

Kuidas rakendada biopsühhosotsiaalsel mudelit meeste kroonilise vaagnavalu hindamises ja ravis

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VALU → KROONILINE VALU

International Association for the Study of Pain- valu on sensoorne ja emotsionaalne kogemus (notsitseptatsioon + kogemuse interpretatsioon)

Krooniline valu- ületab kudede paranemiseks vajaliku aja; ei ole ühest põhjust

Krooniline vaagna valu- kompleksne

European Association of Urology 2014 :

Chronic pelvic pain is chronic or persistent pain perceived in structures related to the pelvis of either men or women. It is often associated with negative cognitive, behavioural, sexual and emotional consequences as well as with symptoms suggestive of lower urinary tract, sexual, bowel, pelvic floor or gynaecological dysfunction.

European Association of Urology 2014 :

In the case of documented nociceptive pain that becomes chronic/persistent through time, pain must have been continuous or recurrent for at least 6 months. If non-acute and central sensitisation pain mechanisms are well documented, then the pain may be regarded as chronic, irrespective of the time period.

CPP syndromes (EAU 2014)

- **Urological** (prostate, bladder, scrotal, testicular, epididymal, penile, urethral, postvasectomy scrotal pain syndrome)
- **Gynecological** (vulvar- local, generalised, vestibular, clitoral, endometriosis associated, CPPS with cyclical exacerbations, dysmenorrhoea))
- **Gastrointestinal pelvic pain syndromes** (irritable bowel syndrome, chronic/intermittent anal pain syndrome)
- **Musculoskeletal** (overactivity/triggerpoints of pelvic floor, abdominal, thigh, paraspinal muscles, coccyx pain)

National Institutes of Health prostatitis classification (1999)

Category I: Acute bacterial prostatitis (ABP) which is associated with severe prostatitis symptoms, systemic infection and acute bacterial UTI.

Category II: Chronic bacterial prostatitis (CBP) which is caused by chronic bacterial infection of the prostate with or without prostatitis symptoms and usually with recurrent UTIs caused by the same bacterial strain.

Category III: Chronic prostatitis/chronic pelvic pain syndrome (**CP/CPPS**) which is characterized by chronic pelvic pain symptoms and possibly voiding symptoms in the absence of UTI.

Category IV: Asymptomatic inflammatory prostatitis (AIP) which is characterized by prostate inflammation in the absence of genitourinary tract symptoms.

Pelvic organ cross-sensitization/cross-talk (Pezzone et al. 2005; Malykhina 2007; Origoni et al. 2014)

Neuroplastilised muutused seljaajus

Neuroplastilised muutused peaajus

Central sensitization: altered sensory processing in the CNS,
↓ malfunctioning of descending anti-nociceptive
mechanisms, ↑ increased activity of pain facilitatory
pathways (Nijs 2009)

Central sensitization (CS)



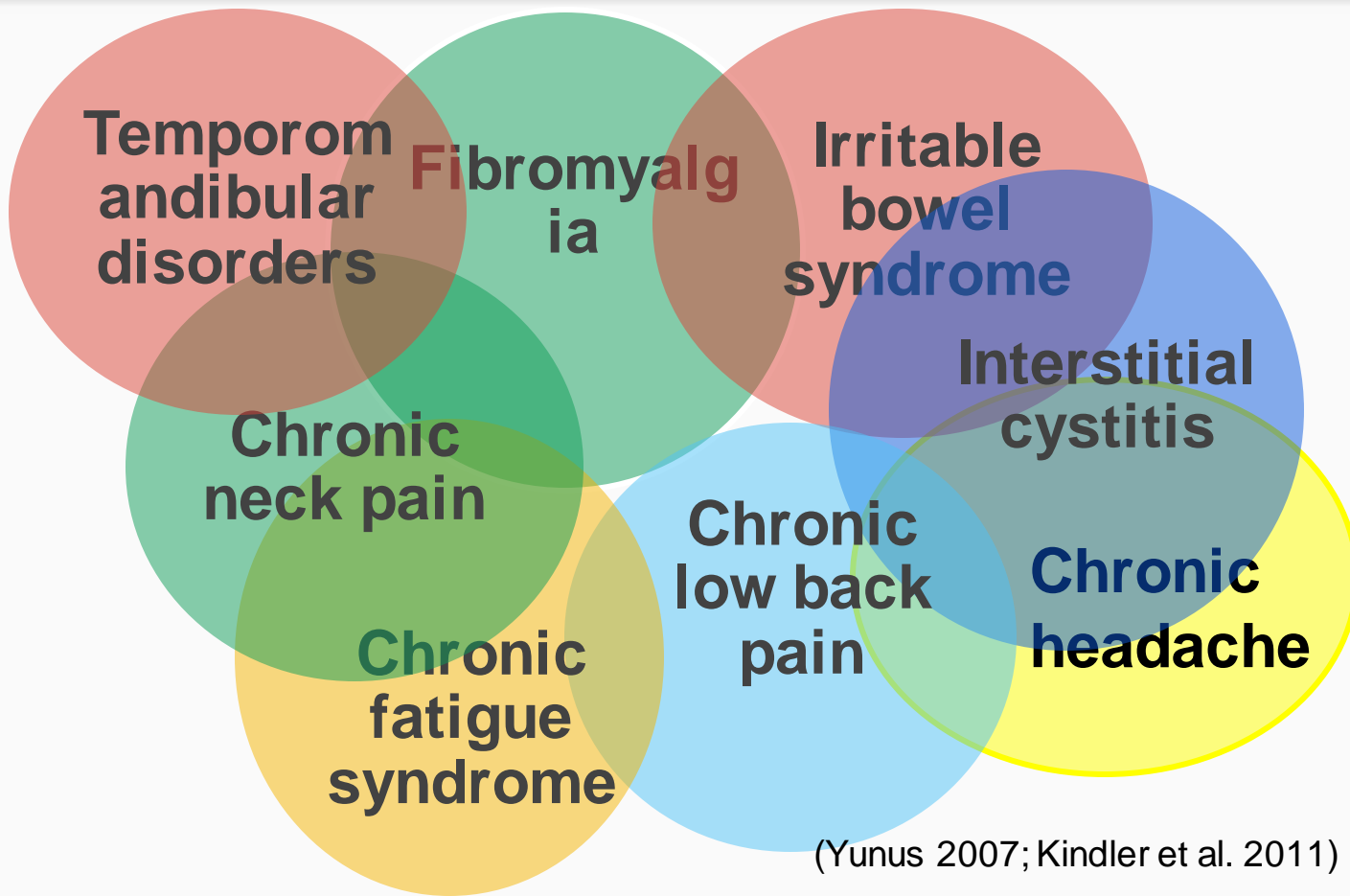
Increased responsiveness to a variety of stimuli (mechanical pressure, light, sound, cold!!!, heat, chemical substances, electrical stimuli)

Decreased load tolerance of the NS!

“Malfunctioning in alarm system”

Depression, anxiety, panic disorder, sleep disorders, concentration difficulties

Overlapping CS syndromes



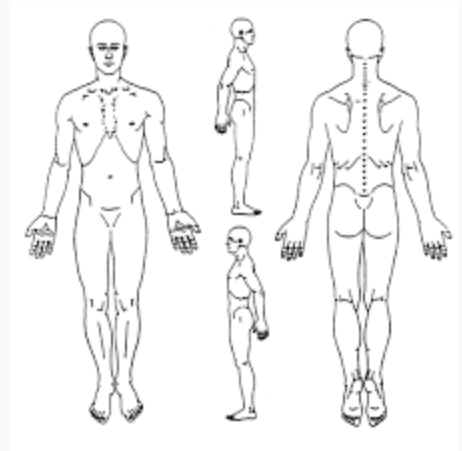
(Yunus 2007; Kindler et al. 2011)

European Association of Urology 2014 :

“Assessment of patients should involve not only investigations aimed at specific disease associated pelvic pain but also assessment of functional, emotional, behavioural, sexual and other quality of life issues, such as effect on work and socialisation.”

1. visiit- hindamine (kaebused ja psühho-sotsiaalne profiil)

- Anamnees
- VALUKAART- **punasega valu kogu kehas**, **sinisega armkude**
- valu intensiivsus *Numerical Rating Scale* (keskmiselt, kõige ägedamas faasis, täna),
- valu kvaliteet (milliseid sõnu kasutab?)
- urineerimis-, defekatsiooni-, seksuaalelu häired
- valu provotseerivad ja leevendavad faktorid
- valuga hakkamasaamise strateegiad (↓ pain contingent rest (Tripp et al. 2006))
- CS nähud/vihjed
- elustiilifaktorid, *physical activity vital sign!*



EEK-2

Emotsionaalse Enesetunde

Küsimustik

PCS

Valu Katastroofiseerimise

Skaala (väited)

TSK

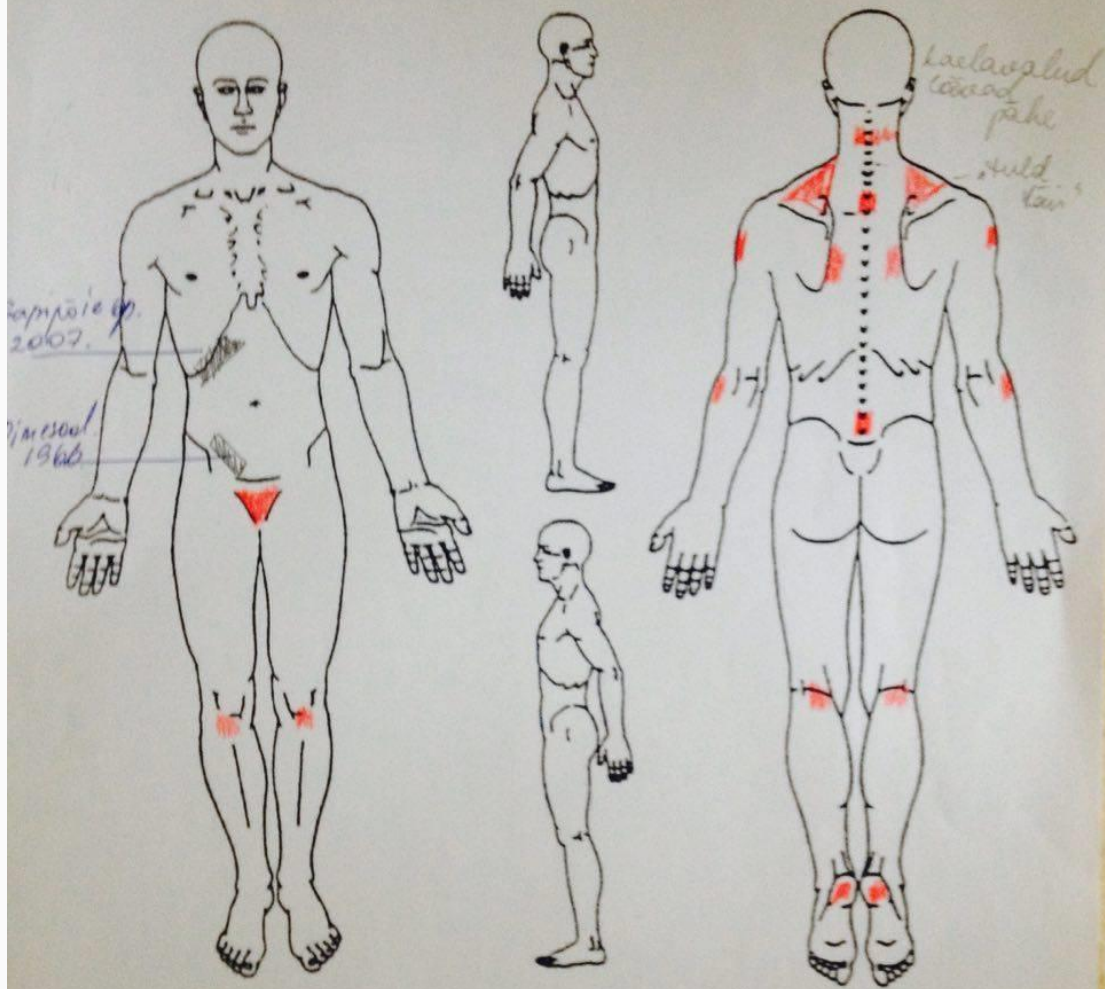
Tampa Kinesiofoobia

Skaala

2. visiit- füüsiline hindamine

- Staatiline rüht ja kõnd
- Luulise vaagna valu provokatsiooni testid
- Alajäsemete lihaspikkuste hindamine
- Lihtsamad müotoomide testid
- Sügavkükk (*n. pudendus* (Antolak et al. 2002; Van Alstyne et al. 2010))
- Hi-Lo hingamismustri test
- 1 Min Sit-to-Stand test (Strassmann et al 2013)
- Manual Tender Point Survey

- VPL biofeedback



- CP/CPPS ~9 a (alaseljavalu, munandivalu, LUTS)
- FM
- Depressioon
- ↑ gen. ärevushäire, sotsiaalfobia, kurnatus, unehäired
- madal libiido, ED
- kõhukinnisus
- päikeseallergia viimasel 3 suvel
- vähenenud mürataluvus
- viskab pikali, kui valu
- katastrofiseerib
- rinnahingamine
- vähenenud alajäsemete jõuvastupidavus jne.

Treating central sensitization

KNOWLEDGE!

Targeting the cognitive aspect

- Pain education
- Explanation
- Decatastrophizing

Stress management

- Breathing
- Mindfulness
- Meditation/patient preferred practice

Physical exercise

- Physical activity recommendations
- Strength /aerobic training
- Pelvic floor exercises

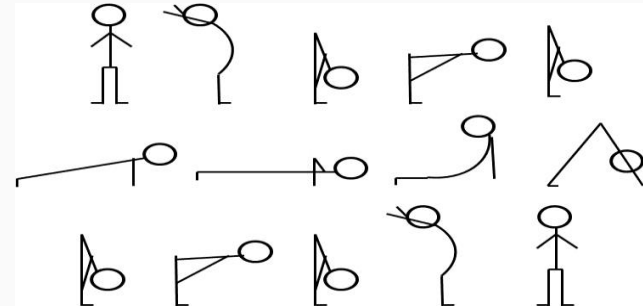
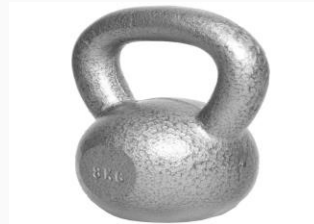
Kognitiiv-funktsionaalne teraapia kroonilise vaagnavalu ravis?

- Teadmiste jagamine + kroonilise valu alane nõustamine + lihaste toonuse ja liigutusmustrite normaliseerimine
- Alaselja ja vaagnapiirkonna ROM-, motoorse kontrolli ja kehataju parandavad harjutused
- Venitused, jooga (PÄIKESETERVITUS)
- Vaagnapõhjelihaste pingutus- ja lõdvestusharjutused (pingutus soodustab lõdvestmise võimet), EMG biofeedback, väga harva ES
- Hingamisharjutused (abdominaalne, lateraalne, koos VPL lõdvestamise/venitamisega)



Mindfulness

- Aeroobne treening
- Jõutreening



Täna!