EFFECTIVENESS OF ADDING NONİNVASIVE VAGUS NERVE STIMULATION PROTOCOLS TO PELVİC BIOFEEDBACK THERAPY FOR PELVIC FLOOR DYSFUNCTIONS

Ersoy Ö¹, Akcay M², Temel Pekmez Y³, Kilickan F⁴

 Acibadem University School of Medicine, Department Of Internal Medicine and Gastroenterology,
Acibadem University Atakent Hospital -Pelvic Floor Physiotherapy Unit, 3. Istanbul Atlas University, Faculty of Health Sciences, Department of Occupational Therapy; Istinye University,Institute of Graduate Education, 4. Istanbul University Cerrahpasa Faculty of Medicine, Department of Public Health







Affiliations to disclose⁺:



I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

I have a relationship with a for-profit and/or a not-for-profit organization to disclose:

Company Name	Direct financial payments / honoraria	Membership on advisory boards or speakers' bureaus	Funded grants or clinical trials	Patents on a drug, product or device	All other investments or relationships

Hypothesis & Aim of the Study

*The vagus nerve links our autonomic nervous system to our emotions and it is a neurobiological evidence for the mindbody connection.

*The pelvic floor is one of the most fascinating connection with the vagus nerve.

*Stress inhibits the vagus nerve

*Many pelvic floor dysfunction-related symptoms and diseases; constipation, incontinence, chronic pelvic pain, sexual dysfunctions, irritable bowel syndrome) may be related to low (inhibited) vagal nerve tonus due to different type stressors.

*Therefore vagus nerve stimulation may be an additional holistic approach therapy for conventional pelvic biofeedback therapies mainly due to its relaxing and anti-inflammatory properties during stress.

The MYMOP2 has been shown to be validated and highly sensitive/responsive outcome measure .

*Aimed to observe the effects of vagus nerve stimulation protocols added to pelvic biofeedback therapy by using MYMOP2 tool on patients with pelvic floor disorders.

*Ersoy Ö, Temel YE, Alptekin HK. Turk J Gastroenterol 2019; 30: 28-32.

Study Design, Materials and Methods

Group A included the patients (n:76) with anorectal disorders dysfunctions who admitted to our pelvic floor unit between September 2022-March 2023, treated with biofeedback therapy and vagus nerve stimulation protocols (table 1).

Group B included the patients (n:35) with similar symptoms to group A but admitted to our unit during the first months of 2019 who were selected for the Turkish validation study for MYMOP2 (reference2) tool, treated with biofeedback treatment but without any vagus nerve stimulation protocols.

In both group A and B, all patients symptoms were assessed via MYMOP2 tools (with Turkish validated forms) at initial (before treatment) and follow-up (after two months) periods.

Then the results of MYMOP2 evaluation scores of group A and B are statistically compared.

BIOFEEDBACK AND VAGAL STIMULATION PROTOCOLS

Table 1 Biofeeedback protocol;

Dietary recommendations including fiber and liquid

Diaphragmatic breathing-with no standard duration

Abdominal massage

Toilet and defecation training (Squatty pottyand proper relaxation and push techniques -

bracing)

Pelvic floor and core exercises (Relaxation and strengthening exercises-with or without EMG support)

Vagus nerve stimulation protocol;

Physical stimulations:

*Gargling in the morning 30-60 minutes

*Singing-chanting-murmuring-no standard duration

*Washing face with cold water-morning and evening

*Laughing or smiling-no standard duration but watching comedy films

*Socialising as much as possible

*Diaphragmatic breathing-deeply and slowly -3 times a day, 6 breaths/minute, 5 minutes

*Exhaling longer than inhaling-no standard duration

Psychologicak stimulation

*Gratitude-every hour possible-thinking for a good thing for gratitude

*Meditation- no standard duration but at least 15-20 minutes/day, recommendation only with some applications

*Exposing to things that are beautiful, such as a sunset, spending time in nature, looking at pretty pictures, or playing with your pets, listening to calm music

Results

According to MYMOP2 assessment, a minimum clinically important change in score after intervention should be between 0.5-1.0 which means 'no change' with the intervention, and greater than 1.0 means clinically significant improvement/change.

Clinically significant MYMOP2 score ratio of Group A are found to be statistically clinically significant than Group B (90.58 % vs 57.1%, p-value is lower than 0.05 chi-square test).

Interpretation of Results

Adding vagus nerve stimulation protocols may increase the success rate of the biofeedback treatment including pelvic floor exercises.

<u>Weakness of the study</u>: Apart from the vagal protocols given to group A, same biofeedback therapy modality were given to both groups but with different pelvic physiotherapists which can be a bias factor in evaluating the positive effectiveness of vagal protocols.

Noninvasive vagus nerve stimulation protocols could be a complimentary therapy (not a substitute) to other treatment options (like biofeedback therapy) for pelvic floor dysfunctions.

Thank you for your interest.