Myofascial Pain Syndrome in Chronic Low Back Pain Patients at General Practitioner's Practice

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Introduction. Myofascial pain syndrome (MPS) is one of the most important factors developing at chronic low back pain patients (CLBP). Since 1994 MPS has been included in IASP (International Association for the Study of Pain) classificator. After D. G. Simons' prevalence of MPS at CLBP, 25–95% of all cases correspond the criteria. There are lots of discussions, confusions, and MPS etiopathogenic hypotheses. Very often MPS is not properly diagnosed and patients were not able to have adequate therapy and diagnostics. Thus, this problem is not solved yet. The study was carried out for the first time in Latvia to fulfil data about MPS prevalence, risk factors in general practitioner practice (GPP).

The aim. The aim of the research is to study prevalence of MPS at CLBP patients in GPP.

Materials and methods. 100 patients were enrolled in this study. 52 females and 48 males (n = 100) with CLBP (pain lasting more than 6 month). During the study MPS criteria were used [IASP, 2009], USA National Association of Miofascial Trigger Points Therapists [NAMPT, 2010] and Latvian Pain Research Society's validated protocol with Visual Analogue Scale (VAS). Descriptive statistics data were analysed by *SPSS 12.0* version and StatPlus programme 5.3.

Results. From all (n = 100) CLBP patients, MPS was diagnosed in 82 patients – 82%. MPS was observed in females at 68.0%, males – 32.0%. χ^2 test for women – 3.28%, p = 0.02. Age group: 50–70-year-olds – 42.2%, 31–40-year-olds – 30.7%, 30–20-year-olds – 27.1% MPS. Primary MPS – 10.8%, secondary MPS – 89.2% in CLBP patients. MPS affect erector spinae and deep back stabilizers – 77.2%, trapezius – 71.6%, latissimus dorsi – 43.8%, rhomboid – 51.4%, gluteus group – 10.8%, hamstrings – 76.8%, pectoral group – 25.2%, deep neck extensors – 82.6%. MPS for mental workers – 29.6%, unemployed – 10.2%, house keepers – 5.6%, physical workers – 54.6%.

Conclusions. Prevalence of MPS in CLBP patients in GPP was 82%. MPS predominantly was found in females. Age group 50–70-year-olds had a higher risk for developing MPS. There is a higher secondary MPS percentage than primary MPS in GPP practice. MPS frequently affects deep neck extensors, erector spinae and deep back stabilizers, hamstrings, trapezius, rhomboid. Rarely MPS affects latissimus dorsi, pectoral group, gluteus group. MPS predominantly affects physical workers and rarely house keepers. We need further MPS studies to learn the aetiology and diagnostics, for significant data we need to include much more population, involved in study from different GPP around Latvia.