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PREVALENCE OF PELVIC FLOOR DISORDERS AND NEUROPATHIC PAIN AMONG FEMALES SEEKING PHYSICAL THERAPY FOR CHRONIC LOW BACK PAIN

Hypothesis / aims of study
Despite the high prevalence of chronic low back pain (CLBP) among female patients seeking Physical Therapy (PT), there is lack of studies that estimate the prevalence of pelvic floor disorder (PFD) and its burden among those patients. Moreover, its association with neuropathic pain (NP) has never been locally examined. The aim of our study is to estimate the prevalence of PFD and NP among females seeking PT for CLBP and to examine the association between PFD & NP in this group.

Study design, materials and methods
This is a cross-sectional survey study using structured assessment questionnaires. In addition to demographic and clinical characteristics, the prevalence of PFD was assessed using validated Pelvic Floor Distress Inventory (PFDI-20).(1) Self-Completed Leeds assessment of Neuropathic Symptoms and Signs (S-LANSS) was used to differentiate between nociceptive and neuropathic pain.(2) Women between the age of 30 and 60 years referred to PT for CLBP, between January and March of 2016 who matched the inclusion criteria were asked to participate and sign the consent form. The current findings represent an interim analysis of still ongoing recruitment. The study received the required ethical approvals from our institutional review board (IRB).

Results
A total of 108 women aged 47.4±7.5 years were included. They had BMI of 30.9±5.2 and were largely married (82.4%) housewives (62.0%) who had 5 or more childbirth (67.6%). Approximately 62% of women were pre-menopausal and two-thirds were sexually active. The prevalence of NP and urinary incontinence were 57.4% and 50.0%, respectively. And pelvic organ prolapse, based on reporting bulge was 28.7%. Furthermore, the prevalence of urinary distress, colorectal anal distress, pelvic organ prolapse distress and the overall pelvic floor distress were 53.2%, 45.4%, 42.4% and 46.9%, respectively (Figure 1). Overall and subscales of PFD distress was significantly higher among those with NP than those without (Table 1).

Figure 1: Prevalence of subscales and summary scale of PFDI-20

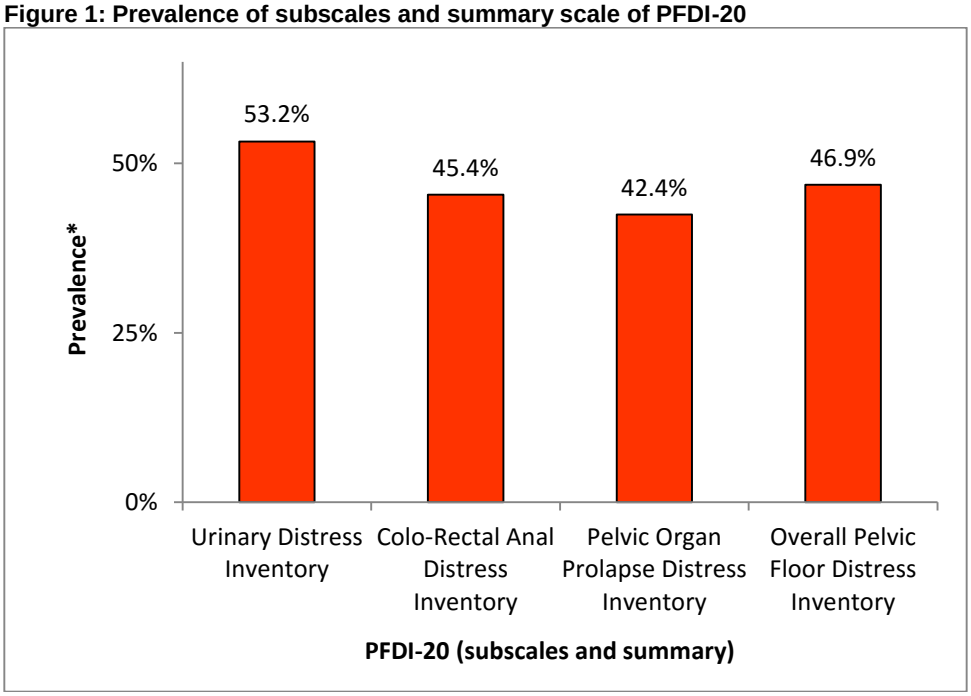

Table 1: Association between subscales and summary scale of PFDI-20 and NP

	Nociceptive pain		Neuropathic pain		p-value
	Mean	SD	Mean	SD	
Urinary Distress Inventory	43.1%	28.5%	60.8%	26.7%	0.001
Colorectal Anal Distress Inventory	40.2%	25.5%	49.2%	27.1%	0.050
Pelvic Organ Prolapse Distress Inventory	35.9%	26.3%	47.3%	25.6%	0.027
Pelvic Floor Distress Inventory	39.8%	22.4%	52.1%	21.6%	0.004

Interpretation of results

Approximately half of our cohort who are seeking PT for CLBP are suffering form one or more of PFD, and slightly more than half are suffering from NP. Both conditions are significantly associated which may worsen quality of life of affected women.

Concluding message

PFD are higher among women with CLBP than general population.[3] There seem to be an interplay between NP and PFD, which needs further evaluation. Further studies are also required to evaluate the impact of PFD on the quality of life in these women.

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