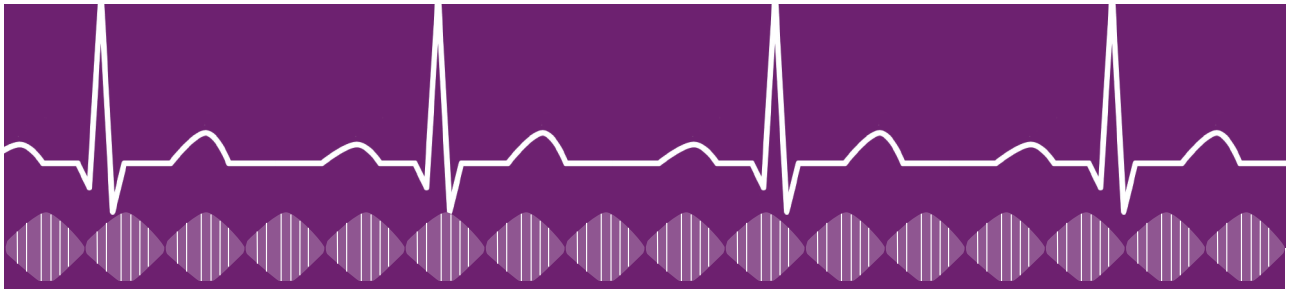
ACCELERATE YOUR PATIENTS' RECOVERY



EL PHYSIOTHERAPY INFORMATION BULLETIN

PHYSIOTHERAPY IN UROLOGICAL AND GYNAECOLOGICAL PATHOLOGIES

Chronic pelvic pain syndrome

The incidence of chronic pelvic pain syndrome (CPPS) is increasing and the vast majority of male patients suffer from its abacterial forms. Pharmacotherapy of the disease utilises analgesics, antibiotics, α-receptor blockers, 5α-reductase inhibitors and some other agents which have limited effectiveness (1).

Use of physiotherapy techniques showed beneficial results for treatment of lower urinary tract dysfunctions (2, 3). Treatment of these conditions with low-energy extracorporeal shock wave therapy (ESWT) as illustrated below represents an efficient therapeutic option resulting in significant improvements of the CPPS-related parameters.

Table 1. Changes in parameters for the sham and verum treatment groups (R. Zimmermann et al., European Urology, 2009)

Parameter	Placebo Rel. change % (median values)	Significant changes	Verum Rel. change % (median values)	Significant changes
IPSS (1 wk)–IPSS (pre)	0	No (p = 0.947)	-15.6	Yes (p = 0.001)
IPSS (4wk)–IPSS (pre)	0	No (p = 0.631)	-18.8	Yes (p = 0.001)
IPSS (12wk)–IPSS (pre)	0	No (p = 0.280)	-25	Yes (p = 0.001)
IIEF (1 wk)–IIEF (pre)	0	No (p = 0.959)	10.5	Yes (p = 0.029)
IIEF (4wk)–IIEF(pre)	0	No (p = 0.894)	5.3	Yes (p = 0.034)
IIEF (12wk)–IIEF(pre)	0	No (p = 0.569)	5.3	Yes (p = 0.036)
CPSI (1 wk)–CPSI (pre)	0	No (p = 0.935)	-16.7	Yes (p = 0.001)
CPSI (4wk)–CPSI (pre)	2.1	No (p = 0.865)	-16.7	Yes (p = 0.001)
CPSI (12wk)–CPSI (pre)	4.2	No (p = 0.935)	-16.7	Yes (p = 0.001)
VAS (1 wk)–VAS (pre)	-16.7	No (p = 0.151)	-33.3	Yes (p = 0.001)
VAS (4 wk)–VAS (pre)	0	No (p = 0.865)	-50	Yes (p = 0.001)
VAS (12 wk)–VAS (pre)	0	No (p = 0.227)	-50	Yes (p = 0.001)

CPSI = Chronic Prostatitis Symptom Index; IIEF = International Index of Erectile Function; IPSS = International Prostate Symptom Score; VAS = Visual Analog Scale.

The median values of IPSS, IIEF, CPSI, and VAS parameters demonstrated statistically significant improvement in the verum but not in the placebo group indicating the efficacy of the ESWT treatment. No side-effects were observed in any patients during the treatment and follow-up periods (1).

References

1. Zimmermann R, Cumpanas A, Miclea F, Janetshek G. Extracorporeal shock wave therapy for the treatment of chronic pelvic pain syndrome in males: a randomised, double-bind, placebo-controlled study. *Eur Urol* 2009; 56: 418-424
2. Anderson RU, Sawyer T, Wise D, Morey A, Nathanson BH. Painful myofascial trigger points and pain sites in men with chronic prostatitis/chronic pelvic pain syndrome. *J Urol* 2009; 182 (6): 2753-2758
3. van Balken MR, Vergunst H, Bemelmans B. The use of electrical devices for the treatment of bladder dysfunction: a review of methods. *J Urol* 2004; 172 (3): 846-851

EL PHYSIOTHERAPY 765c Hawthorn Rd Brighton East 3187 Phone: (03) 9005 9282

Dysmenorrhoea

Dysmenorrhoea is a female problem which has a high epidemiological prevalence (1). It causes reduced quality of life, a need for treatment, and absence from school or work. Pharmacological treatment mainly includes non-steroidal anti-inflammatory drugs and oral contraceptives. However pharmacotherapy might be undesirable for personal reasons or contraindicated, give insufficient results, and cause adverse reactions limiting its use (2). Transcutaneous electrical nerve stimulation (TENS) and other electrotherapy treatments effectively reduce pain through stimulating Aβ proprioceptic fibres, release of endogenous endorphins and other pathways (2-4).

Table 1. Pain scores and use of analgesic tablets with and without the TENS treatment (H. Schiotz et al., Journal of Obstetrics and Gynaecology, 2007)

	Pain scores			Analgesic tablets (*n*/day)			Number of women using analgesic tablets
	Mean	Range	SD	Mean	Range	SD	
Control cycles	6.73	2.5 - 10	2.3	2.89	0 - 12	2.30	20/21
Active cycles	5.18	0 - 8.6	2.2	1.36	0 - 5.5	1.42	13/21
p value		0.0009*			0.003*		0.024†

* Two-sided paired *t*-test; †%² test.

The data showed that the TENS treatment resulted in a highly significant reduction of pain scores and number of analgesic tablets used. The treatment was not associated with any adverse events (2). The results indicated that TENS is an effective therapeutic option for dysmenorrhoea treatment and not requiring the use of medications.

References
1. Polat A, Celik H, Gurates B, Kaya D, Nalbant M, Kavak E, Hanay F. Prevalence of primary dysmenorrhoea in young adult females university students. *Arch Gynecol Obstet* 2009; 279 (4): 527-532
2. Schiotz H, Jettestad M, Al-Heeti D. Treatment of dysmenorrhoea with a new TENS device (OVA). *J Obstet Gynaecol* 2007; 27 (7): 726-728
3. Tugay N, Akbayrak T, Demirturk F, Karakaya IC, Kocaacar O, Tugay U, Karakaya MG, Demirturk F. Effectiveness of transcutaneous electrical nerve stimulation and interferential currentin primary dysmenorrhoea. *Pain Med* 2007; 8 (4): 295-300
4. Proctor M, Farquhar C, Stones W, He L, Zhu X, Brown J. Transcutaneous electrical nerve stimulation for primary dysmenorrhoea. *Cochrane Database Syst Rev* 2002; 1: CD002123

Some other urological and gynaecological pathologies effectively treated using physiotherapy techniques

Pathology	Technique	Source
Chronic prostatitis	TENS	Sikiru L et al. International Braz J Urol 2008; 34 (6): 708-714
Interstitial cystitis	Percutaneous posterior tibial nerve stimulation (PTNS)	Zhao J et al. Urology 2008; 71 (6): 1080-1084
Overactive bladder	Electric stimulation (ES)	Wang AC et al. Urology 2006; 68 (5): 999-1004
Labour pain	TENS	Chao AS et al. Pain 2007; 127 (3): 214-220

For additional information or questions please contact Dr Vladimir Gurevich, Senior Clinical Advisor, on 9005 9282 or email el.physiotherapy@gmail.com