Epidemiological characteristics of female population with chronic spinal cord injury

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Introduction.-

Patients gender can drive to long-term differences in evolution of spinal cord injury (SCI). Specific studies about SCI in women are necessary because genetic and epidemiological differences such as etiology, medication, osteoporosis, exercise, assistance, reproduction, etc can be very important

Purpose.-

To know **long-term** complications and epidemiological and functional characteristics in **women with SCI**.

Method.-

Consecutive selection of women diagnosed of SCI in authors´ institution for a period of 2.5 years

More than 1 year of evolution
Consent to participate in this study

Statistical analysis: Frequencies, Means, SD, Paired mean comparison, χ^2 p<0.05

Results.-

74 women,
Mean age: 46 years (SD 18)
Time of evolution: 10.5 years. (Range 1-46)

Bowel habit more frequent in 48h
Use of laxative: 84%
16% complications: 58% haemorrhoid (not related with age or time of evolution)

20% pressure ulcers
Location: trochanter 11%, sacrum 5%, isquion 4%
Related with time of evolution (p<0.002)
Conservative treatment: 84%

Upper motor neurone lesion: 65%.
46% Pharmacological treatment
Modified Ashworth: 2 (SD1)
No relation with age or time of evolution

Pain

In the level or bellow SCI: 62%

58 % Required treatment (72% Gabapentine/Pregabaline)
Higher frequency of pain in thoracic SCI was found p 0,05
No relation with age or time of evolution

20 % need some kind of treatment (85% anticolinergic).
Catheterization and voluntary were related with lower risk of UTI (p<0.001)

Urinary tract infection: 1.5 per year
5% Vesicoureteral reflux

Myelitis was the most frequent medical cause (48%). Thoracic and complete SCI were the most frequent. Intermittent catheterization urination in 41%, and urinary tract infection in nearly every case with a mean of 1.5 episodes per year were the most common urinary complications. Other common complications were: urethra-bladder reflux (16%), haemorrhoid (30%), pressure ulcers (30%), 65% of upper motor neuron injuries developed Ashworth 2 spasticity and 46% of them required medical treatment. Pain was reported in 77% with a mean VAS of 3, it was neuropathic below SCI level in 46% and was related with increasing age. When discharged, 43 patients were able for bipedestation, but 13 of them gave up. A significative decrease during follow-up in WISCI and FIM were found.

Functional results

WISCI II: 36 → 63 (p< 0.002)

FIM: 53 → 56 (p< 0.02)

Conclusions.-

- Actually, less than 25% of chronic SCI patients reviewed in author´s institution are women. Traumatic and complete lesions are more frequent.
- The only complication related with time of evolution are pressure ulcers.
- Permanent urinary catheter has been related with a higher risk of urinary tract infection.
- Significant pain is common, specially neuropathic pain, and it is more frequent in thoracic SCI.
- Only half of the patients with spasticity require pharmacological treatment.
- Gait ability and functional independence are impaired in longer evolution patients.

References:

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