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VERBALIZATION OF PAIN IN WOMEN OF REPRODUCTIVE AGE

Oleg Esin[1*], **Elena Gorobets**[1], **Elena Kurtasanova**[1], **Maria Ilchenko**[1,3], **Anatoliy Chudinov**[2]

[1]Kazan Federal University, Kremlyovskaya St, 18, Kazan, Respublika Tatarstan, 420008, Russia
[2] Ural State Pedagogical University, pr. Kosmonavtov, 26, Yekaterinburg, Sverdlovsk Oblast, Russia, 620017
[3]Kazan State Medical Academy, ul. Mushtari, 11, Kazan, Respublika Tatarstan, Russia, 420012

Abstract:
The article is devoted to the actual problem of clinical linguistics, namely, the problem of verbalization of pain in gynecological patients. The problem of pelvic pain evaluation is very acute in medicine. The authors analyze this problem in the world clinical practice and determine the ways of its solution in Russia where at the moment there is a lack of corresponding diagnostic tool that allows patients with specific pains to adequately and fully describe their sensations. Special attention is paid to the linguistic specificity of the diagnostic toolkit.
Pain is a complex, multidimensional sensation that combines elements of different types of sensitivity. Pain is described as an emotional state (terrible pain, excruciating pain, etc.) – the protopathic components of sensations; by analogy with auditory, tactile, visual sensations and by determining the localization, intensity, duration –epicritic elements.
Pelvic pain in women has specific characteristics due to localization and its causes, and also due to gender factor. The article regards this problem from the point of view of linguistics, medicine (neurology, obstetrics and gynecology) and psychology.
Keywords: *clinical linguistics, neurology, obstetrics, gynecology, pelvic pain, test, questionnaire*

Corresponding author:
Oleg Esin,
Assistant of the Department of Morphology and General Pathology of the Institute for Fundamental Medicine and Biology of Kazan (Volga Region) Federal University, Russia
E-mail: olegesin@gmail.com,

QR code

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INTRODUCTION:

In women, pelvic pain may appear due to diseases of the reproductive [1] urinary [2] and digestive systems, musculoskeletal pathology [3] etc. There are also specific varieties of pain that are present in the absence of these pathologies, and quite severely disturb women. In addition to conducting instrumental examinations, it is also necessary to receive an accurate report on the nature of the pain and its specific characteristics, which will give doctors an opportunity to determine its cause more accurately.

It has become obvious that psychological and social aspects play a great role in the occurrence of genital pain syndromes in spite of the fact that biological aspects are central in this problem. The questionnaires and batteries of tests are the most common diagnostic tools aimed at the accurate report. If comparable instruments are used in different countries, it is possible to unify and standardize the results for the possibility of comparison and population studies. As it is a difficult task to measure subjective data received from a patient, perception and explanation of pain is individual.

A person experiencing pain compares his/her feelings at the moment with the pain experienced in the past. This assessment is a *cognitive component* of pain. Depending on the effect of this component, pain can be expressed by various verbal and non-verbal means. Thus, cognitive judgment will affect the degree of manifestation of affective and vegetative components of pain. The person suffers more from the pain that, in his/her opinion is able to influence his state of health and life in general, rather than from the pain to which the person is already accustomed, although it may be stronger than the unusual pain.

The assessment of pain is also affected by social status, ethnicity, upbringing in the family, the circumstances under which it occurs. Particular attention should be paid to the gender factor influencing the principles of describing sensations in general, and pain – in particular, since we regard specific female pain.

MATERIALS AND METHODS:

The materials for research were processed in the laboratory "Clinical Linguistics" (Kazan Federal University) using modern methods of translation, adaptation and validation of clinical tests. The theoretical basis of the study is presented by materials collected as a result of own research and by the method of continuous sampling from scientific databases: PubMed (https://www.ncbi.nlm.nih.gov/pubmed, June 2017), Scopus (https://www.scopus.com, June 2017), Web of Science (https://www.webofknowledge.com, June 2017), Elibrary (https://elibrary.ru, June 2017), Academia.edu (https://www.academia.edu/, June 2017). The recommendations of clinicians were also taken into account.

The results of the study can be used in clinical practice (in diagnosis and treatment of diseases connected with different aspects of pain study).

RESULTS:

In "Lectures on General Psychology" A.R. Luria considers several classifications of sensation types. According to the systematic classification, they are divided into *introceptive*, *proprioceptive* and *extra-receptive* sensations [4].

Introceptive sensations are associated with signals that reach the person from the internal environment of the body itself. These signals report irritations that can come from the intestines, heart, circulatory system and other visceral apparatus. Also A.R. Luria notes that this kind of sensations is associated with emotional experiences [4].

Proprioceptive sensations transmit signals about the position of the body and the musculoskeletal system, provide regulation of movements.

Extraseptive sensations are the largest group. They provide the signals of the outside world. This type includes sense of smell, taste, touch, hearing and sight.

According to the structural-genetic classification of sensations they can be protopathic and epicritic. *Protopathic* sensations are closely related to emotional states, they do not objectively reflect the objects of the external world. *Interoceptive* sensations are an example of protopathic sensitivity [4].

Epicritic sensations are not subjective; they reflect the objective objects of the surrounding external world. This includes, for example, visual, auditory, tactile sensations. It is important to note that the *protopathic* and *epicritic* elements are connected; the elements of these sensations can interact. Thus, the protopathic components can manifest themselves in sensations of cold or heat, in comparison pleasant /unpleasant sensations, and these components can act as pain sensations in which elements related to bodily sensations are quite difficult to separate from elements associated with emotions[4]

Thus, the pain sensation is complex, multidimensional, and combines elements of different types of sensitivity. This becomes apparent when a person verbal description of these sensations.

The types of pain connected with genital system are different, and some of them occur at a high percentage of female population. For instance, *vulvar pain* affects up to 20-25% (the data in sources are different) of women, and most women with vulvar

pain have associated *pelvic floor* impairments. Pelvic floor dysfunction leads to various functional limitations in women by causing painful intercourse and urinary, bowel, and sexual dysfunction [5]. *Sexual pain* affects up to 40% women (the data in sources are different), but this problem has not been studied well yet as for a long time it has not been regarded in the sphere of pain studies. 2/3of adult women with *endometriosis* have pain sensations connected with this problem [6].

It is found out that higher pain catastrophizing is associated with a reduced pain health-related quality-of-life in women with endometriosis [7].

Chronic pain in pregnancy and postpartum are possible to regard as predictors of non-genito-pelvic pain [Munro 2017] etc.

The therapy of pain in women includes traditional medical and some multidisciplinary methods such as cognitive behavioral therapy [8] [Tadayon 2017], psychological therapy [9] [Hansen 2017], physical and alternative therapy[10], low-energy dynamic quadripolar radiofrequency (DQRF) for premenopausal women with symptoms of vaginal laxity and women with vulvovaginal atrophy/genitourinary syndrome of menopause [11], etc.

DISCUSSION:

The language of pain is actively studied by multidisciplinary scientific groups on the material of English, French, German, Italian, Spanish and other European languages, but there is a significant lack of research works connected with the language of pain on the materials of the Russian language, and there are no materials on pain studies on the Tatar language.

There are various pain classifications: 1) depending on the location; 2) pathogenetic; 3) according to the time parameter. All subtypes in each classification are described with reference to verbal descriptors and the patient's self-report.

In neurological practice the most widely used is McGill Pain Questionnaire (MPQ) that was developed by Ronald Melzack (McGill University). It is used for measuring and evaluation of significant pain. The descriptors offered in the questionnaire fall into four specific groups: 1) sensory (1 – 10); 2) affective (11 – 15); 3) evaluative (16); 4) miscellaneous (17 – 20). There is a great number of other questionnaires [12]: DN4 [13], LANSS Pain Scale (The Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) Pain Scale) [14], PainDetect Questionnaire [15], but they are the tools of neurologists and do not take into account the specificity of pain connected with genital system in women.

The estimation of pain in women is based on sensory dimensions of painful sensations. It is necessary to include their various psychological characteristics and estimate them with the help of valid descriptors in order to reveal anxiety and depression signs. There is a significant need in self-report questionnaires for adult women and adolescents. These questionnaires should be medically, psychologically and linguistically valid.

In European countries different types of tests and questionnaires are used to estimate pain in women connected with genital system:

- Pelvic Girdle Questionnaire
- Vaginal Laxity Questionnaire
- Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire
- Sexual Satisfaction Questionnaire
- Endometriosis Health Profile-30
- Pelvic Pain Questionnaire for Girls and Women
- Pain Catastrophizing Scale
- Dysmenorrhea Daily Diary
- Menstrual Distress Questionnaireetc.

The above mentioned diagnostic instruments or their analogues are not used in routine practice of gynecologists in Russia. In this regard, it is necessary to create these instruments or translate them into Russian language. As the Republic of Tatarstan is a bilingual region, it is very important to interview a patient using his native language [16]. So, the necessity of creation Tatar-language pain diagnostic instruments is obvious.

CONCLUSIONS:

In the study, the authors give the detailed analysis of the problems on the estimation of different types of pain connected with gynecological problems, review batteries of tests and scales for diagnosis and treatment of pain in gynecological patients which are used in world clinical practice, describe the specificity in verbalization of sensations, especially painful, taking into consideration the gender specificity of cognitive modality.

The authors analyzed the classifications and basic methods for measuring pain, substantiated the need for an interdisciplinary approach to the study of pelvic pain, as well as the need to create Russian-language and Tatar-language tools for its assessment which are being created at the laboratory of clinical linguistics at Kazan Federal University.

CONFLICT OF INTEREST

The authors confirm that the data presented do not contain conflict of interest.

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