



Original Article

Experience with Chronic Pelvic Pain

Hasina Akhtar¹, Ziban Nahar²

Abstract

A 12-month study was carried out on 500 patients attending between January 2006 to December 2006 in a private chamber in Rajshahi and outpatient Department of Gynecology and Obstetrics of Rajshahi Medical College. The aim of the study was to assess the frequency of chronic pelvic pain and cause of chronic pelvic pain among the patients attending there. Among the 500 recruited patients 20% had organic cause; the rest 80% had no organic cause. Among the recruited patient, only 20% underwent surgery & improved after surgery. It was also found that another 60% improved with medical treatment, psychotherapy and counseling.

TAJ 2008; 21(2): 118-120

Introduction

Chronic pelvic pain is a debilitating condition that may affect millions of women world wide¹. Chronic pelvic pain defined as pelvic pain of at least six months duration with pain having occurred in the last three months was found to be 15% in 5623 women aged 18-50 years². Chronic pain is among today's common problems and the common are low back pain, chronic pelvic pain, headache, cancer pain. The chronic pain leads to various psychological problems³. Chronic pelvic pain can have a considerable impact in term of interference with daily life and general well being⁴.

This study showed that chronic pelvic pain can reduce the quality of life and general well being. So, there is need for a community based study to see prevalence rate of chronic pelvic pain. Chronic pelvic pain is also associated with psychopathology but still remaining some doubt as to whether psychopathology is the cause or effect

of chronic pelvic pain. This uncertainty needs to be resolved⁵.

This study also showed that psychosocial characteristics can be important factors in the painful and inability periods, and psychological treatment and counseling are effective in pains reduction.

Material and Methods

A longitudinal survey was done from January 2006 to December 2006 in a private chamber in Rajshahi and out patient department of gynecology of Rajshahi Medical College. Five hundred sexually active women between 20-50 years were studied. Data were collected in person using interviewing questionnaire and seven aspects of chronic pelvic pain including age, educational status, income level, effect of chronic pelvic pain as women's live, change of doctor, satisfaction of patient toward doctor, cause of chronic pelvic pain and improvement of patient. General, pelvic examination and Ultrasonography was done in all patients.

¹ Assistant Professor, Department of Gynecology & Obstetrics, Rajshahi Medical College, Rajshahi.

² Resident Surgeon, Department of Gynecology & Obstetrics, Rajshahi Medical College & Hospital, Rajshahi.

Results

A total 500 cases were included in this study. Among them 400 (80%) women age group between 21-35 years. They were sexually active and complained constant dull ache in their pelvis. Among them 30% had primary education, 60% received secondary education and 10% were graduated and above. About 80% of the women had annual income to Tk. 84.000, 16% had > Tk. 84.000 and 4% had Tk. 36.000, Out of 500 cases limitations of home life was found in 400 (80%). Among them 200 (40%) were found loss of their work > 1 day in month 60% suffered from sexual dysfunction and 450 (90%) were in regular medication.

Table I: Sample population demographic characteristics (N=500)

Age	No.	Educational Status
< 20	50 (10%)	Primary level -150-0%
21 - 35	400 (80%)	Secondary 300 -60%
36 - 50	50 (10%)	Graduation -50 -10%
Income level		
Tk. 1500 - 3000	20 (4%)	
Tk. 3000 - 1000	400 (80%)	
Tk > 7000	80 (16%)	

Table II: Effect of chronic pelvic pain on women live (N=500)

	No.	%
Loss of > 1 day/month Home or work	200	40%
Sexual dysfunctions	300	60%
Regular use of Medication	450	90%
Limitation of Normal home life	400	80%

Table III: Change of doctor and satisfaction toward doctor (N=500)

No. of pt	Change of Doctor	%
450	2 - 6 times	95
50	Remain with one doctor	5
No. of pt.		
Not Satisfied	450	95%
Satisfied	50	5%

Among 500 patients, 100 (20%) were detected organic cause by pelvic examination and Ultrasonography. Another 80% were found no organic cause. Of which 20% cases were completely recovered after surgery. Rest of the patient 300 (60%) responded with medical treatment as well as psychotherapy and counseling. 100 (20%) had no response with treatment though they had no organic cause.

Table IV: Case of chronic pelvic pain (N=500)

	No.	%
Organic cause Such as PID, Endometriosis, Adenomyosis	100	20%
Non organic cause	400	80%

Table V: Improvement of patient (N=500)

	No.	%
Improved with surgery TAH with or without Salpingo- oophorectomy	100	20%
Improved with Medical treatment psychotherapy and Counseling	300	60%
No response	100	20%

Discussion

It has often been said, with some truth, that chronic pelvic pain in women is a common complaint but that is not well understood or treated⁶. This study focused difficulty of treating illness whose presentation is familiar but underlying pathology is not understood. In this study chronic pelvic pain was detected 80% cases age group of (21 - 35 years). The community based study by Mathias et al in the united state found a prevalence rate of chronic pelvic pain of 15% in women aged 18 - 50 year.

In this study chronic pelvic pain was detected 60% had secondary educations income level Tk. 84.000, were 80%. It is observed that those who received secondary education and low middle class family suffered more.

In one of such studies, the incidence of limitation of home life was 28% among 227 patients⁷. In this study limitation of normal home life 80% some limitation of sexual activity was found 60% in present study. This is nearly consistent with other study in which 60% suffered from sexual dysfunction due to fear of post coital ache.

In this study, 90% Patient was not satisfied with their doctor. So, 95% cases frequently change their doctor. Chronic pelvic pain is a costly condition since it results in absence from work and frequent use of health care resources. In one study total annual case of chronic pelvic pain with negative findings at laparoscopy was estimated approximately 182 £ million⁸.

In the present study 20% cases had pathology and among rest of the cases though exact causes were not found those may be due to psychopathological causes leading to chronic pelvic pain. In one study in UK have provided a psychological profile of women with chronic pelvic pain particularly those without pathology at laparoscopy⁹. The major causes of chronic pelvic pain are: PID, endometriosis and adenomyosis. Among 500 patients, 20% patients improved with surgery those had organic cause. In this study 80% cases were due to gynecological symptom as psychiatric disorder. This nearly correlated with other study where prevalence with of psychiatric disorder and gynecological symptoms 70% to 80%¹⁰.

We conclude that chronic pelvic pain is a common problem affecting the lives of a substantial number of women. They can least afford to have such a debilitating condition.

Conclusion

Chronic pelvic pain is a major problem seeking solutions. A multi-disciplinary effort from gynecologist, psychiatrists and funding bodies is needed to establish an effective research programs. An effective research programs is needed for better understanding of the cause; which will lead to more effective treatment.

References

1. Krina T, Zonder vat et al. The prevalence of chronic pelvic pain in women in the United Kingdom: a systematic review. *Br J Obs Gyn.* 1998; 105: 93-99.
2. Mathias SD et al. Chronic pelvic pain: Prevalence, health related quality of life and economic correlates. *Obst Gynecol.* 1996; 87: 321-27.
3. Fleurmond J, Sharpe I. Is it all in the head? The psychological effect of chronic pain and the effectiveness of modern therapies. *Ethn Dis.* 2005; 15: 47-80.
4. Nolar te et al. Chronic pelvic pain: Differentiating anatomic from functional causes. *Post Grad Med.* 1993; 94: 125-28.
5. Fry et al. Socio psychological factor in women with chronic pelvic pain with or without pelvic venous congestions. *J Psycho.* 1997; 42: 21-85.
6. Dief Ju. The pelvic pain syndrome. *Br J Obs Gyn.* 1993; 100: 508-10.
7. Jamison S. The prevalence of dysmenorrhoea, Dyspareunia, pelvic pain and irritable bowel syndrome in primary care practices. *Obs and Gyn.* 1996; 87: 55-59.
8. Davies L et al. The economic burden of intractable gynecological pain. *J Obs Gyn.* 1992; 12: 854-56.
9. Hodg Kiss et al. Psychiatric morbidity and illness behavior in women with chronic pelvic pain. *J Psych Res.* 1994; 38: 3-9.
10. Gath D et al. Psychiatric disorder and gynecological symptom in middle aged women. *BMJ.* 1987; 294: 213-18.

All correspondence to:
Hasina Akhtar
Assistant Professor
Department of Obstetrics & Gynaecology
Rajshahi Medical College,
Rajshahi.