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

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Keywords: Chronic low back pain; Multidisciplinary rehabilitation treatment; Mental disorders; Obsessive compulsive disorder; Cognitive Behavioral Therapy; Care network

Introduction.– Mrs H, aged 44, was referred to the multidisciplinary pain consultation for chronic low back pain. The multidisciplinary assessment pointed out the recent decompression 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, continuing work on thought about pain and including in particular: psychological therapy, reconditioning, occupational therapy and balneotherapy to enable gradual resumption of sports and leisure activities.

Conclusion.– CBT focusing on pain occupies a central place in the management of patients with chronic low back pain. However, participation in such work is difficult for people with comorbid psychiatric disorders. Psychotherapy focusing on the psychopathology appears as a precondition to a comprehensive management of pain. Collaboration and exchanges between multidisciplinary teams promote the positive development of chronic low back pain centers.

References


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Radiographic assessment of lumbopelvic sagittal alignment in sitting position: Preliminary study

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Keywords: Lumbar spine; Sagittal alignment; Low back pain

Background.– Prolonged sitting with spinal flexion has been linked to low back disorders including at work [1]. Sitting in combination with other co-exposures such as vibrations and awkward posture increases the association with low back pain.

Methods.– Open-label study of 23 patients with chronic low back pain underwent “Light FRP”, consisting of stretching, cardiopulmonary and lumbar-pelvic complex motor training, and proprioceptive and ergonomic spine exercises. 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 extensionibility (+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 < 0.01), 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


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Tolerance.

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than 50% in 80% of patients. Injections have been redone in 70% of patients,

was found. Tolerance was average with 100% acceptability. The difference bet-

week.

analog scale of pain. The occurrence of complications was also evaluated at one

hipus were simple, practical, with almost zero risk of post-LP syndrome. In this

hiatus are identified clinically. The presence of reflux of blood or CSF

Epidural injection; Sacrococcygeal hiatus

Keywords:

Introduction and objective.—Epidural corticosteroid injections are used routinely

in the treatment of discogenic sciatica. Injections through the sacrococcygeal

hiatus is a rapid, but

painful procedure. No early or late complications have been observed. Our find-

ingst corroborate those of the literature concerning the rate of improvement and
tolerance.


P105–EN

Cervical instability and psoriatic arthritis

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No abstract provided.


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Patient education and low back pain

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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 “biopsychoso-
cial 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 physi-
cal activities, management of the pain, the understanding of the disease.). The
program is one (Nîmes) or 3 weeks long (Montpellier). It integrates multidisci-
plinary 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.


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Feasibility and safety of epidural injections via the

sacrococcygeal hiatus

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Keywords: Epidural injection; Sacrococcygeal hiatus

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 sacro-
coccygeal 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 bet-
ween the VAS pain before and immediately after the injection was significant
(\(P = 0.01\)). Three episodes of vaginal 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 find-
ings corroborate those of the literature concerning the rate of improvement and
tolerance.


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Cervical osteoid osteoma

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No abstract provided.