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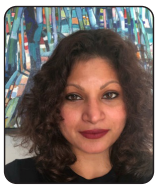
Abstract



An open-label trial to evaluate the efficiency of trans-perineal trigger point dry needling combined with manual therapy as a treatment for non-cyclical chronic pelvic pain

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Abstract:

Chronic pelvic pain (CPP) is broadly classified as cyclical and non-cyclical CPP. Non-cyclical CPP does not present exclusively with symptoms of dyspareunia, dyschezia or dysuria but can present with additional symptoms such as suprapubic and lower abdominal pain, and painful pelvic musculatures (1). The pain can worsen after pelvic floor related activities such as coitus or voiding (2). Myofascial pelvic pain (MFPP) is caused by the presence of myofascial trigger points (MTrPs) in the pelvic muscles and the pelvic floor muscles (PFM) and it can be the primary mediator for non-cyclical CPP (4,5).

This study analysed trans-perineal trigger point dry needling (TrDN) combined with manual therapy for the PFM and compared it with manual therapy for non-cyclical chronic pelvic pain (CPP).

The primary outcome reviewed the number of treatments required within the allocated ten treatments to effect improvement. The session where the participant ceased treatment due to resolution was noted as the end point. To evaluate the decrease in pain, the 0-10 Numeric Pain Rating Scale (NPRS) was analysed at baseline, the tenth treatment or earlier as per resolution.

Secondary outcomes reviewed dyspareunia, bladder and musculoskeletal pain variables were evaluated with the Female Sexual Function Index questionnaire (FSFI) and an abbreviated version of the International Pelvic Pain Questionnaire (IPPQ) pre-treatment and after the final treatment.

Method

Since this is the first study to analyse TrDN treatment for the PFM, the power in these studies (14,15,16) were compared and it was estimated that in order to detect

a difference in mean of 0.634 and a $p<0.05$, with 80% power, $\alpha=0.05$, $\beta=0.2$ with an SD=1 using a two group t-test with a 50% two- sided significance level, a total of 82 participants were required. A participation rate of 70% was expected.

Since similar studies analysing manual interventions for pelvic floor pain were not statistically significant (14,16), however a minimally clinically important difference (MCID) was considered to be of practical significance. In chronic pain management, a 50% decrease in pain from baseline is rated as significant improvement, while a 30% decrease is rated as a meaningful improvement (17).

The gynaecologists from two clinics referred 142 patients based on an inclusion criterion and 102 participants confirmed interest. Their names were allocated into opaque envelopes marked as group A (manual therapy) and group B (TrDN with manual therapy) by secretarial staffs unrelated to the trial. Group A participants (n=39) were allocated among three senior physiotherapists in women's health including the researcher and group B (n=40) were allocated only to the researcher.

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