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Gaps in pelvic pain treatment highlighted at key medical meeting

Guidelines for helping people with pelvic pain and endometriosis to manage their condition are mostly poor quality and place too much emphasis on surgical and medical interventions, an international review led by a South Australian researcher has found.

The review by Adelaide-based PhD candidate Amelia Mardon examined international pelvic pain guidelines in 20 countries, including Australia. She concluded that 16 of the 20 guidelines failed to meet guideline development standards and many did not consider the benefits of non-surgical, multi-disciplinary treatments for the condition.

Ms Mardon will discuss her findings at the Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting (ASM) in Brisbane on Sunday 5 May. Persistent pelvic pain and endometriosis costs Australia an estimated \$A9.5 billion per year.

“The review highlights serious gaps in the management of pelvic pain but we are now seeing greater awareness of the condition from federal and state governments through additional funding and inquiries into the experiences of pain and pain management,” Ms Mardon says.

“We found that unlike other pain conditions, guidelines for pelvic pain do not recognise the benefits of pain science education for those living with the condition so there is a big research gap there.”

Ms Mardon, who works within IIMPACT in Health at the University of South Australia, says learning about the biology of pain helps people living with pelvic pain to better understand and validate their condition so they know it is not imaginary or exaggerated.

She recently completed a small Australian interview study of people assigned female at birth who revealed how learning more about the biology of pain through pain science education helped them better understand their condition.

Most of the 20 participants were aged under 35 and had been diagnosed with endometriosis.

Participants described how the belief that pain must relate to tissue pathology was reinforced by health professionals. One respondent revealed how, due to the absence of demonstrable tissue damage, doctors showed little concern about her pain.

Others said despite consultations with several specialists and receiving no explanations for their pelvic pain they felt responsible for their own pain. They described feeling frustrated by the lack of acknowledgement of their pain.

“Similar to their experiences of feeling dismissed by healthcare professionals, participants thought they were being told their pelvic pain was ‘all in their head,’ implying that it was imaginary,” Ms Mardon explains.

However, after learning more about the biological mechanisms underlying persistent pain, participants described how they shifted the blame for their pain from themselves to their brain and nervous system.

“Persistent pelvic pain is a complex, multifaceted condition that affects many people,” Ms Mardon says.

She says the interviews highlighted how pain science education can help those living with the condition. (PSE aims to demystify people’s understandings about “how pain works” by focusing on a biopsychosocial approach to pain management.)

More than 2000 anaesthetists and specialist pain medicine physicians from Australia, New Zealand, the US, the UK, Ireland, Hong Kong and Malaysia are attending the ASM at the Brisbane Convention Centre.

ANZCA is responsible for the training, examination and specialist accreditation of anaesthetists and pain medicine specialists and for the standards of clinical practice in Australia and New Zealand.

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