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## **Pelvic pain: the last of the modern taboos**

The plight of the 10 per cent of women who suffer in silence from the hidden burden of pelvic pain will be highlighted as part of the Global Year Against Visceral Pain, which begins today.

Visceral pain is pain originating from internal organs. It includes conditions such as irritable bowel syndrome, kidney stones, chronic chest pain, period pain and bladder pain, but the most common condition is chronic pelvic pain which encompasses a complex range of painful symptoms in both women and men.

The Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists is helping to promote the Global Year Against Visceral Pain to draw attention to the paucity of services and research done in the area of pelvic pain.

Pelvic pain expert and Faculty of Pain Medicine (FPM) member, Dr Susan Evans, says pelvic pain is one of the last taboos of modern society, rarely spoken about and disrupting the lives of women and men, causing huge societal and financial burdens.

“Pelvic pain affects about one in 10 girls and women, but it’s hidden,” she says. “There’s nothing to see on the outside and scans are often normal.

“Women don’t talk about it much, so those who have pelvic pain often think they are alone and the only person with these problems. It’s especially isolating for teenagers with bad pain, who just want to be normal like other girls.”

Half of all menstruating women are estimated to suffer intense pelvic or abdominal pain (dysmenorrhea) during each month, with 10 per cent unable to attend work for a few days and 30 per cent reporting no improvement with medical treatment.

Many of these women have endometriosis, the most common pelvic pain condition, which costs the Australian community \$6.6 billion each year in direct medical and surgical expenses, and takes medical specialists on average eight years to diagnose.

But Dr Evans says there is a bigger picture of pelvic pain, with many women also experiencing other pains, including an irritable bowel, a painful bladder, painful sex, pelvic muscle pain, anxiety, low mood, fatigue, pelvic nerve pain, headaches or sudden pains on one side. Some of these women develop a chronic pain condition which is much harder to diagnose and treat.

“What many women really need is a multidisciplinary care team, covering gynaecology, gastroenterology, pain medicine, physiotherapy and a range of other specialties, to look at all aspects of their care, rather than the disjointed care that most of these women get,” Dr Evans says.

“Often women with pelvic pain fall through the cracks and get shuffled off to different specialists and ignored. A lot give up, and instead try to put up with their pain with decreased quality of life.”

Dr Evans says there should be better services for women with pelvic pain, better research into the area, and better education for the medical profession and the public, including schools and families, to help younger women.

“At least one in 10 girls grows up with pain symptoms severely compromising their schooling, career path, social growth and ability to be productive citizens,” she says. “Conditions causing pelvic pain rob women of confidence, motivation and ambition.”

She has co-authored a pelvic pain e-booklet, available on the FPM [website](#), to help women better manage their pelvic pain and give them access to resources, and has set up a Facebook site called [Pelvic Pain News](#). Dr Evans was also a co-author of an FPM-endorsed pelvic pain report that aimed to highlight the extent of the problem to government called [The \\$6 billion woman and the \\$600 million girl](#).

Another pelvic pain specialist and Faculty of Pain Medicine member, Dr Thierry Vancaillie, who co-authored the pelvic pain report, has set up a dedicated [clinic](#) in Sydney for men and women with pelvic and perineal pain.

Dr Vancaillie says while there is a greater prevalence of chronic pain among women, he would see on average one male patient with pelvic pain for every six or seven female patients with the same condition.

Men can suffer from a range of pelvic pain conditions, including prostatitis, which is inflammation of the prostate gland but also often used as a “catch-all” description of any unexplained male pelvic pain, which can be triggered by the bladder, urethra, rectum and prostate.

Like women, men can also suffer from pudendal neuralgia, which is pain in the “saddle area” when they sit, especially if they spend a lot of time cycling.

“Men are less likely to visit their doctor but, when they do, they often encounter GPs with little knowledge of chronic pelvic pain and end up in limbo,” Dr Vancaillie says.

“But the treatment for these conditions is basically the same for men and women, and best involves a range of specialists and treatments in a multidisciplinary setting.”

The Global Year Against Visceral Pain is an initiative of the [International Association for the Study of Pain](#) which has produced fact sheets about the condition.

- **For more information or to request interviews, please contact ANZCA Media Manager Meaghan Shaw on +61 3 8517 5303, +61 408 259 369 or [mshaw@anzca.edu.au](mailto:mshaw@anzca.edu.au). Follow us on Twitter [@ANZCA](#).**