discussed.