

Lecture 6: Low Back Pain in PPS

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Roy presented findings from 35 PPS patients with low back pain (LBP) using the World Health Organisation Quality of Life Instrument (WHOQOL-BREF). This is a questionnaire which gives an overall score out of 100 and domain scores in the following areas:

- Physical Health
- Psychological
- Social relationships
- Environment

Roy also compared findings with the French population.

Roy also examined images of spino-pelvic parameters to assess posture for evidence of hyperextension, flexion of joint segments and degrees of lordosis, sway back, scoliosis, kyphosis.

Results

The mean age was 55; 25 were female; 18 used orthoses.

25/35 (71%) reported LBP with a mean intensity score of 36/100

The results presented did not show exact numbers for the Questionnaire.

| QOL Score / Domain | PPS Study | French Population |
|--------------------|-----------|-------------------|
| Global | ~7 | NA |
| Physical | ~21 | ~78 |
| Psychological | ~22 | ~68 |
| Social | ~11 | ~74 |
| Environment | ~29 | NA |

Roy found low back pain was correlated with physical and global domains of the questionnaire.

Roy did not find any correlations between LBP and other domains of WHOQOL-BREF.

Roy did not find any relationship between LBP and spino-pelvic parameters.

Conclusions

Low back pain is highly prevalent in PPS patients and affects quality of life in physical and global domains.

Roy stated there was a need for further investigation in larger studies.

Discussion

It was interesting to note that although much discussion on this study was centred on how the testing was performed for diagnosis of spino-pelvic parameters (which was rigorous- involving assessment with and without orthoses; support of

weakened limbs or limbs with paresis with wedges, and without), the scanning did not find any correlation with pain levels. This has been shown and discussed many times in previous literature, yet there is still a focus on assessing through a scan or observation to determine presence, severity, or absence of pain.

Borg highlighted the most important thing to assess was the type of pain, or quality of pain, rather than the quantity in a comment made to Roy at the end of the presentation. He also stated this was the most important attribute to distinguish factors related to the Late Effects of Polio. This statement is highlighting the need to determine the degree (and ideally pattern) of myopathic pain. It also must be highlighted that health and medical professionals still require guidelines and evidence how to assist Polio Survivors with pain (e.g. Koopman et al's Randomised Control Trial in 2016 regarding the effectiveness of Cognitive based Therapy to improve severity of fatigue/pain).

The WHOQOL-BREF is not a questionnaire I knew of, but is interesting to perhaps use or encourage use (if there is any validation with PPS patients), as the results could be potentially transferred to Polio Survivor populations in other countries.