Pelvic Physical Therapy Distance Journal Club
April 3, 2024
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Factors associated with nonadherence to pelvic floor physical therapy referral for the treatment of pelvic pain in women. Aguirre F, Heft J, Yunker A. Phys Ther 2019; 99(7):942-952. Doi:10.1093/ptj/pzz050.

Aim: To determine:
Primary:

- % of subjects with "pelvic floor myofascial pain syndrome" who attended PT once they have been referred
- % Who complete the full course of care (at least 6 visits)
- Factors associated with adherence/non-adherence with PT

Secondary:

- Correlation between changes pain scores (VAS) and visits # attended

Study Design:
Retrospective cohort study. 205 subjects seen at a "single provider-practice" At Vanderbilt University School of Medicine between 2010-2012.
Inclusion criteria: Adults, with chronic pelvic pain (CPP) diagnoses: (ICD- 9 codes) Myalgia and myositis unspecified, unspecific symptom related to female genital organs, dyspareunia, spasm of muscle, Vaginismus. CPP also confirmed by exam- reproduction of pain with palpation levator ani, obturator internus, or piriformis.
Excluded if they did not have insurance or private means of pay.

Results:
<u>Primary outcome: attended 0 sessions</u>

- ~1/3: >parity, hx psychiatric dx, and smoking more likely

<u>Secondary outcome: incomplete course of care</u>

- ~1/3 attended 1-5 visits
    - dysmenorrhea and smoking more likely
    - Avg 22 miles travelled for PT
- ~1/3 attended at least 6 visits
    - private insurance
    - Avg 16 miles travelled for PT
    - Lower BMI, non-smoking, less likely to have dysmenorrhea

<u>Tertiary outcome:</u>
Avg Δ in pain score was 1.1 point improvement on VAS (3.6 ->2.5) (note: MCID for VAS is ~1.3)

- "improved" attended an avg of~ 7 visits
- "unchanged" attended an avg of~3 visits
- worsened avg attendance of ~13 visits

Discussion:
There are variables that correlate with <u>any</u> attendance to PT & variables associated with completion of plan of care.
Results are somewhat similar to other adherence studies mostly concerned with incontinence and prolapse (maybe a bit poorer adherence)

In studies pertaining to incontinence/prolapse, attendance is impacted by:

- ds severity (unsure in current study?)
- better social support (possibly consistent with this study- private insurance and fewer children improved attendance)
- shorter distance (consistent with this study)
- race (not consistent with this study- although this study did not not a very diverse group)

Improved group compared vs. unchanged group (throwing out those who worsened)- avg of 3 + sessions
Those who improved compared to unchanged (throwing out those who worsened) attended "on average" at least 6 sessions"- confusing wording

Strengths:
Examines adherence of patients with CPP who have reproduction of pain sxs with palpation
Looks at a multitude of variables which are easy to assess in clinic
Separates attendance of 0 sessions and completion of plan of care

Limitations:
Age of population- 10% >55 y/o
Single center study retrospective study (Vanderbilt University School of Medicine) 2010-2012
PTs "vetted" by one medical provided to "assure the type of therapy provided"
Discussion revealed possible biases authors may have about those who smoke/have higher BMI
"Interrelatedness" of variables
Outcomes measures for severity and improvement were VAS only
All raw pain data in VAS not provided- I don't believe authors can make strong claims that at least 7 sessions of PT is better for clinical improvements in pain
Unknown how pre-therapy severity impacted compliance and improvement

Conclusion/Summary:

- 33% of patients who attend a PT session complete at least 6 visits, which seems similar to incontinence research perhaps a little less
- Most subjects "improved" 83 of 125 who had data
- There are certain factors like parity, hx psychiatric dxs, insurance, BMI, smoking hx, diagnosis, distance from clinic that may influence attendance to any PT and compliance with full course of care
- Improvement correlated with compliance with full course of care? To be discussed- given the study is not a randomly controlled study and raw data not provided, I do not believe that we can draw that conclusion.

Clinical Application-
Taking note of pt insurance and distance from clinic to discuss potential barriers to compliance with full course of PT

List discussion questions:
As parity and psychiatric diagnosis may have an impact on pts ability to show up for even one visit- how can we better improve better reach/serve these communities?

Small improvement in VAS scores. Do you think the change in VAS scores justify increased visits of skilled PT? Or do we just need more data?

How do pre-therapy pain scores impact how many patient visits someone should have? (small number of patients and not a lot of data). Pg 949: the group of 6 that did worse also attended more session, “is likely cofounded by a worse pretherapy condition.”

Introduction noted that severity of incontinence was associated with increased compliance. I would have been curious to see if severity of pain was associated with compliance or change in pain symptoms. What do you all find in your practice?

What do you think of the 6 visit criteria for a complete course of care?