#387 Australian health care professionals' beliefs and attitudes towards the management of chronic pelvic pain syndromes: a cross-sectional survey.

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Hypothesis / aims of study

Chronic pelvic pain (CPP) is often managed by multi-disciplinary teams, however little is known of individual beliefs and practice behaviours of health care professionals (HCP) from different disciplines.

CPP may affect as many as one in four women of reproductive age worldwide[1] and patients are often complex, present with a high degree of associated co-morbidities and may wait years for appropriate management.

CPP also imposes considerable burden at an individual and at a global economic level and so it is important to understand if variations of care exist among HCP. Current European Association of Urology (EAU) guidelines on CPP recommend that health care professionals (HCPs) have a good understanding of the biopsychosocial factors involved in pelvic pain.

The aim of this study was to compare the current beliefs and practice behaviours of HCPs (physiotherapists, gynaecologists and general practitioners) in the management of CPP in Australian women.

Methods

Observational cross-sectional study profiling HCPs' beliefs and practice behaviours from a 19 item online questionnaire created and distributed using Qualtrics.

Recruitment was performed during June-July 2021 using newsletters, social media, email and word of mouth. The sample size was calculated as 381.

01	Demographics	• Age, gender, • Profession, workplace • Training/education in CPP, experience with CPP
02	Beliefs around CPP	• Statements derived from PABS-Q and BBQ • Participants rated agreeance on 6-point scale • Establish participants' knowledge pain mechanisms
03	Practice behaviours (vignettes)	• 2 patient vignettes provided • Participants ranked top 4 priorities for initial management
04	Contributing factors	• Participants ranked importance of factors in development of CPP (eg age, smoking, history abuse)
05	Assessment variables	• Participants rated common assessment variables used

Chart 1: Questionnaire Components [2] [4]

Results

Demographics

- 446 (total). 75 gynaecologists, 184 general practitioners (GPs), 187 physiotherapists
- 88% of participants were female
- 92% of physiotherapists had completed a pain education course, compared with 51% of gynaecologists and 56.5% of GPs.
- Only 40% of participants rated themselves as being quite/extremely confident in the management of CPP.
- Physiotherapists were more aware of EAU guidelines for CPP (59.9%) compared with GPs (12.5%) and gynaecologists (33.3%)

Beliefs around CPP

- The majority of respondents (83.5%) largely disagreed or totally disagreed that "medication is the only way to treat CPP".
- None of the respondents (0%) largely agreed or totally agreed that "surgery is the most effective way to manage CPP."
- Most respondents (72.4%) totally agreed or largely agreed that "mental stress could cause CPP in the absence of tissue damage".
- Most respondents (79.4%) totally agreed or largely agreed that "CPP patients will benefit from physical exercise".
- One quarter of GPs (25.5%) and 16.0% of gynaecologists agreed to some extent/largely agreed that "an increase in CPP equals new or spread of tissue damage compared to 2.1% of physiotherapists".

Practice behaviours

Vignette One: Patient with CPP and diagnosis of Endometriosis. Participants asked to rank their top four options for initial management.

	Gynaecologists	GPs	Physiotherapists
Refer to WH physio	1	1	1
Swabs Thrush/UTI		2	
Stress Management	3	4	2
PFM relaxation			4
Mindfulness/ breathing			3
Refer to pain specialist	2		
Pelvic Ultrasound	4	3	

Table 1: Top four choices selected by each profession.(WH = Women's Health. UTI = urinary tract infection)

Contributing Factors

All three professions rated these factors as ***very/extremely important in the development of CPP.***

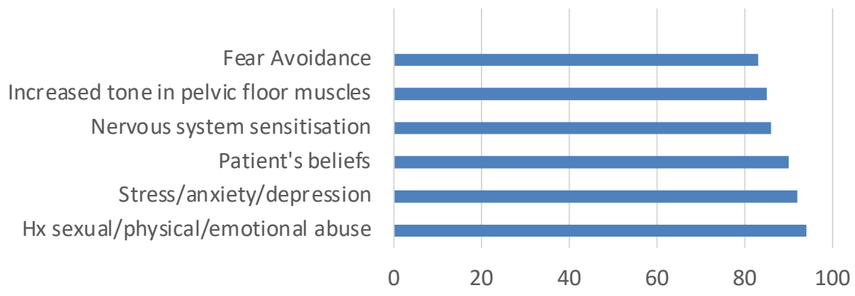


Chart 2: Ranked as "very important" or "extremely important" in the development of CPP (%)

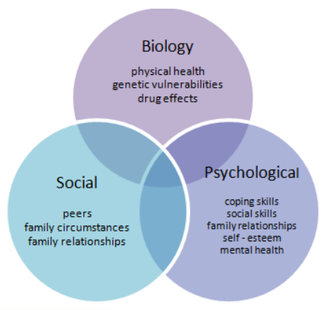
Differences between groups

- Almost one third of gynaecologists (31.9%) and almost 40% of GPs (38.4%) believed that tissue damage was a very/extremely important contributing factor to CPP compared to 11.2% of physiotherapists (Chi square 40.79, $p<0.001$).
- A significant percentage of physiotherapists (30.2%) reported social factors were extremely important compared to 11.6% and 11.0% of gynaecologists and GPs respectively (Chi square 38.15, $p<0.001$).
- More than half of physiotherapists (54.8%) rated hormonal changes as very and extremely important compared to 26.1% of gynaecologists and 39.5% of GPs (Chi square 34.15, $p<0.001$).
- Most physiotherapists (81.6%) rated sleep as very or extremely important, compared to 63.8% of gynaecologists and 56.4% of GPs (Chi square 55.84, $p<0.001$).
- Physiotherapists were more likely to be involved with goal setting with their patients, with 88.8% of them responding that they "always" assess this, compared to 30.4% of specialists and 29.0% of GPs

Assessment Variables

- All professions recommended mid-stream urine sample frequently and 70.2% of GPs and 71.0% of gynaecologists always refer for pelvic ultrasound.
- Swabs for thrush and sexually transmitted infections (STIs) were frequently recommended, with 97.6% of GPs and 88.4% of gynaecologists reporting that they always/sometimes perform swabs.
- 79.7% gynaecologists and 70.4% physiotherapists always performed vaginal examinations compared to 51.2% GPs.
- Out of all respondents, 60.8% reported that they "always" assess psychosocial factors, however only 22.0% of respondents "always" use validated screening questionnaires.
- Gynaecologists (43.5%) and physiotherapists (47.5%) were more likely than general practitioners (11.9%) to always assess trigger points in the pelvic floor
- All HCPs reported that they screened for a history of sexual/emotional/physical abuse, however 76.5% of physiotherapists reported to do this "always", as compared to 36.2% of gynaecologists and 44.8% of GPs.

Discussion



1. All groups demonstrated a good understanding of pain mechanisms and incorporated a biopsychosocial approach to assessment and management of women with CPP.

2. Responses of all groups aligned with guideline recommended care despite many clinicians not being aware of clinical guidelines.

3. Differences in clinical practice were likely reflective of different roles within the care pathway. For example, GPs and gynaecologists often adopt a primary care role, where screening for red flags and excluding pathology are essential.

Conclusions

Participants in the current study demonstrated good understanding of central and peripheral pain mechanisms, and recommended investigations for disease-associated pelvic pain, largely assessed biopsychosocial factors and recommended referral to other HCPs for a multi-disciplinary team approach. This was despite almost half of gynaecologists (49.3%) and 43.5% of GPs reporting they had never completed a pain education course

The development of formal care pathways may help guide appropriate care for patients with CPP, including the more regular use of screening tools to determine when referral to other members of the care team is appropriate. Care pathways with early triage by advanced practice continence and pelvic health physiotherapists for patients with urological or gynaecological issues attending tertiary medical clinics are effective, and may reduce burden when there are limited numbers of medical specialists available [2]. Future research might include clinical audits or observation of HCP-patient interactions to provide further insight into practice behaviours in this area.

References

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