
NEUROPATHIC PAIN IN FEMALE LOW BACK PAIN PATIENTS

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ABSTRACT: The study included 125 patients aged 24 to 67 years (mean age 38.7 ± 9.2 years) with moderate to severe vertebrogenic lumbosacral radiculopathy (VCR), from 5 to 9 points on the visual analog scale (VAS).

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KEYWORDS: vertebrogenic lumbosacral radiculopathy, analog scale, neuropathic mechanisms, subacute LBP.

INTRODUCTION

All patients were divided into groups (depending on gender) and subgroups (depending on the nature of the course). The main group (MG) consisted of women - 69 (55.2%) people, the comparison group (CG) consisted of men - 56 (44.8%), the ratio of the number of women to the number of men was 1.2:1.0. Each group was divided into three subgroups depending on the nature of the flow. OG-1 were 17 women (24.6%) with acute LBP, OG-2 were 23 women (33.3%) with subacute LBP and OG-3 were 29 women (42.0%) with chronic LBP. HS-1, HS-2 and HS-3 were 26 (46.4%), 17 (30.4%) and 13 (23.2%) men, respectively.

Neuropathic mechanisms of pain syndrome formation were found in general in 25.6% of patients with radicular syndromes. In the MG, the neuropathic nature of pain was determined in 30.4% (according to the DN4 scale). In GS, neuropathic mechanisms were detected in 19.6% (according to the DN4 scale). The data is presented.

THE MAIN FINDINGS AND RESULTS

Among the most common clinical descriptors of pain in patients with LBP according to the McGill sensory scale were descriptors characteristic of the nociceptive component of pain (in general, aching pain was noted in 39.6% of cases, acute pain was characteristic of 28.4% of patients), so and descriptors describing neuropathic pain (piercing pain was experienced by 28.2% of patients, aching pain was a frequent companion of 27.8% of patients, hot pain was noted in 22.5% of cases,

the twisting nature of CPS was identified by 24.3% of patients, grasping pain was in 25.7% of patients, reducing - in 19.0% of patients), which may indicate a mixed nature of pain in such patients, consisting of nociceptive and neurogenic components. As for group differences - the results are displayed.

The questionnaire sheet is composed of 78 pain descriptors, divided into 20 subclasses (Appendix 1), which reflect 3 main pain aspects (sensory, emotional and evaluative) and 1 confounding factor. The sensory aspect - Sensory Pain Rating (SPR) - is determined by the 1-10th subclasses, the emotional - Affective Pain Rating (APR) - by the 11-15th subclasses, the evaluative - Evaluative Pain Rating (EPR) - by the 16th subclass. Subclasses 17-20 reflect another variety of pain syndrome - Miscellaneous Pain Rating (MPR). All factors and subclasses are ranked according to a scoring system that reflects the increase in pain intensity.

CONCLUSION

The neuropathic nature of the pain syndrome, which is characterized by high intensity and a significant negative impact on the quality of life, was noted in 24.3% of female patients.

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