Chronic low back pain and obsessive compulsive disorder: Union is strength

E. Henry* a, F. Henry b, Y.A. VinonTa a, A. Descottes a, J.-F. Grange b, M. Perriot b, C. Durfe b, F. Clère b

a Centre de rééducation et de réadaptation fonctionnelle (CRRF) André-Lalande, La Fô, 23300 Nôth, France
b Consultation pluridisciplinaire de la douleur, centre hospitalier de Châteauroux, 36000 Châteauroux, France

*Corresponding author.

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Introduction. – Mrs H, aged 44, was referred to the multidisciplinary pain consultation for chronic low back pain. The multidisciplinary assessment pointed out the recent decomposition of an obsessive compulsive disorder (OCD), physical deconditioning and occupational distress. The psychological data collected from the patient revealed a vicious circle between job stress, ritual washing after work and aggravation of painful experiences. The proposed treatment plan was directed primarily towards cognitive behavioral therapy (CBT) focusing on OCD then in a second step on a multidisciplinary rehabilitation treatment. The objectives of the CBT were workplace stress management and progressive reduction of washing time.

Observations. – After 6 months these goals were achieved. However, the patient expressed a complaint about her body image, an experience of disability and the persistence of a kinesiophobia limiting her leisure. To achieve these new objectives Mrs H was included in the rehabilitation dynamic program for chronic low back pain proposed by the rehabilitation center. Five weeks of comprehensive care began. Clinical parameters (ie. cardiopulmonary capacity, muscle length and endurance, as well as quality of life) and biomechanical parameters (ie. walking speed and spinal postures) were measured before and after “Light FRP”.

Results. – The “Light FRP” was associated with improvements in spinal extensor extensibility (+10 cm, P < 0.01) and maximal thoracolumbar flexion (+7°, P = 0.03), abdominal (+65%, P < 0.05) and spinal muscle (+30%, P < 0.04) endurance, cardiopulmonary capacity (maximal power on cycloergometer, +29%, P < 0.001), load-lift capacity (+84%, P < 0.01), spontaneous (+20%, P < 0.01) and maximal (+4%, P < 0.04) walking speed and quality of life (QUEBEC [3], HAD-Anxiété [4], P < 0.01).

Conclusions. – This study suggests significant improvement of functional and motor capacities and quality of life in patients with chronic low back pain after a “Light FRP”.

References


Introduction and objective.— Epidural corticosteroid injections are used routinely in the treatment of discogenic sciatica. Injections through the sacrococcygeal hiatus are simple, practical, with almost zero risk of post-LP syndrome. In this study, we propose to test the feasibility and safety of blind epidural injections via the sacrococcygeal hiatus.

Patients and methods.— Prospective study of 10 patients with sciatica. The sacrococcygeal hiatus was identified clinically. The presence of reflux of blood or CSF was noted. The immediate tolerance of the gesture was appreciated by a visual analog scale of pain. The occurrence of complications was also evaluated at one week.

Results.— The hiatus was identified successfully in all patients. The average time for completion of the injection was 22.7 ± 12.6 minutes. No reflux of CSF was found. Tolerance was average with 100% acceptability. The difference between the VAS pain before and immediately after the injection was significant (P = 0.01). Three episodes of vagal malaise were observed immediately after the injections. No serious complications were observed. Symptoms improved more than 50% in 80% of patients. Injections have been redone in 70% of patients, with over 70% improvement after the third injection.

Conclusion.— Epidural injection via the sacrococcygeal hiatus is a rapid, but painful procedure. No early or late complications have been observed. Our findings corroborate those of the literature concerning the rate of improvement and tolerance.

Expected results.— We can thus determine the most relevant lumbar parameters in four specific sitting positions, the correlation with the standing position in both populations, individualize the most pertinent mechanical at-risk situations and eventually propose recommendations for LBP patients.

References


P103–EN
Feasibility and safety of epidural injections via the sacrococcygeal hiatus
A.A. El Oumri∗, O. Elhilali, N. Hajjaj-Hassouni
Unité de MPR, CHU Ibn-Sina, hôpital El-Ayachi, 11000 Salé, Morocco

*Corresponding author.

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P104–EN
Cervical osteoid osteoma
A. Zaoui, H. Lajili, S. Kanoun, M.M. Hmida, N. Rejeb

Service de médecine physique, hôpital et CHU Sahloul, Sousse, Tunisia

No abstract provided.


P105–EN
Cervical instability and psoriatic arthritis
A. Zaoui, H. Lajili, S. Kanoun, M.M. Hmida, H. Moussa, O. Bacha, N. Rejeb

Service de médecine physique, hôpital et CHU Sahloul, Sousse, Tunisia

No abstract provided.


P106–EN
Patient education and low back pain
I. Tavares Figueiredo∗∗, C. Hérisson∗, J. Pelissier∗, A. Dupeyron∗
∗ Médecine physique et de réadaptation, CHU Lapeyronie-Montpellier, avenue du Doyen-Gaston-Giraud, 34000 Montpellier, France
∗∗ CHU Nîmes, Nîmes, France

*Corresponding author.

Patient education can be defined as a help brought to the patients “to understand the disease and the treatments, collaborate in the care, take care of their health and preserve or improve their quality of life”.

Patient education for low back pain seems to be interesting. The evolution of our knowledge concerning low back pain and the appearance of the “biopsychosocial model” favored the emergence of multidisciplinary programs. We present two programs associating at the same time a rehabilitation intervention and a formalized educational approach, in low back pain.

The patients benefit, at first, from an educational shared assessment during which the objectives are defined with the patient (ex: return to work, return to physical activities, management of the pain, the understanding of the disease.). The program is one (Nîmes) or 3 weeks long (Montpellier). It integrates multidisciplinary workshops (physiotherapist, occupational therapist, doctor, psychiatrist, dietician, nurse, social worker). The educational objectives of workshops are various:

– knowledge: understand low back pain, the treatments and the pathways of the pain;
– know how to do (manage the pain and its treatment, know the back exercises, return to sports activity without apprehension, practical class with overview, know how to compose a well-balanced meal);
– know how to be (to become aware of the importance of the psychosocial factors, to know the personal elements of chronicity of the low back pain, to express one personal perception of the disease and its impact, to have an optimistic attitude, to improve self-confidence and personal body image).

Exchanges, sharing of experiment and dialogue, within the group, were also very enriching for the patients. These elements participated in modifying their behavior. Follow-up consultations were also conducted. Achievement of the educational objectives was re-evaluated as well as the difficulties encountered in improving quality of life. Patient satisfaction with this type of care appeared to be very good.