Predictors of Psychological Outcomes and the Effectiveness and Experience of Psychological Interventions for Adult Women with Chronic Pelvic Pain; A Scoping Review. Journal of Pain Research 2020:13 1081-1102

Michelle Spicka, DPT

September 9, 2020

Pelvic Physical Therapy Distance Journal Club

Introduction:

- Chronic pelvic pain (CPP) affects 15-25% of women worldwide
- Despite the prevalence of CPP worldwide, economic and personal costs, there is limited understanding and awareness
- Psychological intervention is commonly recommended for people with CPP but there is limited research available to support this recommendation
- This review has 3 purposes:
  - Identify predictors of mental health outcomes for women with CPP
  - Establish which psychological interventions are effective for women with CPP
  - Establish gaps in the literature and future research directions

Methods:

- Study used scoping review methodology
- 28 articles were ultimately included (with initial search results at 1248 articles)
  - Poor study quality limited availability of research

Results:

- Psychological interventions and techniques which lead to improved outcomes
  - Cognitive behavioral therapy
  - Interpersonal therapy
  - Mindfulness and relaxation exercises
- Incorporating pain education in psychological interventions for chronic pelvic pain
  - Pain education emerged as a key component across psychological interventions that improved mental health outcomes for women with CPP
- Overlap between mental and physical health
  - Improvements in mental health outcomes were3 most commonly those that incorporated both mental and physical health components.
- Physical therapy interventions and techniques were effective in combination with psychological therapy
Breathing exercises, stretching, pelvic exercises, joint movement, body awareness training, massage, light daily exercise

- Pain as a predictor for mental health outcomes for women with CPP
  - Higher pain severity predicted higher anxiety, pain catastrophizing, depression, stress, harm avoidance, lower self-directedness and rumination
  - Baseline pain intensity was found to be positively correlated with depression scores
  - Constant pain led to higher reported stress
  - Pain intensity was negatively correlated with physical functioning in women with endometriosis and CPP

- Anxiety and depression predicted mental health outcomes for women with CPP
  - Pain catastrophizing specifically was found to moderate physical and mental health outcomes

- Importance of coping skills
  - Maladaptive coping skills and avoidance emerged as key predictors of sexual dysfunction, esteem, depression and anxiety symptoms
  - Positive coping skills, stable relationships, good self and body esteem were all associated with less depression symptoms

- Supportive relationships improved outcomes
  - Access to support emerged as a key predictor of mental health outcomes

- When abuse and esteem issues were present, outcomes were worse
  - Women with CPP who reported abuse reported less perceived control, greater punishing responses to pain, higher somatization and greater global distress than those who did not

Discussion:

- The effectiveness of psychological interventions for women with CPP showed varied results
- There is a large amount of research in the chronic pain literature giving evidence of overlap between the brain, body, emotions and cognition and the importance of explaining these dynamics to chronic pain sufferers as part of treatment
- There is evidence that certain psychiatric concerns often occur with CPP and could result from changes in the communication between immune and nervous system pathways
- Many studies that effectively improved mental health outcomes have both physical and mental health components
  - A limitation, however, is that it is not possible to isolate whether findings are due to cognitive components of treatment, physical treatment or combination of both
- Pain education is an important component of psychological interventions for women with CPP
- Predictors of mental health outcomes
  - Pain severity and frequency
  - Anxiety, depression and catastrophizing
  - Maladaptive coping styles
  - Support access
  - Esteem issues
  - Abuse
**Conclusion:**

- Overall, findings were varied but extremely relevant to clinical practice and the development of future research and interventions

**Discussion questions:**

1) Clinically, so many patients with chronic pelvic pain also has developed (or previously had co-morbid occurrence) of psychological findings. How to you help your patients find holistic treatment?

2) What are the biggest psychological barriers you find in your patients that limit progress?

3) If a patient does not have access to mental health care, what are alternative treatment to help the patient?