

Medical Tx Rivals Surgery in Chronic Pelvic Pain

BY FRAN LOWRY
Contributing Writer

ORLANDO — Women with chronic pelvic pain responded as well to medical treatment as they did to surgery, according to a prospective, observational cohort study of 370 patients that was carried out 1 year after treatment, Dr. Georgine Lamvu said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

About 15% of women report having chronic pelvic pain (CPP) in their lifetime. It is the primary indication for 12% of hysterectomies and 40% of laparoscopies and costs over \$2 billion annually, said Dr. Lamvu of the University of North Carolina at Chapel Hill.

The mean pain level score, as assessed by the McGill Pain Questionnaire, was 30, or moderate to severe, in 49% of both medically and surgically treated women who were referred to the university's



pelvic pain clinic for evaluation of continued CPP.

Likewise, moderate to severe depression, as measured by the Beck Depression Inventory scale, was diagnosed in 22% of both groups.

Surgical treatment ranged from diagnostic laparoscopy to hysterectomy, and medical treatment consisted of pharmacotherapy, psychotherapy, and physical therapy.

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DR. LAMVU

One year later, the mean McGill Pain Questionnaire score had decreased from 30 to 23 in both groups. Overall, depression scores were unchanged in 48%, improved in 32%, and worsened in 20%. However, depression did not predict worse outcome, Dr. Lamvu said. "We were surprised, but that is what we found. Outcomes were similar with both treatment types."

Dr. Lamvu said she is planning further studies that will focus on physician-patient relationships, which may influence outcomes for pain treatment in women with

CPP. "There may actually be some biological reasons for the way women respond to pain management after they have had interactions with a physician, so we will be studying that next."

In another study on CPP presented at the meeting, Jane Leserman, Ph.D., also of the University of North Carolina, reported that breaking CPP into diagnostic subtypes may be useful in guiding therapy.

A chart review and questionnaire of 306 consecutive patients who presented to the university's pelvic pain

clinic found the following most common diagnostic subtypes:

- ▶ Diffuse abdominal pelvic pain (43%).
- ▶ Vulvovaginal pain (20%).
- ▶ Cyclic pain (10%).
- ▶ Neuropathic pain (9%).
- ▶ Nonlocal pain (7%).
- ▶ Trigger point pain (6%).
- ▶ Palpation of the uterus (6%).

Patients who had diffuse abdominal pelvic pain had worse physical function-

ing and more pain than did patients with vulvovaginal, cyclic, neuropathic, and fibroid pain.

Those with vulvovaginal pain had the best physical functioning and the least pain, Dr. Leserman said.

Slightly less than half of the patients (48%) reported having been sexually or physically abused.

'Diagnostic subtypes were better predictors of health status than was endometriosis.'

DR. LESERMAN

The women also scored at or below the 25th percentile on mental and physical health measures compared with the U.S. female population as a whole, Dr. Leserman said.

Endometriosis, which was present in 21% of the women, was not found to be significantly related to any measure of mental or physical health status, Dr. Leserman said.

"It seems like the diagnostic subtypes were better predictors of health status than was endometriosis. Perhaps the degree of diffuseness of pain and the cyclic nature of pain may help guide us in the future in terms of treatment," she said. ■



Excision of Lesions May Improve Sexual Function

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — Laparoscopic excision of endometriotic lesions of the uterosacral ligament improves not only deep dyspareunia but also the quality of patients' sex life, Dr. Simone Ferrero said at the annual meeting of the AAGL (formerly the American Association of Gynecologic Laparoscopists).

Pain during intercourse affects 60%-79% of women with endometriosis who undergo surgery.

Among women who have deep dyspareunia, those with deep infiltrating endometriosis of the uterosacral ligament have the most severe impairment of their sexual function.

The presence of bilateral lesions on the uterosacral ligament does not influence the severity of symptoms, said Dr. Ferrero of San Martino Hospital and the University of Genoa, Italy.

He presented a prospective study in which 64 women with deep dyspareunia were surveyed before surgical excision of endometriotic lesions and 1 year after surgery using a questionnaire based on the sexual satisfaction subscale of the Derogatis Sexual Functioning Inventory, additional questions regarding the characteristics of dyspareunia, the Global Sexual Satisfaction Index, and a

100-mm visual analog scale to measure the intensity of dyspareunia.

All of the women received 6 months of postoperative treatment with the gonadotropin-releasing hormone analogue, triptorelin.

The main indications for surgery were pain symptoms (29), ovarian cysts (20), and infertility (15).

At 1-year follow-up, 29 of the women had no deep dyspareunia, 25 had decreased intensity (more than a 20-mm change on the visual analog scale), and 10 experienced no change.

One year after surgery patients had had significantly more intercourse per week in the previous 3 months (1.3 vs. 2.3), more satisfying orgasms (2.3 vs. 4.4), were more relaxed and fulfilled after sex (3.2 vs. 4.5), and were less frequently interrupted by pain during intercourse (3.7 vs. 2).

Global Sexual Satisfaction Index scores also significantly improved (P less than or equal to .001).

The surgery didn't significantly change whether the women were "usually satisfied" with their particular partner (5 vs. 5.2).

Women in the study had been with their partners for an average of 11 years; 42 were married, 10 were cohabiting, 6 were engaged, and 6 were single. The average age of the women was 34 years. ■

High-Dose Statin May Not Be Enough To Protect Acute Coronary Patients

BY MITCHEL L. ZOLER
Philadelphia Bureau

STOCKHOLM — Patients with acute coronary syndrome who are treated with a high-dose statin and other standard medications still have a high, 13% rate of cardiac events during follow-up, which suggests a need for more interventions to further lower event rates.

"Patients are not fully protected by a statin, aspirin, clopidogrel, an angiotensin-converting enzyme inhibitor, and a β -blocker. They need other treatments, too," Dr. Kausik K. Ray said at the annual congress of the European Society of Cardiology. In his analysis of more than 2,000 patients who received 80 mg of atorvastatin (Lipitor) daily in a recent major trial, Dr. Ray suggested that more diligent control of diabetes, raising the serum levels of HDL cholesterol, and anti-inflammatory treatment might push down event rates even more.

The data came from the intensive-treatment arm of the Pravastatin or Atorvastatin Evaluation and Infection Therapy-Thrombolysis in Myocardial Infarction 22 (PROVE IT-TIMI 22) trial (N. Engl. J. Med 2004;350:1495-504). That study randomized more than 4,000 patients with acute coronary syndrome to treatment with either an intensive (80 mg atorvastatin daily) or moderate (40 mg pravastatin daily) lipid-lowering regimen. The results showed that patients whose LDL cholesterol levels dropped below 70 mg/dL had better outcomes during 2 years of follow-up, compared with patients



who had higher levels of LDL cholesterol.

The new analysis focused entirely on the patients who received 80 mg atorvastatin daily. During the first 4 months of treatment, 124 patients in this group died or had a myocardial infarction or unstable angina; the remaining 1,939 patients had no events. Beyond the first 4 months, another 140 patients had events and 1,777 were event free. A multivariate analysis showed that the serum level of HDL cholesterol at baseline was a significant predictor of early events.

Diabetes control and raising the serum levels of HDL cholesterol might push event rates down more.

DR. RAY

For every 1 mg/dL rise in the HDL cholesterol level, the risk of an event during the first 4 months fell by 3%, reported Dr. Ray, a cardiologist at Brigham and Women's Hospital in Boston. Other significant determinants of early risk were age and smoking.

A second analysis showed that the 4-month serum levels of hemoglobin (Hb) A_{1c} and C-reactive protein (CRP) were significant predictors of late events. For every 1% rise in the level of HbA_{1c}, the risk of a late event rose by 28%. For every 1 log rise in the serum level of CRP, the risk rate rose by 25%, said Dr. Ray. Other determinants of late risk were age, gender, and the serum level of LDL cholesterol at 4 months.

Better diabetes control and a reduction in HbA_{1c} is a strategy that can be used in the clinic right now, commented Dr. Elliott Antman, director of the coronary care unit at Brigham and Women's Hospital. He noted that the average HbA_{1c} level in patients with events was 6.1%, compared with an average 5.7% level in those with no events. ■