# Hot Flashes Fuel Menopausal Depression's Onset

### BY PATRICE WENDLING Chicago Bureau

TUCSON, ARIZ. — When a female patient presents with hot flashes, consider screening her for depression, Dr. Marlene Freeman advised at a psychopharmacology conference sponsored by the University of Arizona.

The risk of depression is known to increase during perimenopause, and epidemiologic studies have shown that

**O**Rozerem.

**ROZEREM™** 

CONTRAINDICATIONS ROZEREM is contraindica or any components of the WARNINGS

PRECAUTIONS General

Brief Summary of Prescribing Information

INDICATIONS AND USAGE ROZEREM is indicated for the treatment of insomnia characterized by diffi culty with sleep onset.

WARNINGS Since sleep disturbances may be the presenting manifestation of a physical and/or psychiatric disorder, symptomatic treatment of insomnia should be initiated only after a careful evaluation of the patient. The failure of insomnia to remit after a reasonable period of treatment may indicate the presence of a primary psychiatric and/or medical illness that should be evaluated. Worsening of insomnia, or the emergence of new cognitive or behavioral abnormalities, may be the result of an unrecognized underlying psychiatric physical disorder and requires further evaluation of the patient. As with oth hyponotes, execationtion of insomnia and emergence of cognitive and behavioral ioral abnormalities were seen with ROZEREM during the clinical developme program.

ROZEREM should not be used by patients with severe hepatic impairment ROZEREM should not be used in combination with fluvoxamine (see PRE-CAUTIONS: Drug Interactions).

A variety of cognitive and behavior changes have been reported to occur in association with the use of hypotics. In primarily depressed patients, worsening of depression, including suicidal ideation, has been reported Patiente schwidt and and the set of hypotics.

association with the use of hypholics.
Patients should avoid engaging in hazardous activities that require concentration (such as operating a motor vehicle or heavy machinery) after taking ROZEREM.
ROZEREM.

After taking ROZEREM, patients should confine their activities to those neces sary to prepare for bed.

General ROZEREM has not been studied in subjects with severe sleep apnea or severe COPD and is not recommended for use in those populations. Patients should be advised to exercise caution if they consume alcohol in combination with ROZEREM.

ated in patients with a hypersensitivity to ramelteon BOZEBEM formulation

### women in early perimenopause have greater rates of persistent mood symptoms (15%-18%) than do premenopausal women (8%-12%).

But a recent study found that the onset of perimenopausal depression was associated only with hot flashes, and not with many of the risk factors that are conventionally suspected, such as parity, previous depression, and family history (Am. J. Psychiatry 2004;161:2238-44).

'We don't know if for all women they are

going to have a tough time during perimenopause, but for some it can be an exquisitely high-risk time," said Dr. Freeman, of the Women's Mental Health Program at the University of Arizona, Tucson.

In general, history of major depressive episodes is important to predict future episodes, because some patients with depression have patterns of recurrence. But psychosocial factors also may factor into whether a woman experiences depressive symptoms or episodes, Dr. Freeman said.



higher than the therapeutic exposure to ramelteon and M-II, respectively, at the MRHD based on AUC). higher than the therapeutic exposure to ramelleon and M-II, respectively, at the MRHD based on AUC). The effects of ramelleon on pre- and post-natal development in the rat were studied by administration of ramelleon to the pregnant rat by oral gavage at doses of 0, 30, 100, or 300 mg/kg/day from day 6 of gestation through par-turition to posinatal (lactation) day 21, at which time offspring were weaned. Maternal toxicity was noted at doses of 100 mg/kg/day or greater and con-sisted of reduced body weight gain and increased adrenal gland weight. Reduced body weight during the post-weaning period was also noticed in the offspring of the groups given 100 mg/kg/day and higher. Offspring in the 300 mg/kg/day group demonstrated physical and developmential delays including delayed eruption of the lower incisors, a delayed acquisition of the righting reflex, and an alteration of emotional response. These delays are often observed in the presence of reduced offspring body weight but may still be indicative of developmental delay. An apparent decrease in the viability of offspring in the 300 mg/kg/day group was likely due to altered maternal behavior and function observed at this dose level. Offspring on the 300 mg/kg/day group also showed evidence of diaphragmatic hernia, a find-ing observed in the embryo-faid development study previously described. There were no effects on the reproductive capacity of offspring and the resulting progregny were not different from those of vehicle-treated offspring. The no-effect level for pre- and postnatal development in this study was 30 mg/kg/day (39-times higher than the MRHD on a mg/m<sup>2</sup> basis). Labor and Delivery

Labor and Delivery The potential effects of ROZEREM on the duration of labor and/or delivery, for either the mother or the fetus, have not been studied. ROZEREM has no established use in labor and delivery.

establisheu use minuse - -Nursing Muthers Ramelleon is secreted in homan milk of lactating rats. It is not known wh this drug is excreted in human milk. No clinical studies in nursing moth have been performed. The use of ROZEREM in nursing mothers is not recommended.

recommendea. Pediatric Use Safety and effectiveness of ROZEPEM in pediatric patients have not been established. Further study is needed prior to determining that this product may be used safely in pre-publescent and publescent patients.

may be used safely in pre-publescent and publescent patients. **Certaitc Use** A total of 654 subjects in double-blind, placebo-controlled, efficacy triats who received ROZEREM were at least 65 years of age, or these, 198 were 75 years of age or loder. No overall differences in safety or efficacy were observed between elderly and younger adult subjects. **AVERSE REACTIONS** 

Noverse creations Overview The data described in this section reflect exposure to ROZEREM in 4251 sub-jects, including 346 exposed for 6 months or longer, and 473 subjects for one upper

one year. Adverse Reactions Resulting in Discontinuation of Treatment Five percent of the 3594 individual subjects exposed to ROZEREM in clinical studies discontinued treatment owing to an adverse event, compared with 2% of the 1370 subjects receiving placebo. The most frequent adverse event leading to discontinuation in subjects receiving ROZEREM were somnolence (0.8%), dizziness (0.5%), nausea (0.3%), fatigue (0.3%), headache (0.3%), and insomnia (0.3%).

(U.3%), UDZINESS (U.3%), Indibase (U.3%), Indibase (U.3%), Indidache (U.3%), and insomnia (U.3%). RUZEREM Most Commonly Observed Adverse Events in Phase 1-3 trials The incidence of adverse events during the Phase 1 through 3 trials (% placebo, n=1370; % ramelteon [8 mg], n=1250) were: headache NOS (%), 7%), 7%), somolence (3%, 5%), fatigue (2%, 4%), dizziness (3%, 5%), nausea (2%, 3%), insomnia exacerbated (2%, 3%), upper respiratory tract infection NOS (2%, 3%), distigue (2%, 3%), upper respiratory tract infection NOS (2%, 3%), distigue (2%, 3%), upper respiratory tract infection NOS beserved in the clinical trials of a drug cannot be directly com-pared to rates in clinical trials of other drugs, and may not reflect the rates observed in practice. The adverse re action information from clinical trials does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating rates. DRUG ABUSE AND DEPENDENCE

DRUG ABUSE AND DEPENDENCE

### REM is not a controlled substance. an Data: See the CLINICAL TRIALS section, Studies Pertinent to y Concerns for Sleep-Promoting Agents in the Complete Prescribing

Information. Animal Data. Ramelteon did not produces rewarding effects. Monkeys did not studies indicating that the drug produces rewarding effects. Monkeys did not self-administer ramelteon and the drug did not induce a conditioned place preference in rats. There was no generalization between ramelteon and midazolam. Ramelteon did not affect rotorod performance, an indicator of disruption of motor function, and it did not potentiate the ability of diazepam to interfere with rotorod performance. Discontinuation of ramelteon in animals or in humans after chronic adminis-tration did not produce withfrawal signs. Ramelteon does not appear to produce physical dependence.

produce physical dependence. OVERDOSAGE Signs and Symptoms No cases of ROZEREM overdose have been reported during clinical develop

ROZEREM was administered in single doses up to 160 mg in an abuse liabil-ty trial. No safety or tolerability concerns were seen.

Ity trial. No safety or tolerability concerns were seen. Recommended Treatment General symptomatic and supportive measures should be used, along with immediate gastric lavage where appropriate. Intravenous fluids should be administered as needed. As in all cases of drug overdose, respiration, pulse, blood pressure, and other appropriate vital signs should be monitored, and general supportive measures employed. Hemodialysis does not effectively reduce exposure to R02EREM. Therefore, the use of dialysis in the treatment of overdosage is not appropriate. Poison Control Center As with the management of all overdosage, the possibility of multiple drug ingestion should be considered. The physician may contact a poison control center for current information on the management of overdosage.

Rx only

References: 1. Rozerem package insert, Takeda Pharmaceutical Inc. 2. Data on file, Takeda Pharmaceuticals North America, Inc.

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540-8645 Osaka, Janov Manufactured in: Takeda Ireland Ltd. Kilruddery, County Wicklow, Republic of Ireland Marketed by: Takeda Pharmaceuticals America, Inc. 475 Hait Day Road Lincolnshire, IL 60069

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Dr. Freeman and her colleagues conducted a small, open-label, 8-week study in which 20 perimenopausal women with major depression were treated with escitalopram (Lexapro) 10 mg/day for 2 weeks, with the option of either decreasing the dosage or increasing to a maximum of 20 mg/day. Side effects caused two patients to drop out of the study, which was supported by Lexapro maker Forest Pharmaceuticals Inc.

An intent-to-treat analysis of 18 patients showed that 16 patients experienced a 50% or greater decrease in scores on the Hamilton Rating Scale for Depression, and 13 experienced a 50% or greater decrease in scores on the Greene Climacteric Scale used to quantify somatic symptoms. Paired t tests showed that the differences in pre- and posttest scores were significant for both of the primary measures.

Other studies have shown that extendedrelease paroxetine (Paxil) and venlafaxine (Effexor) have been successful in reducing hot flashes in women, she said. Open-label data showed that citalopram (Celexa) was efficacious as a monotherapy for perimenopausal and postmenopausal women with depression, and as an adjunct therapy for women who had remained depressed after 4 weeks of estrogen therapy with estradiol (J. Clin. Psychiatry 2003;64:473-9).

## Endometrial Lesion **Excision Improves** Deep Dyspareunia

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 with deep dyspareunia, those with deep infiltrating endometriosis of the uterosacral ligament have the most severe impairment of sexual function, 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).

Continued on following page

nificant effects on peak or total exposure to ROZEREM. However, an additive effect was seen on some measures of psychomotor performance (i.e., the Digit Symbol Substitution Test, the Psychomotor Vigilance Task Test, and a Visual Analog Scale of sedation) at some post-does time points. No additive effect was seen on the Delayed Word Recognition Test. Because alcohol by itself impairs performance, and the intended effect of ROZEREM is to pro-mote sleep, patients should be cautioned not to consume alcohol when using ROZTERM mote sleep, pa ROZEREM.

ROZEREM. Drug/Laboratory Test Interactions ROZEREM is not known to interfere with commonly used clinical labora tests. In addition, *in vitro* data indicate that ramelteon does not cause for positive results for henzodiazepines, opiates, barbiturates, cociane, can noids, or amphetamines in two standard urine drug screening methods in vitro.

noids, or amphetamines in two standard urine drug screening methods in vitro. Carcinogenesis, Mutagenesis, and Impairment of Fertility Carcinogenesis (Matagenesis, Berger (Matagenesis)) In a two-year carcinogenicity study, BGC3F, mice were administered ramelteor at doess of 0, 30, 100, 300, or 1000 mg/kg/day by oral gavage. Male mice exhibited a does-related increase in the incidence of hepatic tumors at dose levels >100 mg/kg/day including hepatic adenoma, hepatic carcinoma, and hepatoblastoma. Female mice developed a does-related increase in the inci-dence of hepatic adenomas at dose levels. >200 mg/kg/day and hepatic carcinoma at the 1000 mg/kg/day dose level. The no-effect level for hepatic tumors in male mice was 300 mg/kg/day and hepatic carcinoma at the 1000 mg/kg/day (dose level. The no-effect level for hepatic tumors in male mice was 300 mg/kg/day. And the set the trapeu tic exposure to rametteon and the active metabolite M-II, respectively, at the maximum recommended human dose [MRHD] based on an are-under-the-curve (AUC) comparison). The no-effect level for hepatic tumors in female mice was 100 mg/kg/day (dose). The no-effect level for hepatic to rametteon and M-II, respectively, at the MRHD based on AUC). In a two-year carcinogenicity study conducted in the Sprague-Dawley rat, male and female rats were administered rametteon at doses of 0, 15, 60, 250 or 1000 mg/kg/day dose level. The no-effect level for hepatic carcinoma at the 1000 mg/kg/day dose level. The no-effect level for hepatic tumors in denign Leydig cell tumors in male rats was 60 mg/kg/day. (1,429-times and 12-times the therapeutic exposure to rametteon and M-II, respectively, at the MRHD based on AUC). The no-effect level for hepatic tumors in denign teydig cell tumors in male rats was 60 mg/kg/day. (1,429-times and 12-times the therapeutic exposure to rametteon and M-II, respectively, at the MRHD based on AUC). The no-effect level for hepatic tumors and benign Leydig cell tumors in male rats was 60 mg/kg/d

therapeutic exposure to rameleton and M-II, respectively, at the MRHD based on AUC). The development of hepatic tumors in rodents following chronic treatment with non-genotoxic compounds may be secondary to microsomal enzyme induction, a mechanism for tumor generation not thought to occur in humans. Leydig cell tumor development following treatment with non-genotoxic compounds in rodents has been linked to reductions in circulating testostrone levels with compensatory increases in luteinizing hormone release, which is a known proliferative stimulus to Leydig cells in the release in luteinizing hormone release, which is a known proliferative stimulus to Leydig cells in the rat testis. Rat Leydig cells are more sensitive to the stimulatory effects of luteinizing hormone than human Leydig cells. In mechanistic studies conducted in the rat, daily ramelteon administration at 250 and 1000 mg/kg/day for 4 weeks was as sociated with a reduction in plasma testostrone levels. In the same study, luteinizing hormone levels were elevated over a 24 hour period after the last ramelteon and M-II in excess of mean chincia plasma concentrations and test of studies concentrations and test of studies and the last paralleon and M-II in excess of mean chincia plasma concentrations at the MRHD, the relevance of both rodent hepatic tumors and benign rat Leydig cell tumors to humans is not known. *Mutagenesis* Ramelteon was not genotoxic in the following: *in vitro* bacterial reverse mute four (Arelia) assay. *in vitro* meanweitheon was not genotoxic and the start meant four studes and hending and known.

Mutagenesis Ramelteon was not genotoxic in the following: *in vitro* bacterial reverse muta-ion (Ames) asay; *in vitro* mammalian cell gene mutation assay using the mouse lymphoma TK<sup>+/-</sup> cell line; *in vivoin* vitro unscheduled DNA synthesis asay in rat hepatocytes: and in *in vivo* micronucleus asays conducted in mouse and rat. Ramelteon was positive in the chromosomal aberration assay in Chinese hamster lung cells in the presence of S9 metabolic activation. Separate studies indicated that the concentration of the M-II metabolite formed by the rat liver S9 fraction used in the *in vitro* genetic toxicology studies described above, exceeded the concentration of ramelteon; therefore, the genotoxic potential of the M-II metabolite was also assessed in these studies. ent of Fertility

studies. Impairment of Fertility Ramelteon was administered to male and female Sprague-Dawley rats in an initial fertility and early embryonic development study at dose levels of 6, 60, or 600 mg/kg/day. No effects on male or female mating or fertility were observed with a rametieon dose up to 600 mg/kg/day (766-times higher than the MRHD on a mg/m² basis). Irregular estrus cycles, reduction in the num-ber of implants, and reduction in the number of live embryos were noted with dosing females at ≥ 60 mg/kg/day (76-times higher than the MRHD on a mg/m² basis). A reduction in the number of corpora lutea occurred at the 600 mg/kg/day dose level. Administration of ramelteon up to 600 mg/kg/day male rats for 7 weeks had no effect on sperm upailty and when the treated maler ats vere mated with untreated female rats there was no effect on implants or embryos. In a regeat of this study using oral administration of ramelteen at 20, 60 or 200 mg/kg/day for the same study duration, females demonstrated tregular estrus; cycles with doss > 60 mg/kg/day, but no effects were seen on implantation or embryo viability. The no-effect dose for fertility endpoints was 20 mg/kg/day in males (786-times higher than the MRHD on a mg/m² basis) and 600 mg/kg/day in males (786-times higher than the MRHD on a mg/m² basis) and 600 mg/kg/day in males (786-times higher than the MRHD on a mg/m² basis) when considering all studies.

on a mg/m<sup>2</sup> basis) when considering all studies. **Pregnancy: Pregnancy Category C** Rametleon has been shown to be a developmental teratogen in the rat when given in doses 197 times higher than the maximum recommended human dose (MRHD) on a mg/m<sup>2</sup> basis. There are no adequate and well-controlled studies in pregnant women. Ramelteon should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Studies in pregnant women. Ratmeteion should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. The effects of ramelteon on embryo-fetal development were assessed in both the rat and rabib. Pregnant ratis were administered ramelteon by oral gavage at doses of 0, 10, 40, 150, or 600 mg/kg/day during gestation days 6-17, which is the period of organogenesis in this species. Evidence of maternal toxicity and fetal teratogenicity was observed at doses greater than or equal to 150 mg/kg/day. Maternal toxicity was chiefly characterized by decreased demonstrated visceral malformations consisting of diaphragmatic hernia and minor anatomical variations of the skeleton (rregularly shaped scapula). At 600 mg/kg/day, reductions in tela body weights and maternations including cysts on the external genitalia were additionally observed. The no-effect level for teratogenicity in this study was 40 mg/kg/day (1.892-times and 45-times higher than the therapeutic exposure to ramelteon and the active metabolite M-II, respectively, at the MHR based on ame-under-the-curve [AUC] comparison). Pregnant rabbits were administered ramelteon by oral gavage at doses of 0, 12, 60, or 300 mg/kg/day, no avidence of fetal effects or teratogenicity was associated with any dose level. The no-effect level for teratogenicity was associated with any dose level. The no-effect level for teratogenicity was associated with any dose level. The no-effect level for teratogenicity was therefore, 300 mg/kg/day (11,862-times and 99-times

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combination with R0/2HEM. Use in Adolescents and Children R0/2EREM has been associated with an effect on reproductive hormones in adults, e.g. decreased testosterone levels and increaded protactin levels. It is not known what effect chronic or even chronic intermittent use of R0/2EREM may have on the reproductive axis in developing humans (see **Pediatric Use**). *Information for Patients* Patients should be advised to take R0/2EREM within 30 minutes prior to going to bed and should confine their activities to those necessary to prepare for bed. No use. Patients should be advised to avoid engaging in hazardous activities (such as operating a motor vehicle or heavy machinery) after taking ROZEREM. Patients should be advised that they should not take ROZEREM with or immediately after a high fat meal. Patients should be advised to consult their health care provider if they experi ence worsening of insomnia or any new behavioral signs or symptoms of

Patients should consult their health care provider if they experience one of the following: cessation of menses or galactorrhea in females, decreased libido, or problems with fertility.

boratory Tests standard monitoring is required.

For patients presenting with unexplained amenorrhea, galactorrhea, decreased libido, or problems with fertility, assessment of prolactin levels and testos-terone levels should be considered as appropriate.

Inductory of problems with returnly, assessment of provacult revels and testals terrone levels should be consistered as appropriate. Drug Interactions ROZEREM has a highly variable inter-subject pharmacokinetic profile (approximately 100% coefficient of variation in C<sub>max</sub> and AUC). As noted above, CYP1A2 is the major isozyme involved in the metabolism of ROZEREM is CYP2C subfamily and CYP3A4 isozymes are also involved to a minor degree. Effects of Other Drugs on ROZEREM Metabolism Fluoxoamine (strong or PriAz inhibitor): When fluoxoamine 100 mg twice daily was administered for 3 days prior to single-dose co-administration of ROZEREM 16 mg and fluoxoamine, the AUC<sub>perf</sub> for rameteon increased approximately 190-foid, and the C<sub>max</sub> increased approximately 70-foid, compared to ROZEREM administered alone. ROZEREM should not be used in combination with fluoxoamine (See WARNINGS). Other less potent CYP1A2 inhibitors have not been adequately studied. ROZEREM should be administered with caution to patients taking less strong CYP1A2 inhibitors. *Rilampin (strong CYP enzyme inducer)*: Administration of rifampin 600 mg once daily for 11 days resulted in a mean decrease of approximately 80% (40% to 90%) in total exposure to ramelteon and metabolite M-HI, (both AUC<sub>perf</sub> and c<sub>max</sub>) after a single 32 mg dose of ROZEREM should be admined as rifampin. *Ketoconazole (strong CYP3A4 inhibitor)*. The AUC<sub>perf</sub> and C<sub>max</sub> of ramelteon inducers such as rifampin.

Inducers such as rifampin. Ketoconazole (strong CYP3A4 inhibitor): The AUC<sub>Pet</sub> and C<sub>max</sub> of ramelteon increased by approximately 84% and 36%, respectively, when a single 16 mg dose of R0ZEREM was administered on the fourth day of ketoconazole 200 mg twice daily administration, compared to administration of R0ZEREM alone. Similar increases were seen in M-II pharmacokinetic variables. R0ZEREM should be administered with caution in subjects taking strong CYP3A4 inhibitors such as ketoconazole. *Fluconazole (strong CYP2C9 inhibitor)*. The total and peak systemic exposure (AUC<sub>peat</sub> and Cm<sub>2</sub>) of ramelteon after a single 16 mg dose of R0ZEREM sincreased by approximately 150% when administered with fluconazole similar increases were also seen in M-II exposure. R0ZEREM ketould be administered with caution in subjects taking strong CYP2C9 inhibitors such as fluconazole.

as incontazole. Interaction studies of concomitant administration of ROZEREM with fluoxe-tion (CYP2D6 inhibitor), omeprazole (CYP1A2 inducer/CYP2C19 inhibitor), theophylline (CYP1A2 substrate), and dextromethorphan (CYP2D6 substrat did not produce clinically meaningful changes in either peak or total expo-sures to ramelteon or the M-II metabolite.

Sures to rameteon or the M-II metabolite. *Effects of ROZEREM on Metabolism of Other Drugs* Concomitant administration of ROZEREM with omeprazole (CYP2C19 sub-strate), dextromethorphan (CYP2OB substrate), midazolam (CYP3A4 substrate), theophylline (CYP1A2 substrate), digoxin (p-g)xcoprotein sub-strate), and world and (CYP1A2 substrate), digoxin (p-g)xcoprotein sub-strate), and warrian (CYP2C6 [S)(CYP1A2 [II] substrate) did not produce clinically meaningful changes in peak and total exposures to these drugs.

Effect of Alcohol on Rozerem Alcohol: With single-dose, daytime co-administration of ROZEREM 32 mg and alcohol (0.6 g/kg), there were no clinically meaningful or statistically sig

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ogenesis, Mutagenesis, and Impairment of Fertility

# Medical Tx Rivals Surgery for 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.



'It seems like the diagnostic subtypes were better predictors of health status than was endometriosis.'

### DR. LESERMAN

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, 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.

One year later, the mean McGill Pain Questionnaire score had decreased from 30 to 23 in both groups.

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 sub-

### Continued from previous page

At 1-year follow-up, 29 women had no deep dyspareunia, 25 had decreased intensity, and 10 experienced no change.

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 cohabiting, 6 engaged, and 6 single. The average age of the women was 34 years. types 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%).

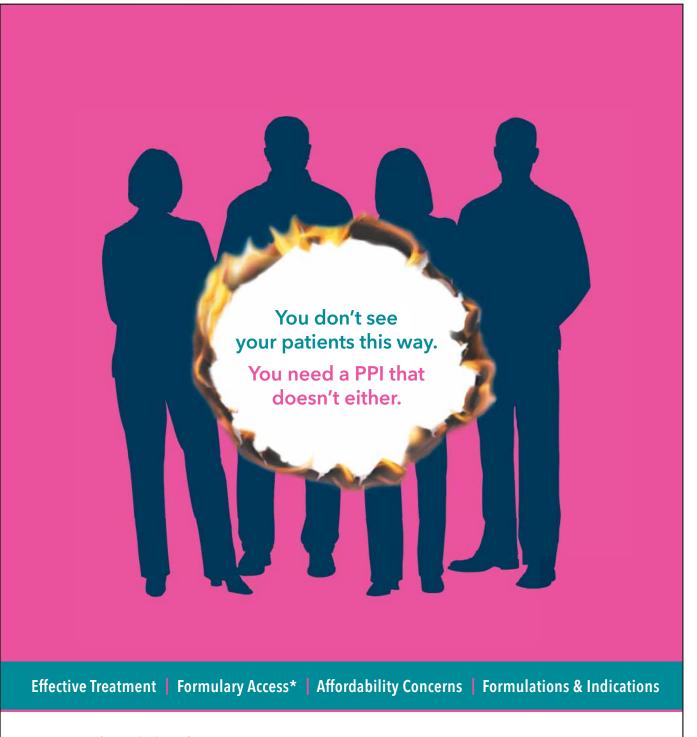
Patients who had diffuse abdominal pelvic pain had worse physical functioning and more pain than did patients with vulvovaginal, cyclic, neuropathic, and fibroid pain. Those with vulvovaginal pain had the best physical functioning and the least pain, Dr. Leserman said.

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



### Important safety and other information

PREVACID indications include the short-term treatment of symptomatic GERD. Individual results may vary.

- The most frequently reported adverse events with PREVACID in adults were diarrhea (3.8%), abdominal pain (2.1%), and nausea (1.3%).
- Symptomatic response to therapy does not preclude the presence of gastric malignancy. PREVACID formulations are contraindicated in patients with known hypersensitivity to any component of the formulation.

See adjacent page for brief summary of prescribing information.

\*Formulary access varies by plan.

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