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INTRODUCTION

Chronic pelvic pain (DPC) is defined as continuous or intermittent pelvic pain lasting for at least 6 months (1). Attending people centering the focus only on the biological aspects of the disease has lost ground to a more people-centered care model. Studies have shown that more than 75% of people seek for care with the people-centered model. Thus, a link is established between the professional and the person, which reflects in the patient's decision and adherence to the treatment (2).

This study aims to identify facts that occurred in childhood that may influence adult pain in women with chronic pelvic pain and evaluate chronic pelvic pain with the introduction of quantitative methods of evaluation of pelvic pain and evaluation by questionnaires with scores: after different therapy's with different approaches.

METHODS

Original transversal study with a quantitative approach. The interviews were conducted between September and December 2017, in 41 women who reported having Chronic Pelvic Pain (CPP) attending the urology and gynecology outpatient clinics. It was used a structured instrument developed by our group of research. The questions of the questionnaire came up in informal conversations with the participants during a larger study of the group. The average duration of interviews was 30 minutes.

The instrument used contained questions related to the presence or absence of conditions that might be associated with the CPP, including difficulty in the sphincter training phase, history of nocturnal enuresis or other lower urinary tract symptoms in childhood, like reprimand in childhood related with symptoms of lower urinary tract and traumatic sexual initiation.

In addition to the variables cited, it was possible to raise a history of depression or anxiety (self-reported) and use of medication for these conditions. Four participants chose not to answer the questions, so they were not computed in the data.

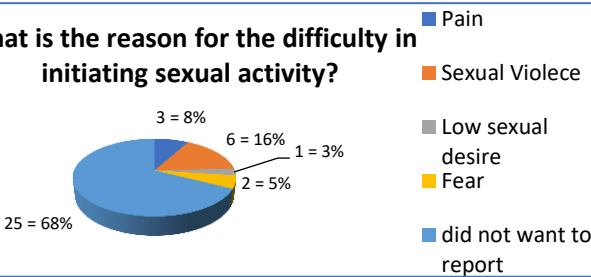
RESULTS

The results showed that 30 (81%) of the women did not remember how the unfurl was, 4 (10.80%) was easy and 3 (8.10%) was difficult. Twelve (32.45%) urinated in bed when they were child. Thirteen (35.14%) parents fought or physically assaulted for bed-wetting. The age of sexual initiation had a minimum of 11 years and old and the maximum at 24 years old.

The mean was 16.19 years. The median was 16 years. The standard deviation was 2.62 years. Twelve women (32.45%) had difficulty initiating sexual activity.

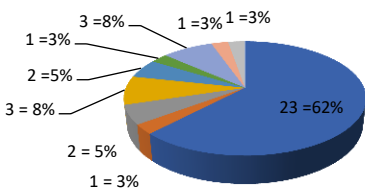
RESULTS

What is the reason for the difficulty in initiating sexual activity?

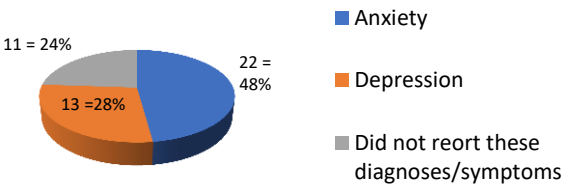


For the treatment of pain

- Duse a drug therapy
- Radiofrequency
- Medication plus physiotherapy
- Medication plus surgery
- Surgery
- Physiotherapy plus surgery
- Medication plus conservative treatment



Anxiety or Depression self-report



CONCLUSIONS

In larger study of our research group, patients reported a lot of suffering with the pain, and related that have seen their health professionals focusing only in the location and biological aspects of pain, not giving much attention to how their patients really feel about their pain and the possible traumas behind it.

It is evident that a holistic approach captivates the patient and allows us a more assertive therapeutic pathway and increases adherence to the treatment of those who are under our care. Finally, we are able to conclude that a person-centered approach has many advantages in identifying a better pathway to treatment.

REFERENCES

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2. STEWART, M. et al. Person-Centered Medicine: Transforming the Clinical Method. Translation by: BURMEISTER, A; ROSA, S.M.M; technical revision: LOPES. J.M.C. 3 ed. Porto Alegre: Artmed, 2017.