Prevalence of Multidisciplinary Pelvic Symptoms at Intake of Patients with Chronic Pelvic Pain to a Single Academic Institution

Shreya Patel BS[1], Fortis Gaba MD[2], Talia Denis BS[2], MD, Meheret Mekonnen[2], Paul Feustel PhD[3], Elise De MD[2]

[1]Albany Medical College; [2]Albany Medical Center Department of Urology; [3]Albany Medical College Office of Research Affairs

ALBANY MEDICAL COLLEGE

ALBANY MEDICAL CENTER

#483

INTRODUCTION

- CPP is a widespread phenomenon affecting an estimated 6% to 27% of women, and 2-16% of men.
- Patients presenting with pelvic floor disorders have been reported to have a high prevalence of overlapping pelvic conditions such as gynecological, urinary and gastrointestinal disorders
- EAU CPP guidelines recommend that presence of comorbid organ specific symptomatology trigger a targeted evaluation as part of CPP workup.
- The current study utilized a comrehensive multidisciplinary electronic intake to screen for coexisting conditions in those presenting with chronic pelvic pain
- Identifying co-existing symptomatology will optimize the differential diagnosis, management, and quality of life outcomes across pelvic symptomatology in those with CPP, in line with guidelines on CPP.

METHODS

- Institutional Review Board approval was obtained for this observational, prospective, single-institution cohort study of 251 patients.
- All new patients of any gender over age 18 entering a subspecialized Urology Urogynecology and Reconstructive Pelvic Surgery practice and Multidisciplinary Pelvic Pain Clinic were sent a link to a comprehensive multidisciplinary electronic intake.
- The intake included validated measures for pain, bladder, bowel, sexual, autonomic, and neuro-urological symptoms as well as medical and surgical history, testing, and treatments tried.
- Patients were excluded if they did not answer the question as to whether they had pelvic pain, if they chose a paper intake form, or if they completed no intake information.
- Statistical analysis utilized two-sample t-tests.

RESULTS

Symptom Score	Pelvic Pain (Yes, n=114) (mean ± std dev)	Pelvic Pain (No, n=137) (mean ± std dev)	P value
GUPI quality of life impact; n = 251	8.86 ± 2.88	3.89 ± 1.67	<0.001 ***
UDI-6 (female only); n = 158	50.4 ± 24.9	40.1 ± 23.4	0.009 **
POPDI-6 (female only); n = 167	39.4 ± 21.5	23.1 ± 18.3	<0.001 ***
CRAD-; n = 197	27.4 ± 20.7	21.0 ± 20.0	0.028 *
PISQR (female only); n = 101	3.281 ± 0.67	3.579 ± 0.63	0.025 *
Autonomic Symptoms; n= 174	6.68 ± 6.15	3.41 ± 3.53	<0.001 ***
Neurological symptoms; n = 251	3.51 ± 2.7	1.56 ± 2.22	<0.001 ***
PHQ-4; n = 244	3.5 ± 3.3	1.76 ± 2.82	<0.001 ***

CONCLUSIONS

These findings support a role for screening for multidisciplinary symptomatology in all pelvic health populations in order to optimize diagnosis, management and QOL outcomes, especially in those with Chronic Pelvic Pain.

REFERENCES

1. Yebes A, Toribio-Vazquez C, Martinez-Perez S, et al. Prostatitis: A Review. *Curr Urol Rep*. 2023;24(5):241-251. doi:10.1007/s11934-023-01150-z
2. Ahangari A. Prevalence of chronic pelvic pain among women: an updated review. *Pain Physician*. 2014;17(2):E141-7. doi:10.36076/ppj.2014/17/E141
3. Trutnovsky G, Plieseis C, Bjelic-Radisic V, BertholinyGalvez M-C, Tamussino K, Ulrich D. Vulvodynia and chronic pelvic pain in a gynecologic outpatient clinic. *J Psychosom Obstet Gynaecol*. 2019;40(3):243-247. doi:10.1080/0167482X.2018.1477753
4. Dydyk AM, Gupta N. Chronic Pelvic Pain. In: *StatPearls*. StatPearls Publishing; 2024.
5. Chronic Pelvic Pain - INTRODUCTION - Uroweb. Accessed August 15, 2024. https://uroweb.org/guidelines/chronic-pelvic-pain
6. ICS Glossary. Accessed August 15, 2024. https://www.ics.org/glossary/diagnosis/chronicpelvicpain