

Aim of study

To evaluate the effects of the physiotherapy (PT) interventions in men and women with Urologic Chronic Pelvic Pain Syndrome (UCPPS) aiming to discuss the results in the short, medium and long-term follow-up.

Methods

- **Inclusion criteria:** full text of randomized, quasi-randomized control trials and case studies articles.
- **Database:** Cochrane Library, PUBMED/MEDLINE, LILACS, Scielo and PEDro database, based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).
- **Keywords:** Chronic pelvic pain syndrome, urologic chronic pelvic pain syndrome, chronic pelvic pain, physical therapy treatment, management (combined or alone)
- **Languages:** English and Portuguese
- **Period of time:** from 1996 to 2016
- **PT interventions as the main treatment for UCPPS**
- **Outcomes measure:** pain, self-reported disability or quality of life scores.

Results

- **3534 studies - 7 met the inclusion criteria** (Figure 1)
- 3 included both genders and 4 only men.
- **Demographic data** = 748 patients (76% male) – age range between 24 - 53 years old.
- **Symptoms:** pelvic pain, genital pain, urinary dysfunctions (frequency, urgency, hesitancy, dysuria) and sexual disorders (pain during or after ejaculation).
- **Physiotherapy interventions**(combined or alone): kinesiotherapy (43%), myofascial therapy (43%), electrotherapy and biofeedback (15%), trigger points wand(29%).
- **Downs & Black Scale:** to analyze the methodological quality of the studies - the mean score = 17.33 ± 2.33 (range between 14 – 20) - low to moderate methodological quality (Table 1).

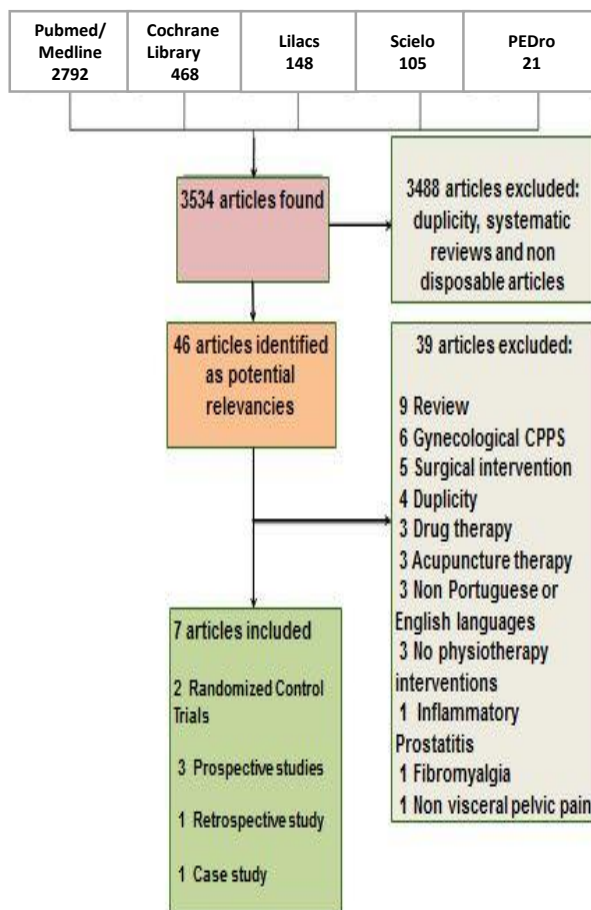


Figure 1. PRISMA flow diagram of the systematic literature search and selection

Table 1. Summary of Included Studies

Authors Country Type of study	Gender/ Number of Participants	Physiotherapy Interventions	Combined Therapy	Outcome Measures	Results	Check list Downs & Black
Anderson <i>et al.</i> , 2015 (USA) Retrospective study	men and women (n= 393)	Trigger point wand 2-4x/week for 6 months	Drug therapy + Paradoxal Relaxation Therapy (PRT)	VAS NIH-CPSI	at 6 months treatment – decrease of trigger points sensitivity and pain in both genders	19
FitzGerald <i>et al.</i> , 2013 (USA) RCT	men and women (n= 47)	Myofascial therapy X GTM 1x/week for 10 weeks	No	NIH-CPSI SF-12 FSFI/MSHI Pelvic floor assessment	57% decrease of pain in myofascial therapy group X 21% decrease of pain GTM	20
Anderson <i>et al.</i> , 2011 (USA) Prospective study	men and women (n=113)	Trigger point wand 2- 4x/week for 6 months	Drug therapy + PRT	VAS NIH-CPSI	At 6 months treatment – significant decrease of pain symptoms (VAS score).	19
Van Alstyne <i>et al.</i> , 2010 (Netherland) Case study	men (n= 2)	Paradoxal relaxation + Postural exercises + Myofascial therapy	No	VAS NIH -CPSI	Decrease of pain symptoms (VAS and NIH- CPSI scores)	14
Sikiru <i>et al.</i> , 2008 (Nigeria) RCT	men (n= 24)	TENS 5x/week for 4 weeks	Antibiotics, painkillers and placebo	NIH-CPSI	Significant decrease of CPPS	20
Cornel <i>et al.</i> , 2005 (USA) Non reported	men (n= 31)	Biofeedback + breathing exercises 1x/week for 3 weeks and 1x/week for 2-4 weeks	No	NIH-CPSI Pelvic floor assessment	81% decrease of urinary symptoms; 87% decrease of pain symptoms; 74% increase of quality of life	16
Anderson <i>et al.</i> , 2005 (USA) Prospective study	men (n= 138)	Trigger points myofacial therapy + relaxation technique 1x/week for 4 week and 1x/2 weeks (12 weeks)	Paradoxal Relaxation Therapy (PRT)	VAS NIH-CPSI PPSS GRA	72% of patients reported clinical improvement and 25% showed a decrease of urinary and pain scores	16

Interpretation of Results

Although differences regarding the applicability of the interventions, the time of treatment and the number of sessions, PT interventions showed an effective role in UCPPS treatment. The evidence in this review is limited by trials with large methodological discrepancy, low to moderate methodological quality, and no long-term of follow up.

Concluding message

Physiotherapy Interventions are recommended for the treatment of UCPPS. However, randomized studies with stronger methodology and controlled quality in terms of number of sessions, which assesses the effects of interventions on the symptoms, with long-term follow-up are necessary.