



Effective Health Care

Chronic Pelvic Pain

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- While the topic, *Chronic Pelvic Pain*, is an important topic and has potential for a systematic review, it will not go forward for refinement as a systematic review due to limited program resources at this time.

Topic Description

Nominator(s): Health care professional association

Nomination Summary: The nominator has requested an update to the 2012 AHRQ report, *Noncyclic Chronic Pelvic Pain Therapies for Women: Comparative Effectiveness*, so that they may update their guidelines. Then nominator intends to update their guideline based on a systematic review. The updated guideline will help clinicians be better equipped to make appropriate treatment decisions for women with chronic pelvic pain (CPP) based on the needs of the individual patient and the resources and limitations unique to the institution or type of practice, which will in turn help improve outcomes for these patients.

Staff-Generated PICOs

KQ2

Population(s): Non-pregnant women diagnosed with CPP and suspected of having endometriosis

Intervention(s): Diagnostic laparoscopy

Comparator(s): Magnetic resonance imaging (MRI) or ultrasound

Outcome(s): Test sensitivity, specificity, positive and negative predictive value, time to identification of CPP causes, cost, cost-benefit, pelvic pain intensity and duration, morbidities, test complications, quality of life, functional status

KQ3

Population(s): Non-pregnant premenopausal women diagnosed with neuropathic CPP; post-menopausal women diagnosed with neuropathic CPP

Intervention(s): Neuropathic medications (antidepressants, analgesics (opioid and non-opioid)), cognitive behavioral therapy, complementary/alternative medicine therapies (herbal and nutritional therapies, magnetic field therapy, acupuncture)

Comparator(s): Those listed (i.e., compared to each other), no treatment, placebo

Outcome(s): Reduction of symptoms, recurrence, adverse events, health-related quality of life, functional status

KQ4

Population(s): Non-pregnant women diagnosed with CPP associated with endometriosis

Intervention(s): Medical management (progestins, combined oral contraceptives, levonorgestrel intrauterine system, danazol, gonadotropin-releasing hormone agonists, aromatase inhibitors) or surgical management (ablation/excision, nerve interruption, adhesiolysis, hysterectomy +/- bilateral salpingo-oophorectomy)

Comparator(s): Those listed (i.e., compared to each other), no treatment, placebo

Outcome(s): Reduction of symptoms, recurrence, adverse events, health-related quality of life, functional status

KQ5

Population(s): Non-pregnant women diagnosed with CPP and dyspareunia associated with myofascial causes

Intervention(s): Pelvic physical therapy, transcutaneous electrical nerve stimulation, or onabotulinumtoxinA

Comparator(s): Those listed (i.e., compared to each other), no treatment, placebo

Outcome(s): Reduction of symptoms, recurrence, adverse events, health-related quality of life, functional status

KQ6

Population(s): Non-pregnant women diagnosed with introital dyspareunia associated with provoked vestibulodynia

Intervention(s): Topical treatments, injectable treatments, physical therapy, cognitive-behavioral therapy, or vestibulectomy

Comparator(s): Those listed (i.e., compared to each other), no treatment, placebo

Outcome(s): Reduction of symptoms, recurrence, adverse events, health-related quality of life, functional status

Key Questions from Nominator:

The original nomination included six key questions (KQ) and several sub questions, which are listed below. Following a discussion with the nominator, it was determined that the scope of this topic would be limited to KQs 2-6. While KQ 1 is not a focus of this topic brief, it is possible to include the question when the topic moves forward. KQ 2 was revised to focus on women suspected of having endometriosis and to compare specific diagnostic imaging techniques with diagnostic laparoscopy. KQ3 was reframed as pre- and post-menopausal women with “neuropathic chronic pelvic pain” from “chronic pelvic pain of unknown etiology.” The treatments of interest for this key question were also revised to include neuropathic pain medications and complementary/alternative medicine (CAM) therapies. KQs 4-6 reflect original nomination questions.

Original Key Questions from Nomination:

1. Among women who have been diagnosed with noncyclic/mixed cyclic and noncyclic chronic pelvic pain, what is the prevalence of the following comorbidities: dysmenorrhea, major depressive disorder, anxiety disorder, temporomandibular joint pain disorder, fibromyalgia, irritable bowel syndrome, interstitial cystitis/painful bladder syndrome, complex regional pain syndrome, vulvodynia, functional abdominal pain syndrome, low back pain, headache, and sexual dysfunction?

2. What constitutes an adequate diagnostic evaluation for women in the ambulatory care setting on which to base treatment of chronic pelvic pain?
 - a. What are the diagnostic values of baseline examination (history and physical examination) when compared with diagnostic laparoscopy?
 - b. What are the diagnostic values of baseline examination (history and physical examination) when compared with diagnostic imaging?
 - c. What is the association between patient outcomes and pelvic pain diagnostic methods?
3. In women with chronic pelvic pain of unknown etiology, what is the effectiveness and harms of therapies for treatment?
 - a. Medications (neuropathic, antidepressants, analgesics (opioid and non-opioid))
 - b. Counseling/cognitive-behavioral therapy
 - c. Complementary/alternative medicine therapies (herbal and nutritional therapies, magnetic field therapy, acupuncture)
4. In women with chronic pelvic pain associated with endometriosis, what is the effectiveness and harms of therapies for treatment?
 - d. Medical management (progestins, combined oral contraceptives, levonorgestrel intrauterine system, danazol, gonadotropin-releasing hormone agonists, aromatase inhibitors)
 - e. Surgical management (ablation/excision, nerve interruption, adhesiolysis, hysterectomy +/- bilateral salpingo-oophorectomy)
5. In women with chronic pelvic pain and dyspareunia associated with myofascial causes, what is the effectiveness and harms of therapies for treatment?
 - f. Pelvic physical therapy
 - g. Transcutaneous electrical nerve stimulation
 - h. Botox
6. In women with introital dyspareunia associated with provoked vestibulodynia, what is the effectiveness and harms of therapies for treatment?
 - i. Topical treatments
 - j. Injectable treatments
 - k. Physical therapy
 - l. Cognitive-behavioral therapy
 - m. Vestibulectomy

Revised Key Questions:

1. Among women who have been diagnosed with noncyclic/mixed cyclic and noncyclic chronic pelvic pain, what is the prevalence of the following comorbidities: dysmenorrhea, major depressive disorder, anxiety disorder, temporomandibular joint pain disorder, fibromyalgia, irritable bowel syndrome, interstitial cystitis/painful bladder syndrome, complex regional pain syndrome, vulvodynia, functional abdominal pain syndrome, low back pain, headache, and sexual dysfunction?
2. What constitutes an adequate diagnostic evaluation for women suspected of having endometriosis in the ambulatory care setting on which to base treatment of chronic pelvic pain?
 - a. What are the diagnostic values of ultrasound when compared with diagnostic laparoscopy?

- b. What are the diagnostic values of MRI when compared with diagnostic laparoscopy?
3. In pre and post-menopausal women with neuropathic chronic pelvic pain, what is the effectiveness and harms of therapies for treatment?
 - a. Neuropathic medications (antidepressants, analgesics (opioid and non-opioid))
 - b. Counseling/cognitive-behavioral therapy
 - c. Complementary/alternative medicine therapies (herbal and nutritional therapies, magnetic field therapy, acupuncture)
4. In women with chronic pelvic pain associated with endometriosis, what is the effectiveness and harms of therapies for treatment?
 - a. Medical management (progestins, combined oral contraceptives, levonorgestrel intrauterine system, danazol, gonadotropin-releasing hormone agonists, aromatase inhibitors)
 - b. Surgical management (ablation/excision, nerve interruption, adhesiolysis, hysterectomy +/- bilateral salpingo-oophorectomy)
5. In women with chronic pelvic pain and dyspareunia associated with myofascial causes, what is the effectiveness and harms of therapies for treatment?
 - a. Pelvic physical therapy
 - b. Transcutaneous electrical nerve stimulation
 - c. OnabotulinumtoxinA
6. In women with introital dyspareunia associated with provoked vestibulodynia, what is the effectiveness and harms of therapies for treatment?
 - a. Topical treatments
 - b. Injectable treatments
 - c. Physical therapy
 - d. Cognitive-behavioral therapy
 - e. Vestibulectomy

Considerations

- Chronic pelvic pain (CPP) is a common problem among women, with an estimated prevalence among women ages 15-73 of 3.8% (prevalence rates similar to back pain or asthma) and accounting for 10% of all gynecological referrals, yet it is not always well understood.¹ It is a complex condition with many possible causes, including systemic, gynecologic, urologic, musculoskeletal, psychoneurological, and gastrointestinal etiologies. The most common causes include endometriosis, adhesions, painful bladder syndrome or interstitial cystitis, and irritable bowel syndrome, though infection, pudendal neuralgia, pelvic floor dysfunction, and psychological factors are also possible causes. Often times, the etiology of CPP is unknown and in up to 40% of women, there is more than one cause of CPP. Because the cause of CPP is often difficult to diagnose, it may not be well managed and may not respond to treatment.
- A new systematic review by AHRQ is warranted. No systematic reviews that comprehensively addressed all of the nominator's key questions were identified. A scan of the available evidence

¹ Howard F. Chronic pelvic pain. *Obstet Gynecol* 2003;101(3):594-611

yielded new studies of treatment for CPP, particularly for CPP caused by endometriosis, which could help inform a new systematic review.

- An AHRQ systematic review has the potential for impact because of high interest from potential stakeholder group in this topic. A new review could help to inform clinical guideline development by this group.
- However due to resource constraints, the EHC Program is unable to develop a systematic review on this topic at this time.