



ORIGINAL ARTICLE

Prevalence and risk factors of pelvic pain[☆]

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KEYWORDS

Chronic pelvic pain;
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Abstract

Objectives: To determine the prevalence of chronic pelvic pain (CPP) symptoms in Malaga and its province and to identify associated risk factors.

Method: A cross-sectional study was carried out in Malaga and its province, involving subjects aged 18–65 years throughout a non-probability sampling by quotas ($n=887$), stratified by sex, age and counties. All participants completed the QCPP-M, a self-administered questionnaire, validated tool due to its ability to discriminate patients with and without CPP.

Results: Prevalence of symptoms of CPP in subjects aged between 18 and 65 years was 22.8% in general population (30.9% women and 15.6% men) (RR = 1.974 for women versus men, 95% CI 1.53–2.55, $P<0.001$). After correction by sex and age individuals who practice physical activity had a lower score in QCPP-M than others who did not (mean difference -0.65 ± 0.27). They were significantly associated with higher scores in the following factors: lifting and/or moving weights in activities of daily life (1.34 ± 0.33), laxatives intake and/or high-fiber diet (2.09 ± 0.48), and having suffered from urogenital infectious disease in the past: vulvovaginitis, cystitis and prostatitis (1.77 ± 0.55), hemorrhoids/anal fissure (1.31 ± 0.40) or pelvic trauma (1.21 ± 0.61) respectively. Individuals who spend more time standing had a tendency to have higher scores on QCPP-M (coefficient of regression adjusted for sex and age of 0.078 points/h, SE = 0.04, $P<0.068$).

Conclusions: High prevalence of CPP symptoms in Málaga (22.8%); this is related to several significant risk factors.

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PALABRAS CLAVE

Dolor pélvico crónico;
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Prevalencia y factores de riesgo de dolor pélvico**Resumen**

Objetivos: Determinar la prevalencia de síntomas de dolor pélvico crónico (DPC) en Málaga y provincia y detectar los factores de riesgo asociados.

Método: Estudio transversal entre habitantes de Málaga y provincia con edades comprendidas entre los 18 y 65 años; muestreo no probabilístico por cuotas ($n=887$; 414 mujeres y 473 hombres), estratificado por sexo, edad y comarcas. Todos cumplimentaron el CDPC-M, herramienta validada por su capacidad discriminativa entre sujetos con DPC y sujetos que no lo padecen.

Resultados: la prevalencia de síntomas de DPC en sujetos entre 18-65 años fue de 22,8% en la población en general (30,9%: mujeres y 15,6%: hombres) ($RR = 1.974$ mujeres frente a hombres, IC 95%: 1,53-2,55, $p < 0,001$). Tras corregirse por sexo y edad, los individuos que practican actividad física presentan una menor puntuación en CDPC-M que los que no la hacen (diferencia de medias $-0,65 \pm 0,27$). Los siguientes factores se asocian significativamente a mayor puntuación en la escala: levantar y/o mover carga en actividades de la vida diaria ($1,34 \pm 0,33$), la ingesta de laxantes y/o dieta rica en fibra ($2,09 \pm 0,48$), haber sufrido en el pasado enfermedad infecciosa urogenital — vulvovaginitis, cistitis y prostatitis — ($1,77 \pm 0,55$), hemorroides/fisura anal ($1,31 \pm 0,40$) o traumatismo pélvico ($1,21 \pm 0,61$) respectivamente. En relación con los hábitos posturales solo las horas que el sujeto pasa en bipedestación muestran tendencia a presentar mayores puntuaciones en CDPC-M (coeficiente de regresión ajustado por sexo y edad de 0,078 puntos/hora; $EE = 0,04$; $p < 0,068$).

Conclusiones: Alta prevalencia de síntomas de DPC en Málaga (22,8%), relacionada significativamente con diversos factores de riesgo.

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Introduction

Chronic pelvic pain (CPP) is defined as pain that is located at the level of the lower abdomen, pelvis, or pelvic structures, which persists for at least 3–6 months and occurs continuously or intermittently, not being associated with the menstrual cycle or pregnancy.^{1,2} Several studies agree on the high prevalence of the syndrome,^{3–6} which could affect 2–16% of the world population,⁷ with an incidence of 33%.⁸ UK-specific data estimate that the annual prevalence in primary care is 38/1000 in 15–73-year-old women, rate comparable to asthma (37/1000) or back pain (41/1000), and the monthly occurrence is 1.6/1000 subjects treated.⁹

The impact of CPP on quality of life has been analyzed by several authors, estimating that 15% of women with CPP take time off work, 45% reduce their productivity, and 26% had to stay in bed (mean 2.6 ± 2.4 days in bed).⁴ About half of these women report that pain affected their activities and their social, family, and sexual sphere.¹⁰ Also, in males, chronic pelvic pain severely affects quality of life.^{11,12}

There is no consensus on the terminology used to describe the syndrome.^{13,14} Proof of this confusion is the use and standardization of the NIH-CPSI questionnaire¹⁵ not only for the disease that was designed (chronic prostatitis), but also to shed prevalence figures for the rest of CPPs of diverse etiologies. In our study we defined CPP as that low or pelvic abdominal pain of at least 6 months duration, continuous or intermittent, related or not to the menstrual cycle or sexual relationship, and having a score ≥ 6 in the validated chronic pelvic pain questionnaire-Mohedo (CPPQ-Mohedo).¹⁶ The aim of this study was to determine the prevalence of CPP symptoms in the population aged between 18 and 65 years in Málaga and its province using the questionnaire and, based

on these results, to identify the main risk factors associated with higher scores on the mentioned scale.

Material and method

A population-based cross-sectional study was conducted in 2011 in Málaga and its province. We calculated a necessary sample size of 850 subjects to estimate the confidence intervals for percentages with a margin of error lower than 3% in the most uncertain situation. Individuals were selected by non-probability sampling and quotas allocated to the interviewers. The study sample comprises adults supposedly healthy, non-institutionalized, aged between 18 and 65 years ($n=887$; 414 women, and 473 men).

Inclusion criterion was having a minimum cognitive level that enabled proper reading and comprehension of the questionnaire as well as its correct completion. For the study of factors associated with higher scores on the CPPQ-Mohedo scale, the diagnoses and/or etiological factors considered by the European Association of Urology¹⁷ and other authors have been explored.¹⁸ A total of 148 individuals who at the time of the investigation met some of these situations for a period shorter than 6 months were excluded.

The data were collected by 154 interviewers from the University of Málaga. Depending on their place of residence and social and/or family environment, each interviewer was assigned a quota of questionnaires to complete (varying sex and age). These quotas were allocated proportionally to represent the population pyramid of Málaga by age, sex groups, and proportionally the 9 regions that make up the province (Antequera, Axarquía, Serranía de Ronda, Guadalteba, Valle del Guadalhorce, Costa del Sol, Málaga,

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