

Management Of Common Lumbosciatica In Menopausal Women At The Physiokinesitherapy Department Of The Central Hospital Of Yaounde

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SUMMARY: Lumbosciatica is the combination of low back pain and pain along the sciatic nerve territory. It is defined as lumbar pain with distal pain radiating into the lower limbs of L5 or S1 radicular topography. The main causes are herniated discs and lumbar osteoarthritis. But most often, it results from a disco-radicular conflict L4-L5 or L5-S1. The age linked to ageing, the female sex, overweight, statics, menopause and so on are likely to induce lumbar or even radicular pain. The socio-professional consequences of other factors and the enormous costs to society are the cause of absenteeism. Low back pain is a warning signal for the physiotherapist. Our objective was to know the place of physiotherapy in the management of low back pain in postmenopausal women in the physiotherapy department of Yaounde Central Hospital (HCY). This is a descriptive cross-sectional study conducted at the HCY over a period of 6 weeks in postmenopausal women with filling low back pain. The prevalence of low back pain in the study population was 44%. The management of the patients consisted mainly of: physiotherapeutic techniques such as relaxation massage, physical exercises or medical gymnastics, spinal traction; a weight loss diet for overweight or obese women. Wearing a lumbar belt for hundreds. Thermotherapy, electrotherapy and balneotherapy were not applied. Physiotherapy led to the disappearance of pain in 54.54% of the patients, a clear improvement in 27.27% and the persistence of pain in only one patient. Physiotherapy is the therapeutic method for low back pain;

Key words: Lumbosciatica, physiotherapy, postmenopausal woman.

BACKGROUND AND JUSTIFICATION

Back pain is one of the leading social ills of our time, so much so that it has been described as the "disease of the century" (1). It is estimated that 60-80% of adults have suffered or will suffer from back pain, giving this condition a global dimension and a significant cost. Low back pain is a public health problem in developed countries (2). It is an extremely common condition in the general population. Common low back pain accounts for nearly 6 million consultations each year and is the 3^e cause of disability (3). Every day, it represents: 4.4% of patients consulting a general practitioner (4) and 25% of patients consulting a rheumatologist(5).

Low back pain is defined as pain in the lumbar region with distal pain radiating to the lower limbs with an L5 or S1 radicular topography (2).

The prevalence of common lumbar pain syndromes varies from 18 to 50%, while the prevalence of low back pain of disc origin is estimated to exceed 9%(6). Low back pain and low back pain represent the leading cause of incapacity for work and disability before the age of 45(7). The cost of treating spinal pain has become increasingly high for the community.

A study of lumbosciatica in the Bobo Dioulasso hospital (Burkina Faso) showed that the condition is the second most common reason for consultation in neurology departments after headaches (8).

The results of preliminary studies conducted in Cameroon by (9) Singwé, on lumbar degeneration show that women represent 62% of patients with a herniated lumbar disc and 68% of patients with a narrow lumbar canal, all non-traumatic causes combined. Our study is unique in that it

focuses on postmenopausal women in order to assess the response of physiotherapy in postmenopausal women.

Objectives:

The general objective was to determine the impact of physiotherapy on the management of low back pain in postmenopausal women in the physiotherapy department of the Yaoundé Central Hospital.

The specific objectives were to

- To determine the prevalence of low back pain in HCY.
- To describe the profile of low back pain in postmenopausal women in HCY
- Describe the clinical manifestations of low back pain
- Determine the therapeutic modalities.
- Determines the result of physical therapy on low back pain.

Methodology:

This is a descriptive cross-sectional study. It is a descriptive cross-sectional study of 11 postmenopausal women with lumbosciatica who were treated in the physiotherapy department of the HCY and who agreed to undergo our survey. The study covered a period of 6 weeks from 3 August to 17 September 2015.

The technique used is non-probabilistic; the choice of individuals sampled is not based on chance. It is therefore a "purposive sample" that obeys the "purposive" choice of the researcher.

All postmenopausal patients with at least 12 months amenorrhea, seen in consultation for common lumbosciatica and with informed consent, **are included in the study.** And patients with or without medical treatment

(anti-inflammatory, analgesics, muscle relaxants, neurotropic, or hormonal).

Excluded from the study were: all menstruating women who were not menopausal or had amenorrhea of less than 12 weeks, or patients admitted for any other condition not related to common low back pain; patients with incomplete and unexploitable records; patients with dorsolumbar spine deformities; patients who had received corticosteroid infiltration; and patients seen outside the study period. Hyperalgesic low back pain and disabling or paralyzing low back pain.

The limitations of our study are the size of the sample, the duration of the study, the low level of education of some patients, and the difficulties in filling in the forms.

THE RESULTS:

Out of a sample of 25 patients who came to the clinic with back pain, 11 of them had lumbosciatica. This represents a prevalence of 44%.

The average age of the study population was 58.91 years with a minimum of 51 years and a maximum of 71 years. 45.45% postmenopausal women were overweight, 18.18% Obesities class II, 1 patient obese obese class II and 1 with class III obesity, only 1 patient had a normal weight.

- 45% of patients were single
- 63.63% were multiparous with the number of pregnancies ranging from 6 to 9.
- 45% had a primary education
- 45.5% were housewives, 18.18% were teachers, and the other occupations found in only one patient each were: a farmer, a seamstress and a secretary.
- 36.6% of the patients had had back surgery in the past, 45.45% had frequent back pain, and 18.18% had family members with frequent back pain.

Clinically: 27.27% had back pain, 1 patient had pain from the popliteal region, and 63.64% had pain from the lower back to the foot.

- 45.46% severe pain, 27.27% unbearable pain and 27.27% moderate pain.
- 54.55% of the patients have an onset of pain in a prolonged static position; 27.27% lifting effort and 18.18% when I walk a lot.
- 54.55% of the patients had a gradual onset of pain while 45.5% had a sudden onset of pain.

Several treatment modalities have been used by patients to relieve pain.

- 36.36% of patients had to take medical treatment, 36.36% received at least 1 session of physiotherapy, 18.18% were treated by rest, only 1 patient had no treatment before entering the study.
- 54.55% of postmenopausal women with low back pain are moderately limited in lifting.
- 27.7% of patients could not work because of the pain, 63.64% had reduced daily activity because of the pain, only one patient had no disturbance of her activities because of the low back pain.

- for daily activities: 45.45% of the women needed support in everyday life, 45.45% needed no support in everyday life and only one needed moderate support.

At the time of physio-therapeutic management, all patients received physiotherapy including

- Relaxing/relaxing massages
- Physical exercises/medical gymnastics
- Back school and healthy living
- Dietetics
- 3 of the 11 patients were wearing lumbar belts.
- 4 patients were under medical care.
- Thermotherapy and electrotherapy were not applied.

After the physiotherapy sessions: 45.45% observed stability after 10 physiotherapy sessions, 27.27% noted an improvement and 18.18% had no change in their pain.

At the end of the physiotherapy treatment, taking into account the sessions had before the entry in the study.

- 54.55% were cured of low back pain after 12 sessions with 3 sessions per week
- 27.27% of patients were relieved after 6 sessions,
- Only one was cured after 18 sessions
- Another had no improvement after 8 sessions of physiotherapy

DISCUSSION

The prevalence of low back pain in postmenopausal women found in our work during the study period was 44%. As stated by the ASSS Lanaudière. (10) The prevalence of low back pain seems to be higher in middle-aged women than in men.

The average age of the patients was 58.91 years. Low back pain can be explained by: musculoskeletal ageing, musculoskeletal pain related to vertebral osteoarthritis, herniated discs and osteoporosis. The work of Derriennic et al. notes that advanced age can constitute a factor of chronicity or disability. (11)

Overweight is an important determinant of low back pain. LIMC shows a clear relationship between overweight and the occurrence of low back pain. As Lebeuf-Ydé et al. suggest, overweight is not the cause of low back pain, but it may aggravate minor back pain and increase the risk of chronicity, either directly or because of the lack of physical activity associated with overweight. (12)

Single women are represented in our study as the most at risk (i.e. 45.45%) and married or widowed women (27.27%). This marital status may seem mixed if we consider that single women are required to work like men to support themselves than married women. The high incidence of low back pain is mirrored in men by their participation in the labour market(10). In the literature, data on the impact of this factor are rather scarce

Housewives are more affected by lumbosciatica with 45.45% of cases, although this does not exclude the influence of prolonged posture at work. The flexion-extension and rotation movements of the trunk and the

carrying of heavy loads that they have to perform for long hours may explain their predominance, this socio-professional class is subjected to an excessive workload in a context marked by prolonged back postures, but this may also justify the relatively low cost of care in the Yaoundé central hospital accessible to the lower social stratum in our studies.

In our population, 63.63% of the women were multiparous with either 6, 7 or 9 children. If not managed in the postpartum period, this can lead to lumbar pain and even lumbosciatica.

Clinically, 54, 54% of the patients complained of pain whose location and manifestation were related to common lumbosciatica. The pain radiated to the posterior aspect of the thigh and could extend to the toes, and lasted for more than 3 months for the majority of patients, indicating the subacute or chronic nature of the lumbosciatica. The pain was most often aggravated after prolonged posture, followed by an effort to lift and during a long walk.

In 54.54% of cases, the pain was progressive in onset, and this would be due to an accumulation of postural stress, negligence or ignorance on the part of these women, who allowed the disease to take hold. In cases of sudden onset, awareness-raising may be necessary.

However, the impact of low back pain on physical and functional health is almost identical. Depending on its intensity and duration, the pain interferes to a greater or lesser extent with the ability to perform activities of daily living. To alleviate the pain, the patients had either rested, taken medication (analgesic, non-steroidal anti-inflammatory drugs), or undergone physiotherapy.

Common lumbosciatica is a frequent and very painful condition, but its evolution is spontaneously favourable in the vast majority of cases: 80% of patients recover within eight weeks and 95% of patients recover without surgery within one year(13).

The management of the patients was essentially made up of

- Physiotherapeutic techniques including: relaxing massage, physical exercises or medical gymnastics, spinal traction.
- Awareness raising (back school, healthy living)
- A weight loss diet for overweight or obese women.
- Wearing a lumbar belt for hundreds
- Thermotherapy, electrotherapy, balneotherapy
- The evolution was favourable in the majority of cases, i.e. 54.54% of the patients who recovered a Geurison; 27.27% had a clear improvement and 18.18% still had pain.

It should be noted that at the time of the survey the majority of patients (36.36%) were already receiving physiotherapy.

Our results show that physical therapy is of great importance in the management of common low back pain in postmenopausal women, as it allows for an almost complete recovery of the low back pain;

Our results collaborate with those of René Stockman,(14)(2015) on the management of low back pain, who worked with a population of 55 patients, their work shows that physiotherapy techniques (massage, thermotherapy and physical exercises) constitute the basic treatment for the management of cases of low back pain, i.e. 78.18% (N=55).

CONCLUSION

Low back pain is a real public health problem. Its consequences are important both on an individual and social level. The management of low back pain in postmenopausal women must include an assessment of the pain as well as its functional repercussions on daily life. The management is multidisciplinary with an important place for physiotherapy; early management facilitates an early return to the activities of daily life. Continuous evaluation of the population's health level is essential to improve the quality of health and to adapt the level of the health system to the needs of the population.

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