6-Day Intensive Treatment Protocol for Refractory Chronic Prostatitis/Chronic Pelvic Pain Syndrome Using Myofascial Release and Paradoxical Relaxation Training

Journal of Urology April 2011

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Pelvic PT Distance Journal Club Feb 2017

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Subjects

Male patients with chronic pelvic pain of >3 months self referred for participation in the study. Exclusion criteria were men with no pain, no pelvic floor tenderness, no identifiable trigger point sensitivity or absence of pain recreated from a trigger point palpation, and those with only sexual dysfunction.

Was the assignment of patients randomized? No - only 1 group for intervention, no control group
Were groups similar at the start of the trial? N/A

Study design / method

Case series of 116 male patients with chronic pelvic pain, utilizing an intensive 6 day treatment program including myofascial/trigger point release techniques by a PT and progressive relaxation therapy with a psychologist.

Oxford Centre for Evidence grading scale - Level 4 (Case series)

All subjects who volunteered for the study underwent examination by a urologist to be accepted into the study. Patients then underwent examination by a physical therapist, with subsequent 30-60min internal and/or external myofascial PT treatments x 6 days, and 3-5 hours of progressive relaxation therapy x 6 days. Patient stayed with the same physical therapist for all treatments. Patients were instructed in self relaxation, self mobilization, and provided with a 2 year relaxation program.

Outcome measures used: Used NIH-Chronic Prostatitis Symptom Index, pain Visual Analog Scale, Pelvic Pain Symptom Scale, GRA, and psychological survey of 7 questions

Blinding - N/A case series, no blinding of patient, PT, urologist, psychologist, assessors

Assessing the outcome

Were all patients who entered the trial accounted for – intention to treat. No, only patients who responded to surveys were included in results

Is the dropout rate acceptable – No. 48% of subjects enrolled in the study did not complete a follow up questionnaire. It is unclear why these subjects did not finish.

Treatment effect - Unable to calculate as this was not an RCT.

Results

See table 1 for NIH-CPSI results pre and post treatment. See table 2 for GRA changes pre-post tx. (NIH Scoring: 0-9 = Mild, 10-18 = Moderate, 19-31 = Severe). 30% reduction = 9 point change

Conclusion

Male patients with chronic pelvic pain of varying etiologies, with trigger points, were treated using an intensive 6 day protocol of manual therapy techniques by a physical therapist and concurrent progressive relaxation therapy. These men reported overall a 30% reduction in symptoms with this protocol.

Discussion points

Link to information about paradoxical relaxation training:
http://pelvicpainhelpforwomen.com/paradoxical.php

Here is the link to the site I use to grade the **NIH-PCSI**: https://www.prostatitis.org/symptomindex.html

NIH-CPSI does not have an MCID, however the modified version of this scale, known as the Genitourinary Pain Index does have an MCID of 7 points. (*Validation of a Modified National Institutes of Health Chronic Prostatitis Symptom Index to Assess Genitourinary Pain in Both Men and Women* JQ Clemens, et al. Urology 2009;74(5)983-987.)

Several intensive programs exist across the country for patients with chronic pelvic pain. They are primarily intended for patients who do not have access to local pelvic health therapists. The success rates of such programs can vary substantially. A chronic pain program (not specific to pelvic pain) consisting of physical therapy 3x/day x 2 weeks in Arizona has had success rates of >50% utilizing myofascial release and relaxation. Insurance coverage versus out of pocket costs vary between programs. Components of each program also vary, from strictly physical therapy multiples times per day to multidisciplinary approaches. The amount of improvement expected from such a program varies, but patients appear largely satisfied. How long do these patients maintain the gains they made? No longitudinal data to tell us.

Many therapists have to schedule patients 1x/week due to sheer volume of caseload, but it appears that the majority of therapists agree patients with chronic pelvic pain have better outcomes, faster, when they come in 2x/week.

Further Questions

- Is the dropout rate acceptable? We don't know if all patients underwent treatment or if 200 were interested and 116 underwent treatment
- Multidisciplinary groups are being shown to be the best treatment approach for patients with chronic pain? Do you refer patients to psychologists/other practitioners?

    - If so, how do you identify which patients are most appropriate for referral?
- I use psych screening tools for all new evals and use that as a guide. Will also offer referral to patients who are reporting pain catastrophizing, depression, anxiety, history of abuse, etc
    - **Pain Anxiety Symptom Scale** http://www.exchangecme.com/resourcePDF/chronicpain/resource5.pdf
    - **Pain Catastrophizing Scale** Available for free including manual on: http://sullivan-painresearch.mcgill.ca/pdf/pcs/PCSManual_English.pdf
    - **PHQ9** Screening for depression (Available from the site) http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf
    - **TSK-11**
    - **Asking "Do you have a history of sexual/verbal/emotional abuse?"**
    - **Asking "Over the last 6 months have you felt depressed?"**