Case report

A Survey on “Awareness of Central Sensitisation and Central Sensitivity Syndrome amongst Gynaecologists and Health Professionals Dealing With Pelvic Organ Prolapse.”

Monika Vij1, Simon Emery1, Anu Dua2, Anthony Davies2 and Robert Freeman2

Singleton Hospital, Swansea, UK
Derriford Hospital, Plymouth

Abstract

Background

Central sensitisation (CS) has been found to contribute to many unexplained medical symptoms as in functional somatic disorders or central sensitivity syndromes (CSS). The clinical management of this group of patients can become quite challenging due to lack of awareness of coexisting CSS. This study aims to capture the awareness of CS/CSS amongst health professionals dealing with pelvic organ prolapsed (POP).

Method

This was a single point on line survey of understanding about central sensitisation and its potential role in pelvic organ prolapse. The survey was sent to urogynaecologists, gynaecologists (UK), to members of South Wales Incontinence group and General practitioners (Wales) by a single electronic mailing of the questionnaire. The responses were in either yes/no or in form of rarely, occasionally, frequently and always respectively.

Result

A total of 70/200 (35%) responded to the survey. Thirty -four (48%) do not believe that there is an element of central sensitisation where the symptoms are out of proportion to the objective prolapse. Significant number (45%) of health professionals is unaware that patients with fibromyalgia or CFS or vaginal pain have high bother with their symptoms. Similarly, significant number of health professionals has not heard the term central sensitisation or Central sensitivity syndrome (CSS) (48.5%).

Conclusion

Our survey identified the gap in knowledge about CS among health professionals dealing with pelvic organ prolapse (POP). It is clear that there is need for more understanding of CS/CSS and its role in POP

Key Words: Central Sensitisation; Pelvic Organ Prolapse; Gynaecologists; Awareness; Survey

Summary

There is gap in the knowledge about central sensitivity syndrome and Central sensitisation amongst Gynaecologist

Introduction

Pelvic organ prolapsed (POP) can profoundly affect a woman’s quality of life. Around 1 in 12 women living in UK report symptoms of pelvic organ prolapse [1]. The principal symptom manifested in pelvic organ prolapse is the feeling of bulge within the vagina that can be seen or felt. [2]. However, a significant proportion of women may also complain of a dragging sensation or pelvic pressure [3]. It is usually

*Corresponding Author: Monika Vij, Singleton Hospital, Swansea Wales, UK: Email-monika.vij@wales.nhs.uk

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observed that there is discrepancy between the prolapse and degree of dragging sensation. One increasingly popular explanation for the discrepancy between the dragging sensation and degree of prolapse is related to the variability in the processing of sensory stimuli. The suggested mechanism, involves the augmentation of pain transmission secondary to a process known as central sensitization (CS). Central sensitisation has been found to contribute to many unexplained medical symptoms as in functional somatic disorders or central sensitivity syndromes (CSS) [4]. The possibility of existence of central sensitization can be totally missed due to lack of awareness about this phenomenon [5]. and managing patients when there is variation in the symptom and the pathology can then become quite challenging.

Although, there is growing recognition of existence of CSS and CS variation exists in knowledge and understanding about these conditions and phenomenon of CS. There is still little awareness about CSS/CS across different specialities of medicine hence, we thought of conducting this survey amongst health professionals dealing with management of POP.

The purpose of this study is to capture the awareness of the concept of central sensitisation and CSS amongst health professionals dealing with pelvic floor dysfunction including general gynaecologists, urogynaecologists, incontinence nurse specialists, general practitioners and physiotherapists. We hypothesise that there is 1. Little or no awareness about existence of central sensitisation amongst this group of health professionals. 2. Little awareness of the increased bothersomeness of symptoms of pelvic organ prolapse in patients with Central Sensitivity Syndrome of pelvic organ prolapse in patients with Central Sensitivity Syndrome.

Method

The survey was sent to urogynaecologists, gynaecologists (UK) who were members of South Wales Incontinence group and General practitioners (GP) in primary care (Wales) by a single electronic mailing of the questionnaire. Ethical review was not sought as this was a survey of professionals and did not include any patient information. Closed questions were used to have better response [6]. The questions were designed by a group of sub-specialists urogynaecologists and covered domains in which it was felt that there is lack of understanding of the proposed condition i.e. central sensitisisation. For example: Whether they have heard about central sensitisation and what are the common conditions contributing to the term central sensitivity syndrome. 2) Whether they see patients with symptoms of prolapse out of proportion to the objective prolapse. The responses were either yes /no, and if yes: rarely, occasionally, frequently and always. Before rolling out the survey, pilot was undertaken in the local department to six health professionals including 2 gynaecology consultant, 2 physiotherapist, 1 incontinence nurse specialist, 1 obstetrics and gynaecology trainee. This was done to check the related categories have been covered and to check for the understanding of the survey. Minor amendments were done to the final survey based on the responses. Survey monkey was used to analyse the responses to the questionnaire. All questions and responses are listed in (Table 1-7) The result was analysed on complete dataset following closure at 12 weeks after initial circulation. Two reminders were sent at 4 and 8 weeks after the initial circulation to all potential respondents. P value was calculated using one sample t test. XLSTAT was used for statistical analysis.

Result

The initial invitation went to 200 professionals. A total of 70/200 (35%) responded to the survey. Of those 31% responded after initial circulation, 44% after first reminder and 25% after second reminder. The survey covered responses from both primary and secondary care. Out of 70 responses 48 were gynaecologist with 22 being urogynaecologists, 13 were GP, 7 were physiotherapists and 2 were incontinence nurse specialist (Table 1).

Table 1: In front of GP- 13, In front of incontinence nurses - 2

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynaecologist with special interest in urogynaecology</td>
<td>16</td>
</tr>
<tr>
<td>Subspecialist urogynaecologists</td>
<td>6</td>
</tr>
<tr>
<td>General Gynaecologists</td>
<td>26</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>7</td>
</tr>
<tr>
<td>Incontinence specialist nurse</td>
<td>2</td>
</tr>
<tr>
<td>General practitioner</td>
<td>13</td>
</tr>
</tbody>
</table>

Thirty-three (47%) out of 70 responded that they encounter patients where the predominant complaint for prolapse is dragging sensation rather than bulge which was statistically significant (Table 2). Twenty-eight (40%) felt that they frequently see patients where symptoms are out of proportion of the objective prolapsed (Table 3). Thirty-four (48%) do not believe that there is an element of central sensitisation where the symptoms are out of proportion to the objective prolapse and 10(14%) do not know (Table 4). Significant number (45%) of health professionals is unaware that patients with fibromyalgia or CFS or vaginal pain have higher bother with their symptoms (Table 5). Similarly, significant number of health professionals has not heard the term central sensitisation or Central sensitivity syndrome (CSS) (48.5%). (Table 6)

Table 2: showing response to Q2-How often do you see patients with pelvic organ prolapse complaining of dragging sensation rather than bulge?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely (once in 2-3 months)</td>
<td>15</td>
</tr>
<tr>
<td>Occasionally (once in a month)</td>
<td>22</td>
</tr>
<tr>
<td>Frequently (every week)</td>
<td>28</td>
</tr>
<tr>
<td>Almost always (every patient)</td>
<td>5</td>
</tr>
</tbody>
</table>
**Discussion**

Our survey demonstrated that statistically significant number of health professionals dealing with pelvic organ prolapse encounter women where their symptoms of prolapse is out of proportion to the objective prolapse. Similarly, statistically significant proportion of them were not aware that in women with conditions like fibromyalgia, CFS, vaginal pain may have increased bother with their symptoms of pelvic organ prolapse and are unaware of the term Central sensitisation or CSS.

Patient management and treatment choices are based on an understanding of the disease patterns in absence of this, the symptoms and distress of the patients persist. This may significantly put negative impact on patient well-being as well as patient doctor relationship [7]. It has already been established that women with fibromyalgia, CFS, (CSS) seek interventions at the stage which is clinically less significant due to increased bother with their symptoms [8]. In these women, ignorance of underlying central sensitisation can lead to misdiagnosis/ misdirection of the symptoms and patients riding a merry-go-round of expensive and ineffective therapies including unnecessary surgeries. For example- women with pelvic pain can have pain in other parts of the body such as the bladder, bowel, and pelvic floor muscles with or without endometriosis and end up with multiple laparoscopies and even hysterectomy.

Managing patients and their expectations where symptoms are inconsistent with the observable pathological findings can be challenging. Awareness of CS phenomenon may help to focus on treatment strategies which focus on the central nervous system such as medication, exercise, mindfulness, and cognitive behavioural therapy and avoid unnecessary surgical intervention [9].with improved patient satisfaction.

The educational aspects of central sensitisation and CSS should be broadened up to include not only pain specialists but also other relevant clinical disciplines including surgery, gynaecology). This is important as chronic pain patients often cannot understand why a limited trauma or even lack of a known/visible trauma can result in such disabling pain. Explaining that the pain system is not static but dynamic and undergoes changes helps the patients to better understand and accept their current situation [10].This can also help the clinician to offer them appropriate treatment strategies before embarking on any surgical intervention which will hopefully improve subjective outcome.

The strength of our survey is that this is the first survey (to our knowledge) to explore the understanding of CS among Gynaecologists. However, the weakness is the small response rate. Although the survey composed of small response still it is able to demonstrate lack of knowledge and awareness of this important issue.

Recently, there is growing interest seen amongst pain specialists and clinicians dealing with musculoskeletal disorder to explore their understanding on CSS /CS where as health professionals dealing with pelvic floor dysfunction still have poor understanding about the concept of CSS / CS and its impact on pelvic floor dysfunction.
Conclusion

Our survey identified the gap in knowledge about CS among health professionals dealing with pelvic organ prolapse. It is clear that there is growing need for more understanding of central sensitisation and its relevance to patient’s symptoms as it may affect the outcome of the treatment. Understanding more about this condition should allow us to develop different strategies to manage these patients and improve patient satisfaction and minimise unnecessary surgical intervention.

References

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