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PHYSIOTHERAPY INTERVENTIONS FOR THE TREATMENT OF UROLOGIC CHRONIC PELVIC PAIN SYNDROME: A SYSTEMATIC REVIEW

Hypothesis / aims of study

This is the first systematic review to evaluate the effects of the physiotherapy interventions in men and women with urologic chronic pelvic pain syndrome (UCPPS) aiming to discuss the results in the short, medium and long-term follow-up

Study design, materials and methods

We firstly included full text of randomized, quasi-randomized control trials and case studies articles searched in the Cochrane Library, PUBMED/MEDLINE, LILACS, Scielo and PEDro database, based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) orientation. The keywords were chronic pelvic pain syndrome, urologic chronic pelvic pain syndrome, chronic pelvic pain, physical therapy treatment, management, combined or alone, in English and Portuguese languages, from 1996 to 2016; manuscripts with physiotherapy interventions as the main treatment for UCPPS in men and women with at least one outcomes measure, as pain, self-reported disability or quality of life scores were included.

Results

We have primarily found 3534 studies; however only seven met the inclusion criteria (3 prospective, 2 RCT, one retrospective, 1 case study). Three of them included men and women and four studies included only men. The study demographic data consisted of 748 patients. Among them, 76% were male. The age varied from 24 to 53 years old. The symptoms more commonly founded were pelvic pain, genital pain, urinary dysfunctions (frequency, urgency, hesitancy, dysuria) and sexual disorders (pain during or after ejaculation). The physiotherapy modalities used were combining or isolated kinesiotherapy (43%), myofascial physiotherapy (43%), electrotherapy and biofeedback (15%), and trigger point release device (29%). Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA) and the Downs & Black Scale to analyze the methodological quality of the studies, the mean score was 17.33 \pm 2.33 ranging between 14 and 20; those studies presented low to moderate methodological quality.

Interpretation of results

Although differences regarding the applicability of the interventions, the time of treatment and the number of sessions, physiotherapy showed an effective role in UCPPS treatment The evidence in this review is limited by trials with large methodological discrepancy, low to moderate methodological quality, and no long-term evaluation/follow up

Concluding message

Physiotherapy Interventions are recommended for the treatment of UCPPS. However, randomized studies with stronger methodology and controlled quality in terms of number of sessions, which assesses the effects of interventions on the symptoms, with long-term follow-up are unquestionably necessary.

Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Comite de Etica em Pesquisa do Hospital das Clinicas da Faculdade de Medicina da Universidade de Sao Paulo **Helsinki:** Yes **Informed Consent:** Yes