

#486 Effectiveness of non-pharmacological conservative therapies for chronic pelvic pain in women: a systematic review and meta-analysis

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Aim



To assess the effectiveness of different non-pharmacological, conservative therapies for women experiencing chronic pelvic pain (CPP).

Study design



Systematic review and meta-analysis

Population



Inclusion

- Women with CPP, without a defined pathology or known disease

Exclusion

- Pelvic girdle pain
- Endometriosis
- Genitourinary syndrome of menopause
- Irritable bowel syndrome
- Hunner-type IC

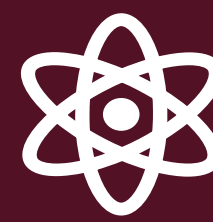
Quality & certainty assessment



The Physiotherapy Evidence Database scale (PEDro)

Grading of Recommendations, Assessment, Development, and Evaluations (GRADE)

Comparator



Inert treatments

e.g., placebo, waitlist, treatment as usual

Non-conservative treatments

e.g., pharmacological, surgical

Search



Amed, APA PsycInfo, CINAHL, Cochrane, Embase, Medline, PubMed, SPORTDiscuss



38 RCTs



2168 women



68% of RCTs moderate-to-high quality (PEDro score 6/10 or more)

MULTIMODAL PHYSIOTHERAPY, 7 RCTs

Combined physical interventions (e.g., pelvic floor muscle exercises, manual therapy, self-management strategies) with psychologically-informed interventions (e.g., pain education, graded exposure and other CBT-based approaches, acceptance and coping skills)

PREDOMINANTLY PSYCHOLOGICAL APPROACHES, 9 RCTs

e.g., CBT, mindfulness

ACUPUNCTURE, 5 RCTs

e.g., traditional acupuncture, electro-acupuncture

TISSUE-BASED MONOTHERAPIES, 18 RCTs

i.e., predominantly biomedically focused, tissue-based unimodal treatments such as electrophysical agents, manual stretching (meta-analysis not possible)

Meta-analysis for pain intensity outcomes

mean difference [95% CI] on 0-10 pain scale
(lower favours conservative therapy)

-3 -1 0 1 3 5

GRADE

Multimodal Physiotherapy
7 RCTs | MD -2.87 [-4.32, -1.45]

High

Psychological Approaches
8 RCTs | MD -0.31 [-0.95, 0.34]

Moderate

Acupuncture
5 RCTs | MD 1.83 [-2.35, 6.02]

No statement possible

Multimodal physiotherapy was the only intervention that provided statistically and clinically meaningful results with high certainty of evidence.

Conclusion



Multimodal PT is effective in women with CPP with a high certainty of evidence. This approach should be offered as a first-line, non-pharmacological treatment and endorsed by clinical practice guidelines.



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