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Effect of multidose ibuprofen on intrauterine device insertional pain level

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Introduction: The intrauterine device (IUD) is an efficacious, long-acting, reversible contraceptive method that can be used to treat dysmenorrhea and heavy menses. Studies have shown that women experience moderate levels of pain at the time of IUD insertion and that they may decline IUD insertion due to fears of pain. Previous investigations regarding the efficacy of oral analgesics for IUD insertion pain have conflicting results. We hypothesize that a multidose ibuprofen regimen given 24-hours before the insertion of IUD can provide pain relief.

Methods: This is a prospective, triple-blind, placebo-controlled study that assesses pain levels with a 10-point visual analog scale (VAS) during speculum insertion, tenaculum insertion, IUD insertion, and 24 hours after insertion. Pain methods used 24 hours after insertion were also assessed. We performed an interval analysis of 27 patients who have completed the trial, without breaking the randomization sequence as enrollment is still ongoing.

Results: There is a significant difference in IUD insertion pain scores between multidose ibuprofen group and a placebo group (Group A mean 6.8, SD 1.7, Group B mean 4.3, SD 2.9, $P = 0.01$). There was no difference in pain scores at any other time point. Despite a higher pain score at the time of insertion, more women in Group A than in Group B used no pain medications after insertion ($P = 0.03$).

Conclusions: There is a difference in pain scores at the time of IUD insertion; however, due to ongoing randomization, we do not know whether it is less in women who took ibuprofen or placebo.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Yes. Dr. Lamvu serves as Chair of the Board for the International Pelvic Pain Society, research consultant for Abbvie, Chief Science Officer for SoLá Therapy, subject matter expert for Medical Learning Institute, and research advisor for SOLVD Health.

Elucidating the neural underpinnings of comorbid endometriosis and migraine: a pilot fMRI investigation

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Introduction: Endometriosis and migraines are highly comorbid. Patients with endometriosis are twice as likely to experience migraines as those without; however, it is unclear as to why. Migraine may parallel disease phenotypes in endometriosis in that it is a visceral, intermittent, inflammatory pain, which can chronify. This study used MRI to investigate resting state functional connectivity (RSC) and structural data to compare patients with both conditions with those with endometriosis or migraine only.

Methods: Using the right anterior insula and left medial frontal cortex as seed regions, group differences in RSC between 14 patients with endometriosis and 11 patients with both conditions were compared. Group differences in cortical thickness were compared between the comorbid group and 14 patients with migraine only.

Results: Significantly increased functional connectivity in the left medial prefrontal cortex was observed in patients with both diseases in the left pallidum, part of the basal ganglia, compared with patients with endometriosis only ($P < 0.05$, FDR corrected for multiple comparisons). Decreased cortical thickness was detected in patients with both diseases in the left superior frontal gyrus compared with those with migraine only ($P < 0.05$, Monte Carlo corrected for multiple comparisons).

Conclusions: Patients with both diseases exhibited altered functional connectivity in the left medial prefrontal cortex and reduced cortical thickness in the left superior frontal gyrus, part of the dorsolateral prefrontal cortex, a key area for nociceptive modulation, when compared with patients with migraine only. This suggests alterations in cognitive inhibitory control processes, including descending pain modulation.

Disclosure: No.

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Sexual pain in women with chronic pain and childhood sexual abuse

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Introduction: A history of sexual abuse is associated with chronic pelvic pain. This study further investigates the pain experience with respect to sexual activity in adulthood for this unique population.

Methods: Retrospective cross-sectional study of new patients at a tertiary care hospital's chronic pelvic pain clinic between 2019 and 2021. All patients completed validated self-report measures on their pain.

Results: Of 1112 patients, 22% (N = 241) reported childhood sexual abuse, whereas 45% (N = 500) reported no sexual, physical, or emotional trauma. There was no statistical difference in terms of age, racial demographics, marital status, or the rate of endometriosis diagnosis. Survivors reported similar "average pain" (5.4 (SD 1.8) vs 5.1 (SD 1.9); $P = 0.016$) and "worst pain" (7.0 (SD 1.9) vs 6.5 (SD 1.9); $P = 0.007$) within the last week, as compared those with no history of any type of abuse. However, specific activities were consistently more painful for survivors of sexual abuse, including urination (3.0 (SD 3.0) vs 2.4 (SD 2.9); $P = 0.006$), having a full bladder (4.6 (SD 3.0) vs 3.6 (SD 3.1); $P < 0.001$), bowel movements (5.1 (SD 3.1) vs 4.1 (SD 3.3); $P < 0.001$), deep intercourse (6.7 (SD 3.1) vs. 5.6 (SD 3.6); $P < 0.001$), and insertion during sex (5.2 (SD 3.6) vs 4.3 (SD 3.7); $P = 0.004$) and with tampon use (4.0 (SD 3.5) vs 3.0 (SD 3.2); $P = 0.001$). There was no statistical difference in the pain they reported during their menses. Survivors were more likely to avoid sex due to pain (OR = 2.2 [1.3, 3.6]) or interrupt sex due to pain (OR = 2.3 [1.5, 3.5]).

Conclusions: Despite survivors of childhood sexual abuse reporting similar overall pain to their peers, they have higher pain associated with sexual activity, as well as bladder and bowel function. There is a higher rate in this population of avoidance and interruption of sex due to pain.

Disclosure: No.

Lasers in the treatment of vulvodynia: a scoping review

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Introduction: Considering the warning statements issued by the Food and Drug Administration and leading societies, this review aimed to map the evidence on the effectiveness of lasers for vulvodynia.

Methods: A scoping review with a systematic search was conducted. Searches included terms related to vulvodynia and laser. The type of laser, effects on pain, function, participants' perceived improvement, and adverse events were analyzed.

Results: Eight studies were included: 1 pilot randomized controlled trial, 5 before–after studies, 1 nonrandomized study, and 1 case report. The following laser applications were used: CO_2 ablation, microablative CO_2, microablative and nonablative photothermal treatment with Erbium:YAG, high-intensity laser therapy, and low-level laser therapy. Of the 6 studies including pain outcomes, 3 showed statistically significant improvements, and 3 reported a reduction in pain from subjectively interpreted data. The 2 studies investigating sexual function also reported an improvement (based on subjective interpretation). Of the 2 studies with a comparison group, neither one was powered to detect between-group differences. As for the patients' perceived improvement, 57 to 78% of participants reported a significant or moderate improvement, with one study showing greater statistically significant improvement in the low-level laser therapy group compared with sham laser. The adverse events varied depending on the type of laser.

Conclusions: Although the findings obtained are promising, they should be interpreted with caution given the lack of robust and sufficiently powered studies. Further research is needed to assess the efficacy of different types of lasers for vulvodynia prior implementation into clinical practice.

Disclosure: No.

Does pudendal nerve block improve perioperative pain following onabotulinumtoxinA injection for myofascial pelvic pain?

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Introduction: OnabotulinumtoxinA injections are useful for the treatment of myofascial pelvic pain. Concurrent pudendal nerve block (PNB) has been suggested to decrease postoperative pain, as OnabotulinumtoxinA does not take immediate effect. The efficacy of PNB for this purpose has not been well elucidated. We aim to determine whether PNB improves pain in the perioperative period following pelvic floor OnabotulinumtoxinA injections.

Methods: A subgroup analysis was performed from a retrospective cohort study including 202 patients encompassing 416 OnabotulinumtoxinA injections at a single academic institution. Post Anesthesia Care Unit (PACU) visual analog scale (VAS) pain score and oral morphine equivalents (OMEs) data between 2018 and 2022 were reviewed.

Results: A total of 64 patients met inclusion criteria, with 96 OnabotulinumtoxinA injection events. Thirty-three OnabotulinumtoxinA injections were done with concurrent PNB, while 63 injections were performed without PNB. Demographics of patients were similar in both groups. Mean VAS on arrival to PACU was 1.6 for OnabotulinumtoxinA alone and 2.2 for OnabotulinumtoxinA/PNB ($P = 0.195$). Mean VAS upon discharge from PACU was 1.7 for OnabotulinumtoxinA alone and 1.9 for OnabotulinumtoxinA /PNB ($P = 0.291$). Mean time (minutes) in PACU was 100.5 for OnabotulinumtoxinA alone and 101.6 for OnabotulinumtoxinA/PNB ($P = 0.463$). Mean OMEs given in PACU were 12.5 for OnabotulinumtoxinA alone and 14.9 for OnabotulinumtoxinA/PNB ($P = 0.207$).

Conclusions: This study suggests that pudendal nerve block at the time of pelvic floor OnabotulinumtoxinA injection may not have additional benefit of decreasing postoperative pain. Further larger studies are needed to determine the efficacy of pudendal nerve block at the time of pelvic floor OnabotulinumtoxinA injections.

Disclosure: No.

Heart rate variability and autonomic function of adolescents with chronic abdominal pain

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Introduction: Autonomic dysfunction has been increasingly reported in adults with chronic abdominal and pelvic pain. This is demonstrated by low heart rate variability (HRV), thought to be related to poorer pain modulation. Given the limited pediatric data, we compared subjective and objective autonomic function between adolescents with chronic abdominal pain (CAP) and pain-free adolescents and tested for group differences under stress.

Methods: This prospective study of 60 adolescents (females = 68.3%, M = 6.3 years) included 33 adolescents with CAP from the institution's gastroenterology and pain clinics, and 27 pain-free adolescents from the community (October 2019 to April 2022). Adolescents reported on abdominal pain and autonomic function (COMPASS31) and underwent electrocardiogram monitoring for HRV parameters (RMSSD: root mean squared of successive differences, LF: proportion of low frequency) at rest and during stress induction.

Results: The groups were similar on age, race, and ethnicity, with more females in the group with CAP. Adolescents with CAP experienced moderate pain intensity (M = 5, SD = 2). Adolescents with CAP had a 22.3-point higher COMPASS31 scores compared with pain-free adolescents of the same age and sex ($P < 0.001$), whereas RMSSD and LF did not differ. On linear mixed models, adolescents with CAP had 1244-point increase in LF during stress compared with pain-free adolescents ($P = 0.006$); findings were not statistically significant for RMSSD.

Conclusions: Adolescents with CAP had greater self-reported autonomic dysfunction compared with pain-free adolescents but were similar on HRV. Having CAP was associated with changes in LF during stress but not RMSSD. Findings signal autonomic dysregulation in adolescents with CAP and need replication in larger samples.

Disclosure: No.

Is there a correlation between idiopathic scoliosis and chronic pelvic pain in females?

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Introduction: Pelvic girdle symptoms associated with scoliosis can be seen rarely. Individuals with scoliosis are more likely to have adaptations in the surrounding muscles and fascia structures. It is possible that scoliosis contributes to pelvic pain by influencing pelvic joint alignment, tone of pelvic muscles, and relationship of relevant nerves to surrounding tissue. The current study aimed to investigate the relationship between idiopathic scoliosis and chronic pelvic pain among women.

Methods: A total of 52 women, with a mean age of 33.36 ± 13.69 years, were included in this study. Each participant filled out a structured questionnaire including sociodemographic characteristics and general health information. In addition to the sociodemographic characteristics of the individuals, their physical activity habits and the pelvic pain experience except during the menstrual period were questioned. The SRS-22 (Scoliosis Research Society-22) and Walter Reed Visual Scale were used to evaluate scoliosis. Also, VAS (visual analog scale) and PPIQ (Pelvic Pain Impact Questionnaire) questionnaires were used to assess the level of pelvic pain.

Results: The results of the study revealed a significant positive correlation between SRS-22, Walter Reed Visual Scale, PPIQ, and VAS levels of chronic pelvic pain ($P < 0.05$).

Conclusions: In conclusion, women with idiopathic scoliosis are more likely to have chronic pelvic pain. Therefore, women with idiopathic scoliosis may be also assessed in terms of pelvic girdle pain in the early stage of scoliosis.

Disclosure: No.

Transvaginal PBMT photon fluency enhanced with tissue cooling

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Introduction: Chronic pelvic pain (CPP) affects 22 million women. Treatments are frequently ineffective and painful. Transcutaneously administered photobiomodulation therapy (PBMT) has been shown to reduce musculoskeletal pain, although >90% of the photons reflect off or are absorbed into the skin. The remaining photons travel only a few centimeters deep. The vaginal cavity becomes a valuable portal to deliver photonic energy to painful pelvic floor musculature. A recent observational study suggests CPP improvement with transvaginal PBMT. Treatment power output (PO) is limited by heat generation within the vaginal cavity causing pain.

Methods: This study used a new transvaginal PBMT device that prevents excess heating of tissues using thermoregulation. This is accomplished using temperature sensors (TTS) and a cooling system; 810 nm light irradiation was administered on live human abdominal and thenar skin sites. Increasing PO was tested while maintaining the irradiated skin's surface temperature (SST) at specific temperatures using the cooling system. Photon fluency tests through the thenar tissue were performed using 810-nm continuous mode at 10 W/sec with and without cooling. Cooling was used to maintain the SST just below 41°C or with enhanced cooling to maintain the SST between 35°C and 36°C.

Results: When skin cooling maintained STT just below 41°C, increasing PO did not cause burns or pain. Higher photon fluency readings were detected through the thenar tissues during the 35°C to 36°C tests compared with tests just below 41°C.

Conclusions: Combining skin surface cooling with 810-nm irradiation allows for higher PO to be administered, resulting in increased photon fluency without overheating tissues.

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The association of endosalpingiosis with chronic pelvic pain

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Introduction: Endosalpingiosis is a poorly understood condition of ectopic epithelium resembling the fallopian tubes. It is described as an incidental pathologic finding and similar to endometriosis. The primary objective is to determine whether endosalpingiosis (ES) has a similar association with chronic pelvic pain when compared with endometriosis (EM).

Methods: This is a retrospective case–control analysis of patients with a histologic diagnosis of endosalpingiosis or endometriosis at 3 affiliated academic hospitals between 2000 and 2020. All ES patients were included, and 1:1 matching was attempted to obtain a comparable EM cohort. Demographic and clinical data were obtained, and statistical analysis was performed.

Results: A total of 967 patients (515 ES and 452 EM) were included. ES patients were significantly older than EM patients (median age, 52 vs 48 years, $P < 0.001$), but other demographic variables were similar. Fewer ES patients had baseline chronic pelvic pain than EM patients (25.3% vs 47%, $P < 0.001$), and patients with ES were less likely to undergo surgery for the primary indication of pelvic pain (16.1% vs 35.4%, $P < 0.001$). Pelvic pain as the surgical indication remained lower in the ES group in multivariable analysis (OR = 0.49, $P < 0.001$). There were similar rates of persistent postoperative pain between ES and EM groups (10.1% vs 13.5%, $P = 0.109$).

Conclusions: Although endosalpingiosis can be associated with chronic pelvic pain, the incidence of pain is significantly lower than in patients who have endometriosis. These findings suggest that ES is a unique condition that differs from EM. Further research including long-term follow-up and patient-reported outcomes is imperative.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Gynesonics (Dr. Carrubba is part of the Advisory Board). This position was not related to the current project.

"They do make you feel embarrassed or ashamed or like you're crazy": patient–provider communication about vulvar pain

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Introduction: Individuals suffering from vulvodynia can experience painful physical and psychosocial effects while navigating disconnected health services. The purpose of this study is to explore individuals' experiences with vulvodynia and provider interactions.

Methods: This descriptive qualitative study used focus groups to interview heterosexual, adult (ages 18–51) women suffering from vulvodynia, vestibulodynia, or dyspareunia. Participants completed questionnaires and semistructured focus group discussions. We conducted 6 focus groups with 3 to 5 participants. Focus group discussions were audiorecorded, transcribed verbatim, and coded by 2 independent investigators who met to resolve differences and reach consensus. This study analyzed selected codes and subsets of codes related to feelings of frustration, isolation, and being misunderstood in provider interactions. The University of North Carolina Institutional Review Board approved this study.

Results: Twenty participants participated in the focus group discussions. The mean age for the participants was 33.3 years. Most women were educated with at least some college (93%), White (78.6%), married (75%), and had income greater than $100,000 (50%). Participants shared feelings of frustration surrounding interactions with providers, feeling dismissal, disbelief, isolation, and stigmatization, resulting in feelings of self-doubt. Patient–provider interactions left the participants dissatisfied with diagnostic experiences–feeling providers did not understand the condition and were commonly misdiagnosed.

Conclusions: Patients experiencing vulvar pain value interactions with providers that affirm their symptoms and experiences and provide them with autonomy in decision making for treatment. Provider education efforts may help to destigmatize the condition and improve the quality of care for patients experiencing vulvar pain.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Annelleo.

Endometriosis-associated pain and adverse childhood events: is resiliency the missing puzzle piece?

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Introduction: Endometriosis is one of the most common chronic gynecological diseases affecting 10 to 15% of women in their reproductive years and 70% of people with chronic pelvic pain. Approximately 62% of adults in the United States report at least one childhood trauma, which is associated with an increased risk of chronic pain and gynecological complications. Resilience is important to measure in addition to stress or trauma as the mechanisms associated with stress-related psychopathology are expected to differ significantly from those associated with resilience. This study aimed to describe the experience of childhood stress, resilience, and trauma in people with endometriosis-associated pain (EAP).

Methods: Participants with endometriosis (n = 37, mean age = 27.9 years) and pain-free controls (n = 40, mean age = 25.6 years) completed 2 questionnaires: Childhood Traumatic Events Scale (CTES) and the Connor-Davidson Resilience Scale (CD-RISC). T-tests were used to compare the groups.

Results: Although both groups endorsed an average of 2 childhood traumatic events, those with endometriosis reported a significantly higher burden score indicating a greater perceived impact, mean score of 10.2 (7.6) vs. 6.8 (5.2) ($t(50) = -1.8$, $P = 0.03$). There were no significant differences between the groups on resiliency scores; although both groups endorsed low/moderate overall resiliency scores, the mean score for controls was 21.8 (4.5) vs. EAP participants with 21.1 (5.4).

Conclusions: Further research with larger sample sizes and mixed methodologies is needed to further elucidate the relationship between EAP, trauma, and resiliency. However, these findings highlight the importance of trauma-informed care and positive psychology for those with EAP.

Disclosure: No.

Childhood pelvic pain in survivors of childhood sexual trauma

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Introduction: A history of sexual abuse is associated with chronic pelvic pain.

Methods: Retrospective cross-sectional study of new patients at a tertiary care hospital's chronic pelvic pain clinic between 2019 and 2021. All patients completed validated self-report measures of pain and pain outcomes.

Results: Of 1112 patients, 22% (N = 241) reported childhood sexual abuse, whereas 45% (N = 500) reported no sexual, physical, or emotional trauma. There was no statistical difference in age, racial demographics, marital status, or the rate of endometriosis diagnosis. Among survivors of sexual abuse, 52% (N = 128) had pain during their childhood. The majority

(89%) of patients with childhood pain had persistent pain that never resolved. Another 7.8% of patients had childhood pain that lasted for more than a year before resolving as a child. Less than 4% had pain that resolved within a year of developing it during childhood. Survivors were more likely to have pain during their childhood (OR = 2.3[1.7, 3.1]) and were more likely to have their pain continue to persist into adulthood (OR = 2.3[1.7, 3.1]) as compared with women with chronic pelvic pain and no history of sexual abuse. Survivors of sexual abuse tended to develop pain at an earlier age than their peers (12.3 (SD 3.8) vs 13.3(SD 3.1); P = 0.018).

Conclusions: Pain starts at a younger age among survivors of childhood sexual trauma, and it is more likely to persist into adulthood (instead of resolve) as compared with women with no trauma history. This highlights the importance of treating childhood pain in survivors of sexual abuse because it is unlikely to spontaneously resolve.

Disclosure: No.

Dysmenorrhea catastrophizing and functional impairment in female pelvic pain

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Introduction: Dysmenorrhea is suggested to increase the risk of chronic pain by enhancing central sensitization. However, little is known about whether emotional and cognitive responses induced by dysmenorrhea contribute to chronic pain-associated functional impairment. We examined the association between catastrophizing specific to dysmenorrhea and disability associated with both dysmenorrhea and chronic pelvic pain (CPP).

Methods: Women (N = 104) receiving care for CPP through a tertiary gynecological pain clinic between 2017 and 2020 were recruited. They completed the pain catastrophizing scale, the brief pain inventory–pain interference, and a newly developed questionnaire assessing dysmenorrhea symptoms and treatment preceding the development of CPP. Dysmenorrhea catastrophizing and dysmenorrhea interference measures were developed and tested for internal consistency and construct validity. Multiple linear regression models examined dysmenorrhea catastrophizing in association with dysmenorrhea interference and CPP interference.

Results: Dysmenorrhea catastrophizing and interference measures demonstrated excellent internal consistency (Cronbach alpha 0.93 and 0.92, respectively) and evidence of construct validity (correlated with dysmenorrhea severity and treatment, Ps < 0.01). Dysmenorrhea catastrophizing moderately correlated with pain catastrophizing (ρ = 0.30) and was associated with greater dysmenorrhea interference (P < 0.001) and CPP interference (P = 0.009) accounting for general pain catastrophizing and other confounders. Exploratory analysis identified dysmenorrhea intensity as the most important predictor of dysmenorrhea catastrophizing.

Conclusions: Among treatment-seeking women with CPP, dysmenorrhea-specific catastrophizing is associated with disability related to both previous dysmenorrhea and current CPP. Dysmenorrhea catastrophizing could be an important pathway to amplified pelvic pain–related functional impairment and thus constitute a target for early intervention.

Disclosure: No.

Experience with treatments as reported by persons with chronic pelvic pain in the general population

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Introduction: Current guidelines for management of chronic pelvic pain (CPP) emphasize a multimodal approach including holistic treatments and pelvic physical therapy (PT). Treatment research focuses primarily on use of surgical and medical therapies among patients seen in specialty or tertiary care centers. Our objective was to determine what treatments are used by patients with CPP in the general population.

Methods: We conducted a cross-sectional survey of US persons ≥ 18 years old. To adequately represent women with CPP, within a 5% margin of error and 95% confidence level, the calculated sample size was 385 respondents. The survey contained questions about interactions with health care professionals and treatments used.

Results: Of 1221 respondents 63.8% (n = 780) reported abdominal/pelvic pain and a pain level ≥2 on a 0 to 10 scale; 122 had pain <6 months and 658 had pain ≥6 months (CPP). Of 658, 42.6% (n = 280) were diagnosed with a CPP condition by their PCP and 24.5% (n = 337) by a gynecologist. Of those with pain <6 months, 41.0% (n = 50) reported receiving no treatment vs. 51.2% (n = 337) of the group with CPP. Those with CPP were more likely to use opioids (12.5% vs. 3.3%, P = 0.002) and less likely to report having pelvic PT (16.4% vs. 32.8%, P = <0.00). Alternative treatments, including acupuncture, nutrition, and cognitive behavioral therapy, were used by 41.5% of CPP patients (n = 273).

Conclusions: Nearly half of patients with pelvic pain did not receive treatment. Alternative treatments and pelvic PT are largely unused, confirming a gap between current treatment guidelines and actual practice.

Disclosure: Dr. Lamvu is a consultant for SOLVD Health, Abbvie and Myovant.

The use of telemedicine in pelvic floor physical therapy: is it effective?

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Introduction: The study objective was to examine whether there are differences in meeting treatment goals between pelvic floor physical therapy (PFPT) patients who participated in telehealth visits versus those who participated in traditional office visits at a community hospital.

Methods: Retrospective chart review was performed among women >18 years old who received PFPT at a 305-bed community teaching hospital from April 2019 to February 2021. Cohorts were defined as "Mostly Office Visits" (>50% office visits) and "Mostly Telehealth" (>/= 50% telehealth visits). Primary outcome measures included demographic data, number/type of visit for each patient, number of no-show/cancellation appointments, and number of patients discharged meeting PFPT goals. Statistical significance was defined as P < 0.05.

Results: Two hundred thirty-four subjects met criteria for the "Mostly Office Visit" cohort and 48 subjects met criteria for the "Mostly Telehealth" cohort. There were no significant differences observed in age (P = 0.919), BMI (P = 0.817), race/ethnicity (P = 0.170), or insurance type (P = 0.426) between the cohorts. There was no statistically significant difference in meeting PFPT goals

between the "Mostly Office Visit" cohort (24.4%) and the "Mostly Telehealth" cohort (35.4%) ($P = 0.113$). There was no difference in the number of cancelled visits per patient (mean cancellations "Office visit" 1.98; "Telehealth" 1.63; $P = 0.246$) and the number of no-show visits per patient (mean no-show's "Office visit" 0.23; "Telehealth" 0.31; $P = 0.297$) between the cohorts.

Conclusions: There was no statistically significant difference in meeting discharge goals regardless of whether a patient participated in majority telehealth visits versus traditional office visits. Therefore, we can conclude that provider-led telehealth visits may be equally efficacious at providing competent PFPT care.

Disclosure: No.

External myofascial mobilization improves both short and long-term outcomes in males with chronic pelvic pain

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Introduction: CPS (chronic pelvic pain syndrome) is a debilitating medical condition that affects males of all ages. The study objective was to assess the short-term and long-term benefits of an external myofascial mobilization (EMM) in the treatment of males with chronic pelvic pain syndrome (CPPS).

Methods: This study includes a retrospective chart review of patients who underwent EMM therapy for CPPS at the Pelvic Pain clinic between January 2019 and April 2021. As outcome measures, the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) scale and the numerical rating scale (NRS) were used.

Results: A total of 29 patients completed the standard 4-session EMM therapy and the follow-up evaluation. Patients ranged in age from 24 to 61 years, with a mean of 38. The mean (SD) NIH-CPSI score was 28.41 (9.3) at the baseline and dropped to 7.14 (3.15) after the treatment. At 12 months, the NIH-CPSI score was 10.63 (4.95). The majority of the trial group's patients demonstrated a decline in NIH-CPSI score of >6 points post therapy, and this improvement was well sustained at follow-up at 12 months, showing a robust short-term and long-term response to EMM therapy. The NRS measurement also demonstrated a substantial improvement in pain (P 0.001).

Conclusions: An EMM strategy based on fascial connectivity resulted in considerable symptom improvement in all of the individuals investigated, with longer-lasting symptom alleviation. EMM is proven to be a successful therapy option for CPPS. To validate the conclusions presented here, more high-quality studies with control groups are required.

Disclosure: No.

Hypnotherapy use and acceptance in patients with chronic pelvic pain

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Introduction: An increased number of patients with chronic pelvic pain (CPP) are seeking complementary and alternative medicine (CAM) therapies either as a primary treatment or as an adjunct to the traditional therapies of surgery or pharmaceuticals. Hypnotherapy can create a safe altered state of consciousness with the potential to alleviate pain. We aim to assess the current usage and acceptance of hypnotherapy among patients with CPP in a tertiary care practice.

Methods: We prospectively surveyed patients being evaluated for CPP from October 2021 to January 2022. The survey assessed prior experience and attitudes towards hypnosis and other CAM therapies. A favorability score was calculated based on responses for each CAM therapy.

Results: A total of 92 patients participated, 2.4% of which previously had tried hypnotherapy. Of patients who had not tried hypnotherapy, 65.3% were willing to try, with an average age of 35 years and 3 comorbid pain conditions. Those most willing to try hypnotherapy were patients who would also consider trialing massage therapy ($P = 0.024$), physical therapy ($P = 0.003$), psychotherapy ($P < 0.001$), dietary supplements ($P = 0.037$), and suppositories/enemas ($P = 0.008$). Hypnotherapy was more favorable to over-the-counter medications and suppositories/enemas and less favorable than heating/cooling pads, physical therapy, and wellness coaching. However, overall hypnotherapy had low favorability when compared with other CAM therapies.

Conclusions: Despite evidence of efficacy, hypnotherapy is not being used by patients with CPP and not viewed favorably. Future studies should focus on increasing provider knowledge of acceptable CAM therapies including hypnotherapy and patient selection as well as understanding limiting factors for efficacious but poorly used treatments.

Disclosure: No.

The impact of mind–body medicine on patient-reported outcomes in management of chronic pelvic pain

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Introduction: Mindfulness therapy is beneficial for patients with chronic medical conditions, but there is limited data in pelvic pain. Our objectives are to determine whether mindfulness training improves quality of life outcomes in pelvic pain and to determine feasibility of implementation of this program.

Methods: This is a pilot feasibility trial for women with chronic pelvic pain at a single academic tertiary referral clinic. A convenience sample of 15 subjects was enrolled based on available funding. Subjects were scheduled for three 60-minute virtual mind–body sessions (1 individual and 2 group) with a mind–body counselor. Patient-Reported Outcomes Measurement Information System-Computer Adaptive Testing (PROMIS-CAT) scores were obtained at baseline, and they were repeated at 3 months and 6 months after enrollment. Minimal clinically important difference (MCID) cutoff values of 5 points were assigned to each category to assess for effectiveness of the intervention. Descriptive statistics were performed.

Results: Fifteen patients enrolled in the study, 14 attended the individual baseline mind–body counseling visit, 12 attended the first group visit, and 9 attended the second group visit. Among the 13 patients who completed the 3-month PROMIS-CAT scores, 7 had a significant MCID improvement in "sleep disturbance" T scores. At least a 5-point MCID improvement in the "fatigue," "pain interference," and "ability to participate in social roles" was observed in 6 patients each. There was a 40% dropout rate.

Conclusions: A formal mind–body counseling program can feasibly be implemented to support concurrent pelvic pain treatments. Our pilot trial demonstrated modest improvement in patient-reported quality of life.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Gynesonics (Dr. Carrubba is part of the Advisory Board). This position was not related to the current project.

Acceptability of transvaginal photobiomodulation among women with chronic pelvic pain

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Introduction: Transvaginal photobiomodulation (TV-PBM) is a novel therapy that significantly decreases pain in women with chronic pelvic pain (CPP). It is available in limited US locations, not covered by insurance, and administered twice weekly for 3 to 4 weeks. It is not known whether TV-PBM, and the costs associated with it, will be acceptable to women with CPP. Our objective was to determine (1) whether patients are willing to undergo TV-PBM, (2) the amount they are willing to pay for treatment, and (3) whether they prefer TV-PBM over other types of therapies.

Methods: We conducted a cross-sectional survey of women ≥18 years with CPP (abdominal/pelvic pain, lasting ≥6 months, and pain level ≥2 on a 0–10 scale). To adequately represent women with CPP, within a 5% margin of error and 95% confidence level, the calculated sample size was 385 respondents. The survey contained questions about willingness to try the treatment, to pay the cost, and preference over other treatments.

Results: We received 1221 responses; 423 fulfilled criteria for CPP and were included in this analysis; 66.0% (n = 279) were willing to try TV-PBM. Of this cohort, 92.8% (n = 259) would complete treatments twice a week, 92.8% (n = 259) would prefer TV-PBM over medications, 99.3% (n = 277) over pelvic physical therapy (PT), 71.7% (n = 200) over surgery, and 54.1% (n = 151) are willing to pay out of pocket, whereas 62.4% are willing to pay more than $2000.

Conclusions: TV-PBM is acceptable and preferred over other treatment modalities. Respondents are willing to pay for TV-PBM; however, insurance coverage may be a barrier.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Dr. Lamvu is a consultant for SOLVD Health, Abbvie, Myovant, SoLá, and Uroshape, LLC.

Telerehabilitation for chronic pelvic pain: a scoping review

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Introduction: The use of telerehabilitation has been increasing, and in response to COVID-19, it is a promising alternative to in-person visits. Currently, there is no literature review evaluating the use of telerehabilitation for chronic pelvic pain. This study aimed to identify and summarize the evidence on the use of telerehabilitation in patients with chronic pelvic pain (CPP) and pelvic girdle pain (PGP).

Methods: The purpose of this scoping review electronic databases (Amed, CINAHL, PsycINFO, Sportdiscuss, Medline, Scopus, Cochrane CENTRAL, and ProQuest) were searched from inception to May 2022 in published articles. Patients' characteristics, the form of telerehabilitation, effects on pain and functional outcomes, patient-perceived improvement were analyzed.

Results: Six studies (2 randomized-controlled trials, 3 case reports, and 1 before–after design) were included. Telerehabilitation commonly contained education, breathing, and pelvic floor exercises delivered in both personalized or nonpersonalized ways. The involvement of the therapist varied. Of the 4 studies investigating pain outcomes, all showed subjectively assessed improvements from baseline to follow-up with only one study confirming statistical significance. Of the 2 studies with control groups, both showed statistically significantly higher improvement in telerehabilitation group when compared with controls. One study showed markedly higher improvement than minimal clinically important change. Patient's perceived improvement was assessed in 3 studies and reported improvements from baseline to follow-up.

Conclusions: Telerehabilitation may have potential as an intervention to treat and manage CPP and/or persistent PGP. This review supports the need for further research focusing on the optimal telerehabilitation format and its effects when compared with traditional treatment.

Disclosure: No.

Perineural OnabotulinumtoxinA infiltration of the pudendal nerve in patients presenting with nonentrapped pudendal neuralgia

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Introduction: Safety and efficacy of OnabotulinumtoxinA infiltration therapy has been reported for neuralgias except for pudendal neuralgia (PN).

Methods: Case series of patients diagnosed with PN according to Nantes criteria including diagnostic nerve block. Patients with classical nerve entrapment requesting neurolysis were excluded. Infiltration targeting the nerve at the ischial spine was performed with 50 U of OnabotulinumtoxinA reconstituted in 5 mL of 0.75% ropivacaine applying the STAR technique (S-ischial spine, T-ischial tuberosity, A-acetabulum, R-anal rim). Injections were unilateral if the pain was unilateral. Pain reduction was documented on a numerical rating scale (0–10).

Results: Between April 2018 and 2022, 152 women (55.1%) and 124 men (44.9%) with a mean symptom duration of 33.6 ± 17.1 months received infiltration; 86 received unilaterally (31.2%). Etiology of PN (N, %) was idiopathic (107, 38.7%), postsurgical (89, 32.2%), traumatic (28; 10.1%), vaginal delivery (25, 9.1%), postherpetic (11, 4.0%), postinflammatory (10, 3.6%), postvaccination (3, 1.1%), and small fiber neuropathy (3, 1.1%). Mean time to onset of neurotoxin effect was 22.1 ± 4.5 days. Pain intensity dropped from 6.1 ± 2.3 preintervention to 3.1 ± 1.9 after a mean follow-up interval of 59.4 ± 7.9 days. Pain reduction of more than 25%, 50%, and 75% was achieved in 73 (26.4%), 23 (8.3%), 17 (6.2%) patients, respectively. No correlation was found between the extent of pain reduction and PN etiology. Two patients reported postinterventional constipation, and 2 had increased pain after infiltration.

Conclusions: In this cohort, OnabotulinumtoxinA infiltration resulted in marked pain reduction in 41.0% of patients with nonentrapped PN without severe adverse events.

Disclosure: Any of the authors act as a consultant, employee or shareholder of an industry for: Farco Pharma and Medtronic

Validation of pelvic pain and endometriosis ICD-10 diagnostic codes and characterization of pelvic pain and endometriosis patients at a Canadian academic tertiary care centre

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Introduction: The objectives were to validate ICD-10 diagnostic codes for pelvic pain (PP) and endometriosis for the Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD) at a tertiary hospital and to characterize surgical patients with PP and endometriosis.

Methods: A retrospective chart review was conducted for all patients who underwent benign gynecologic surgery at a tertiary hospital from April 2016 to March 2017. Results were compared against the CIHI-DAD for validation. Bivariate analysis characterize patients with PP. Patients were then stratified based on PP, and patients with and without endometriosis were compared.

Results: One thousand sixty-nine patients were included. Among 200 of 1069 pelvic pain patients (18.7%), 83 (41.5%) had endometriosis; among the 869 of 1069 non-PP patients (81.3%), 89 (10.2%) had endometriosis. In the validation of ICD-10 codes for pelvic pain, sensitivity was 51.6% (95% CI [42.9%–60.3%]); specificity 99.6% (95% CI [99.2%–100.0%]); PPV 94.2% (95% CI [88.8%–99.7%]); NPV 93.9% (95% CI [92.4%–95.4%]); and kappa 0.64 (95% CI [0.56–0.72]). For endometriosis, sensitivity was 75.0% (95% CI [68.5%–81.5%]); specificity 95.2% (95% CI [93.8%–96.6%]); PPV 75.0% (95% CI [68.5%–81.5%]); NPV was 95.2% (95% CI [93.8%–96.5%]); and kappa 0.70 (95% CI [0.64–0.76]). Compared with non-PP, pelvic pain was associated with increased odds of hysterectomy, oophorectomy, laparoscopy for suspect endometriosis, and previous gynecological laparoscopies. PP was also associated with increased odds of other pain-associated conditions, including painful bladder syndrome (OR 5.89; 95% CI [1.31–26.50]), fibromyalgia (OR 2.28; 95% CI [1.25–4.17]), depression/anxiety (OR 1.57; 95% CI [1.10–2.24]), and sexual abuse (OR 4.40; 95% CI [0.88–21.94]). When stratified by individuals with and without PP, endometriosis was associated with increased odds of surgical excision of reproductive organs but not pain-associated comorbidities.

Conclusions: In this chart reabstraction study, agreement for ICD-10 diagnostic codes for PP and endometriosis is moderate; individuals with nonendometriosis-related PP had similarly increased rates of pain-associated comorbidities.

Disclosure: No.

The effects of race/ethnicity on the experience of persons with chronic pelvic pain—the EXPECPP study

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Introduction: Studies show disparities in the treatment of acute pain between white and non-white persons; however, little is known about how race affects the health care experience of those with chronic pelvic pain (CPP). The objective was to determine whether there are racial differences in the health care experience of persons with CPP.

Methods: A cross-sectional survey about pain descriptors, satisfaction with care, and pain interference was distributed to US persons ≥18 years to reach a minimum sample of 385 respondents. Participants self-identified race/ethnicity and then were categorized as white vs. non-white. Statistics included means, frequencies (%), and *P*-values using *t*-tests, and χ^2 comparing whites vs. non-whites.

Results: Of 1221 respondents, 658 reported having CPP (VAS ≥ 2 and pain lasting >6 months); 260 (39.5%) non-white and 398 (60.5%) white. Compared with whites, more non-whites reported pain lasting longer than 4 years (47.5% vs. 25.4%, $P = 0.006$). Treatments received were similar between the groups except for pelvic physical therapy (PT), which was reported more by non-whites (77.3% vs 34.2%; $P < 0.000$). Pharmacotherapy was more frequent among whites (NSDAIDS/gabapentin 32.7% vs. 15.0%, $P = 0.030$; muscle relaxants 22.9% vs. 11.5%, $P = 0.030$), whereas interventional therapies were more frequent in non-whites (vaginal trigger points 15.4% vs. 6.0%, $P = 0.030$; neuromodulation 8.8% vs 1.8%, $P = 0.020$). There were no differences in pain severity, impact, and interference with quality of life or satisfaction with HCPs.

Conclusions: Non-whites who experienced longer pain duration were more likely to receive pelvic PT and less likely to be treated with pharmacologic therapies. Further research is needed to determine how these differences impact outcomes.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Dr. Lamvu is a consultant for SOLVD Health, Abbvie, and Myovant.

Patient-reported impact of chronic pelvic pain on quality of life

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Introduction: Patients with chronic pelvic pain (CPP) report lower quality of life, particularly in the physical health and social relationships domains on the World Health Organization Quality of Life instrument (WHOQOL). We approach the impact of CPP using patient narratives to explore the breadth of unique patient experiences not captured in standardized instruments.

Methods: We performed a qualitative thematic analysis of patient's narrative descriptions of pain and pain impact. Approximately 500 patient narratives were collected during the initial visit to our tertiary care center's CPP Clinic. Two reviewers independently extracted themes followed by a process of clarification and consensus.

Results: From a preliminary sample of 20 patients, thematic review revealed impacts in the physical, psychological, independence, and social relationship WHOQOL domains of health. Many specifically referenced impacts on work and ability to engage in activities. Additional themes such as fear and loss of control were identified. For example, one patient wrote that she was "too scared to leave [her] house." Novel themes identified included the necessity for "coping," self-advocacy, and temporality or constancy of pain. One patient stated that CPP was "part of [her] life."

Conclusions: CPP has variable and individual effects on patients and quality of life, the depth of which may not be adequately captured by standardized measurements. In this preliminary study, unique themes emerge in patient experiences of CPP. These previously uncaptured themes support the need for individualized patient-centered outcomes within treatment plans for patients with CPP.

Disclosure: No.

Satisfaction with care, pain impact, and interference with quality of life among persons with chronic pelvic pain in the general population

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Introduction: Little is known about the self-reported experience of persons with chronic pelvic pain (CPP). Most studies of CPP focus on endometriosis and on patients seen in specialty care centers. Our objective was to describe the experience of those living with CPP in the general population.

Methods: We conducted a cross-sectional survey of US persons ≥18 years old. To adequately represent women with CPP, within a 5% margin of error and 95% confidence level, the calculated sample size was 385 respondents. The survey contained questions about symptoms, pain severity, impact on quality of life, and satisfaction with treatment and health care professionals.

Results: Of 1221 respondents, 63.8% (n = 780) reported abdominal/pelvic pain and a pain level ≥2 on a 0 to 10 scale; 122 had pain <6 months and 658 had pain ≥6 months (CPP). Compared to those with pain <6 months, persons with CPP were more likely to have severe pain that interferes with relationships ($P = 0.001$), sleep ($P = 0.042$), enjoyment of life ($P = 0.004$), mood ($P = 0.019$), and normal daily activity ($P = 0.035$). They were more likely to have pain that impacts sexual function ($P = 0.001$) and ability to raise a family ($P = 0.035$), and to report receiving conflicting information from health care professionals ($P = 0.001$). Those with pain <6 months were just as likely to be satisfied with care (34.9% vs. 38.6%, $P = 0.332$) and treatment (33.9% vs. 27.1%, $P = 0.355$) as those with pain ≥6 months.

Conclusions: Pain interference and impact on activities were worse among persons with pain ≥6 months. However, satisfaction with treatments and health care professions is similar in both groups.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Dr. Lamvu is a consultant for SOLVD Health, Abbvie, Myovant, SoLá, and Uroshape, LLC.

Predictors of absenteeism in women with chronic pelvic pain

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Introduction: Absenteeism is a major source of economic loss for women with chronic pelvic pain.

Methods: Cross-sectional study of patients presenting to a chronic pelvic pain referral clinic between 2103 and 2015. Patients completed a detailed questionnaire regarding history, pain symptoms, and validated self-report measures. We defined high absenteeism as pain-related absence from work or school for at least 15 days over a 90-day period.

Results: We analyzed 266 new patients, of whom 34.6% (n = 92) reported high absenteeism and 65.4% (n = 174) reported low absenteeism. Patients with high absenteeism were more likely to have children (OR = 2.2 [1.3, 3.8]). Patients with high absenteeism were more likely to have a coexisting depression (OR = 3.3 [1.9, 5.6]), anxiety (OR = 2.5 [1.5, 4.2]), and bipolar disorder (OR = 3.3 [1.3, 8.6]). There was no difference in history of endometriosis between the groups. Patients with high absenteeism had higher BMI (30.1 + 10.2 vs 26.6 + 7.3; $P = 0.004$). They also reported higher Brief Pain Inventory (BPI) Pain Severity (26.6 + 7.3 vs 19.8 + 8.6; $P < 0.001$), greater degree of widespread pain on the Fibromyalgia Survey Score (4.9 + 3.7 vs 3.6+2.4; $P = 0.003$), and had significantly greater pain on pelvic floor myofascial examination (4.7 + 2.9 vs 2.9 + 2.7; $P < 0.001$). In multivariable logistic regression, number of children (OR 1.6 (1.2–2.1), $P = 0.001$), BPI pain severity (OR 1.1 (1.0–1.1, $P = 0.002$), pelvic floor myofascial pain (OR 1.1 (1.0–1.26) $P = 0.032$), BMI (OR 1.1 (1.0–1.1) $P = 0.003$), and PROMIS depression (OR 1.1 (1.0–1.1) $P = 0.003$) were associated with higher likelihood of high absenteeism.

Conclusions: High absenteeism is multifactorial and likely impacted by social factors, pelvic myofascial pain, and depression.

Disclosure: No.

Improvements from small group multidisciplinary pain management intervention for women living with pelvic pain maintain at 12 months

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Introduction: A 6-week small group multidisciplinary pain management intervention for women living with pelvic pain containing 24 hours of face-to-face content demonstrated clinically significant improvement for 88% of participants across a number of domains. There was no clinically significant deterioration on any measure. In this study, we look at results at 6 and 12 months following participation in the program to ascertain whether improvements were sustained.

Methods: Using a within-subject pre-and-post design, the participants completed measures that assessed the quality of life across the IMMPACT domains, using self-report measures before, immediately after, and at 6 and 12 months after participation.

Results: Data were available from 60% of participants at 12 months. Of these 75% demonstrated maintained or improved pain scores (meeting criteria for minimal, moderate, or substantially clinically important change). Ninety-two percent demonstrated maintained or improved scores on the pain self-efficacy scale (meeting criteria for clinical significance) and 42% maintained their improvement in catastrophic worry. On the global rating of change, 83.3% showed maintained improvements or gains in overall and physical domains.

Conclusions: This initial pilot suggests that a 6-week multidisciplinary small group intervention aimed to increase participants' ability to self-manage pain and improve the quality of life can lead to lasting clinically significant improvements for participants.

Disclosure: No.

Collection of electronic patient-reported symptoms in patients with vulvodynia using epic MyChart survey

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Introduction: The use of electronic patient-reported outcomes (ePROs) in patient care is an evolving field as patient–provider messaging increases as a primary communication source. The purpose of our study was to assess the feasibility of electronically collecting validated questionnaires in women with vulvodynia.

Methods: Cross-sectional electronic MyChart survey of women receiving care at a tertiary care center. Inclusion criteria included women ≥ 18 years old with diagnoses codes for vulvodynia, provoked vestibulodynia, and dyspareunia between March 2020 and June 2022. Overall, 1810 patient surveys were sent out twice through the Epic MyChart system over a 12-week period. The University of North Carolina Institutional Review Board approved this study.

Results: Ninety-two women (5.1%) completed the electronic survey through the patient messaging system across 2 time points. Most women were white (81.5%), educated with at least some college (91.3%), married (64.1%), and had income above $80,000 (53.3%). Questionnaires included the Vulvar Pain Assessment Questionnaire Inventory, the PROMIS(r) Pain Intensity Form, Sleep Disturbance-Short Form, Hospital Anxiety and Depression Scale, Pain Catastrophizing Scale, Childhood Traumatic Events Scale, and Recent Traumatic Events Scale.

Conclusions: The electronic survey response rate was low compared with established survey collection methods. Targeted strategies will be necessary to increase response thresholds in women with vulvodynia through the use of electronic MyChart surveys.

Disclosure: No.

Transvaginal photobiomodulation for the management of treatment resistant interstitial cystitis/bladder pain syndrome: a report from real-world clinical settings

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Introduction: Interstitial cystitis/bladder pain syndrome (IC/BPS) typically presents with pelvic pain, dysuria, and urgency. Transvaginal near-infrared laser photobiomodulation (TV-PBM) has been shown to decrease pain in patients with chronic pelvic pain. SoLá Pelvic Therapy (SPT) is a TV-PBM device that delivers therapeutic irradiance to the levator muscles and the bladder. Our goal was to determine whether TV-PBM can decrease pelvic pain and urinary symptoms in IC/BPS patients.

Methods: This was an IRB-approved analysis of data prospectively collected from women undergoing TV-PBM with SPT in 24 US practices. Pain was measured using the NRS categorized as 0 to 1 no pain, 2 to 4 mild, 5 to 7 moderate, and 8 to 10 severe pain. The primary outcome was change in overall pelvic pain from baseline compared with after 8 treatments. Minimal clinically important difference (MCID) was defined as pain reduction of ≥2 NRS points. Effect size was measured using Cohen d coefficient; low effect size if d 0.8.

Results: From 2019 to 2021, 140 patients with IC/BPS received SPT; 89 (59.3%) completed 8 treatments of those, 61 (73.5%) pelvic pain improved by ≥1 points, and 53 (63.9%) improved by ≥2 points. Pain levels decreased as follows: overall pain MCID = −2.7, d = 1.07, dysuria MCID = −2.6, d = 1.0; pain with exercise MCID = −2.6, d = 0.91, and dyspareunia MCID = −2.5, d = 0.82. Compared with baseline, treatment with TV-PBM reduced the odds of having continued moderate or severe pain by 88% (OR = 0.12, 95% CI 0.06–0.25).

Conclusions: TV-PBM reduced pelvic pain and dysuria in two-thirds of the women with IC/BPS. Controlled studies are needed to confirm these findings.

Disclosure: Yes, this is sponsored by industry/sponsor: SoLá Pelvic Therapy Clarification: Industry funding only–investigator initiated and executed study. Any of the authors act as a consultant, employee or shareholder of an industry for: SoLa Pelvic Therapy.

When sex isn't fun: qualitative descriptions of vulvodynia and its effects on dating, relationships, and sex

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Introduction: Vulvodynia is the leading cause of painful sex, affecting as many as 16% of American women. The condition often disrupts women's experiences with sex. The purpose of this study is to explore experiences with vulvodynia and its effects on sexual relationships.

Methods: This qualitative study used focus groups to interview heterosexual, adult (ages 18–51) females experiencing vulvodynia, vestibulodynia, or dyspareunia. Those who reported no episodes or attempts of vaginal intercourse in the prior 18 months were excluded. We conducted 6, semistructured focus groups with 3 to 5 participants. Discussions were audiorecorded, transcribed, and coded by 2 independent investigators who then resolved differences and reached consensus. This study analyzed subsets of codes involving dating, relationships, and sex. The University of North Carolina Institutional Review Board approved this study.

Results: Twenty participants participated in focus group discussions. The mean participant age was 33.3 years. Most women were educated with at least some college (93%), White (78.6%), married (75%), and had income above $100,000 (50%). Participants spoke about a mind–body connection and resulting anxiety affecting intercourse enjoyment. Participants grieved their sexual identity, loss of "fun" sex, and sexual spontaneity from fear of pain, cumbersome treatments, and slowing or stopping intercourse. Participants felt pressure to please partners, sacrificing personal comfort and experiencing pain.

Conclusions: Experiencing vulvar pain strains relationships and affects desire to date and engage in sex. Women report enduring pain to maintain relationships rather than stopping intercourse. Additional research should further examine factors contributing to patients' sexual decision making.

Disclosure: Any of the authors act as a consultant, employee, or shareholder of an industry for: Annelleo.

Racial differences in the surgical evaluation for chronic pelvic pain

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Introduction: Historical data suggest lower prevalence of endometriosis among Black women. We hypothesize that Black women may be less likely to have previously undergone surgery to evaluate their chronic pelvic pain (CPP) compared with their White peers.

Methods: Cross-sectional study of patients presenting to a CPP referral clinic, completed a questionnaire between 2019

and 2021. We compared patients who self-identified race as African American or Black with those who self-identified as White.

Results: We analyzed 1143 patients, 8.7% (n = 100) identified as Black and 78.3% (n = 895) as White. Black patients reported less pain days than White patients (16.6 + 9.8 CI vs 19.3 + 9.5 CI; $P = 0.006$); however, they have higher average dysmenorrhea pain scores (8.14 + 2.5 CI vs 7.40 + 2.6 CI, $P = 0.012$) and worse Brief Pain Index (BPI) Pain Severity (22.8 + 9.5 CI vs 19.0 + 8.7 CI; $P < 0.001$). Although there was no difference in BPI interference, dyspareunia, prior endometriosis diagnosis, or number of days missed at work, Black patients reported more days in bed due to pain (15.6 + 22.4 CI vs 21.2 + 22.1 CI; $P = 0.018$). There were no differences in utilization of prior treatments, including over the counter medications, hormones, physical therapy, neuropathic medications, nerve blocks, and acupuncture. However, Black patients were less likely to have undergone surgery for pain (25.0% vs 44.6%, $P < 0.001$).

Conclusions: Although there was no difference in a prior endometriosis diagnosis, Black patients were less likely to have undergone surgical evaluation for CPP compared with White patients, despite greater pain burden and similar trials on nonhormonal treatment options.

Disclosure: No.

A novel approach to treat chronic pelvic pain using self-induced therapeutic tremor

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Introduction: An interdisciplinary approach, which includes integrative health, may be the optimal approach to treat women with chronic pelvic pain (CPP). Self-induced therapeutic tremor (SITT) is a treatment modality that has yet to be studied in women with CPP. The purpose of this pilot, single-arm trial was to assess the impact of a 4-week intervention with a combination of self-induced therapeutic tremor (SITT) plus mindfulness on symptoms of CPP.

Methods: Participants were recruited from an OB-Gyn resident pelvic pain clinic, coauthor's private clinic, and an academic hospital integrative health clinic. They attended 6 to 8 sessions of combined SITT plus mindfulness over a 4-week period. Symptoms were assessed using the PROMIS-29 survey, which assesses 7 health-related domains, at 3 time points (baseline, immediately postintervention, and 1-month postintervention). The pain catastrophizing scale was assessed at 3 time points as well. Changes in these domains across time were assessed using repeated-measures ANOVA with pairwise comparisons in SPSS.

Results: Among the 10 participants that completed the study, there were significant improvements in anxiety ($P = 0.04$), depression ($P = 0.046$), fatigue ($P = 0.001$), sleep disturbance ($P = 0.016$), and pain intensity ($P = 0.015$) across time. Specifically, fatigue significantly decreased from baseline to immediately postintervention ($P = 0.003$) and remained significantly lower 1 month postintervention compared with baseline ($P = 0.007$). Pain interference also significantly decreased from baseline to immediately postintervention ($P = 0.003$) and remained lower 1 month postintervention.

Conclusions: This pilot study showed significant improvements in several health-related domains that persisted over time. Further investigation comparing SITT plus mindfulness with mindfulness alone is warranted.

Disclosure: No.

Phenotyping chronic pancreatitis pain based on 7-day daily diary pain assessment

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Introduction: Severe abdominal pain is the most distressing symptom of chronic pancreatitis (CP). Different CP pain patterns (ie, constant or intermittent pain) have been identified in retrospective reports; however, microlevel dynamic pain experiences are unknown. We aimed to identify CP pain phenotypes from diary pain assessment and compare patient characteristics.

Methods: Thirty adults (age M 49.8; 80% women) with CP completed a 7-day online daily diary to evaluate worst, least, average, and current pain intensity (0–10 numerical rating scale). Participants also completed PROMIS measures for pain interference, physical function, depression, anxiety, sleep disturbance, fatigue, social participation, and quality of life measures. We calculated 18 indices from diaries (pain magnitude, variability, and synchrony). We used k-means clustering (following principal component analysis) to identify distinct patient groups, and compared demographic, clinical, and psychosocial variables across groups.

Results: Four groups were identified. Group 1 (n = 3, 11%) had minimal pain and the best functioning. Group 2 (n = 4, 15%) had moderate pain magnitude and high pain variability. Group 3 (n = 9, 33%) had moderate pain magnitude and low pain variability. Group 4 (n = 11, 41%) had the highest pain magnitude and lowest pain variability. From Group 2 to Group 4, with decreasing pain variability, age, female proportion, and use of strong opioids increased, whereas mental health and social participation decreased.

Conclusions: Using daily pain diaries, we identified 4 groups with varying pain magnitude and variability among patients with CP. Individual pain variability through intensive pain assessment could facilitate risk stratification, patient monitoring, and individualized CP pain management.

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