

PAIN CATASTROPHIZING AFFECTS THE OUTCOMES OF PELVIC FLOOR PHYSICAL THERAPY

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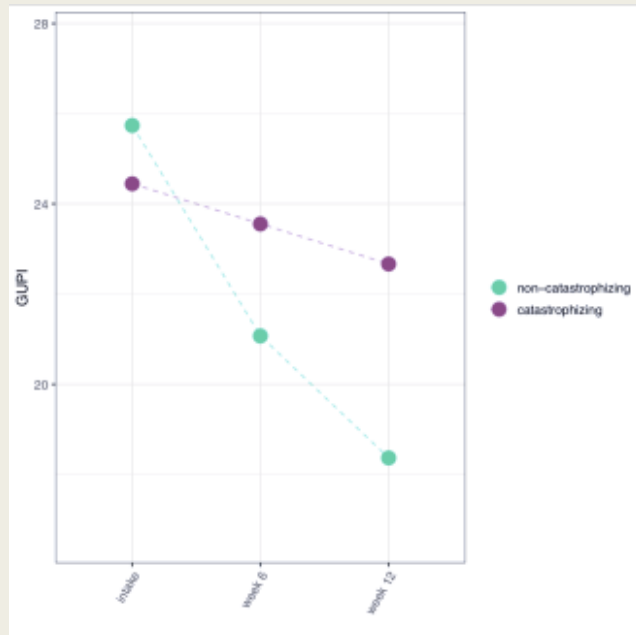
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Study Background and Methods

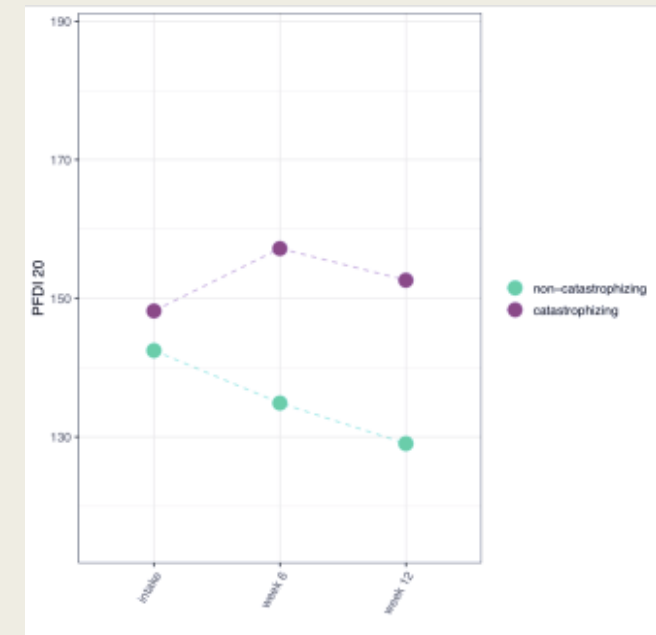
- Single-site cross-sectional retrospective chart review
- Male and female patients between 18-80 years old referred to a tertiary urology department in New York for CPP and/or pelvic floor myalgia, who received pelvic floor physical therapy as part of their treatment
- Data collection of demographic and baseline clinical information such as comorbidities, psychiatric history, past surgical history (abdominal, spinal, GU) and history of trauma
- Weekly pelvic floor PT appointments:
 - *Weekly manual-type physical therapy, both external and internal*
 - *Diaphragmatic breathing and relaxation techniques, as well as stretching techniques for the whole body.*
 - *Home programs - taking warm baths, using heating pads or cold packs, using pelvic wands or dilators, or practicing self-stretching methods to decrease their pelvic pain.*
- 6-item short form Pain Catastrophizing Scale (PCS), Genitourinary Pain Index (GUPI), and Pelvic Floor Disability Index (PFDI-20) administered at initial evaluation, 6-week FU, and 12-week FU
 - *The PFDI-20 survey is a composite of the Pelvic Organ Prolapse Distress Inventory, Colorectal-Anal Distress Inventory, and the Urinary Distress Inventory.*
- Patients' changes on their GUPI and PFDI scores were compared utilizing two sample t-tests, mixed-effects ANOVA, and non-parametric testing

Results and Summary

- On average, these 40 patients were 40.65 years old \pm 15.90, with BMI 24.28 \pm 4.61 and had 5.28 \pm 2.78 comorbidities. Of the 40 patients included, 22.5% were catastrophizing patients (n=9 whose PCS > 20) while 77.5% were non-catastrophizing patients (n=31 whose PCS \leq 20).
- Comorbidities, pain medications, gender, and past abdominal or genitourinary surgeries were not predictive of physical therapy outcomes
- This is the first study evaluating pain catastrophizing behavior and how it affects pelvic floor physical therapy outcomes. The preliminary data suggests that pain catastrophizing limits the benefits of pelvic floor physical therapy, as assessed by GUPI and PFDI.



Graph 1: Longitudinal Changes to Genitourinary Pain Index (GUPI)



Graph 2: Longitudinal Changes to Pelvic Floor Disability Index Changes (PFDI)