

# How should we manage women with unexplained chronic pelvic pain in light of uncertainty about the effectiveness of gabapentin?

James M N Duffy, National Institute for Health Research doctoral research fellow

Balliol College, University of Oxford, Oxford, UK

Correspondence to: JMN Duffy [james.duffy@balliol.ox.ac.uk](mailto:james.duffy@balliol.ox.ac.uk)

Education, doi: 10.1136/bmj.j3520

Treatment of women with chronic pelvic pain is directed towards achievement of higher function with some pain rather than a cure.<sup>4</sup> At the initial consultation, explore and document the severity of pain, and its effect on lifestyle, daily activities, including sleep disturbance, and participation.<sup>5</sup> Reassure the patient that no treatable pathology has been identified on investigation. Explain that this is not unusual and some approaches might be tried to relieve the pain.

Guidelines from the Royal College of Obstetricians and Gynaecologists recommend initial pain management with non-steroidal anti-inflammatory drugs with or without paracetamol.<sup>6,7</sup> Compound analgesics such as co-dydramol can also be considered.<sup>7</sup> Encourage the woman to monitor and record pain, its impact on daily activities, and treatment side effects. Ask her to represent if the pain worsens or she develops other symptoms, which might warrant repeat investigations for a suspected pathology.

If pain relief is insufficient, consider referral to a pain management team or a specialist pelvic pain clinic. These can deliver a multidisciplinary care model, including components of physical treatment, cognitive behavioural therapy, complementary therapies such as acupuncture, transcutaneous nerve stimulation, and other medical disciplines, such as anaesthesia and gynaecology.<sup>4,7,8</sup>

Gabapentin is currently recommended only in a specialist setting for women with suspected neuropathic pain. Explain the uncertainty in evidence of benefit and potential side effects of gabapentin within the context of chronic pelvic pain. Warn about common side effects, including dizziness, fatigue, drowsiness, and peripheral oedema.<sup>9,10</sup> These can limit compliance but are often tolerated.<sup>8</sup> An increased risk of suicidal thoughts and behaviour has been observed with use of gabapentin. Ask patients or carers to report any changes in moods or behaviour. Gabapentin is not recommended in pregnant women. Caution is advised in patients with renal impairment as it is exclusively excreted by the kidneys.<sup>10</sup>

Arrange a follow-up visit to assess dosage titration, tolerability, adverse effects, and continued need for treatment.<sup>5</sup> If the overall benefit is limited by side effects, the lowest effective dose should be found by down titration. If side effects are not tolerated or if there is no benefit, gabapentin should be withdrawn.

A treatment approach embedded within a multidisciplinary care model, which takes into account the individual needs and preferences of women with chronic pelvic pain, can reduce the disruption to the woman's life and avoid an endless succession of referrals, investigations, and operations.<sup>7</sup>

#### Box start

#### Education into Practice

Recollect a woman you have seen at your practice with unexplained chronic pelvic pain.

How did you manage her pain?

What would you do differently in explaining about her pain and the treatment options?

Do you routinely document the severity of pain and impact on functioning and quality of life?

#### Box end

<jrn>1 Latthe P, Latthe M, Say L, Gülmezoglu M, Khan KS. WHO systematic review of prevalence of chronic pelvic pain: a neglected reproductive health morbidity. *BMC Public Health* 2006;6:177. PubMed doi:10.1186/1471-2458-6-177</jrn>

<jrn>2 Daniels JP, Khan KS. Chronic pelvic pain in women. *BMJ* 2010;341:c4834. PubMed doi:10.1136/bmj.c4834</jrn>

<jrn>3 Howard FM. The role of laparoscopy in chronic pelvic pain: promise and pitfalls. *Obstet Gynecol Surv* 1993;48:357-87. PubMed doi:10.1097/00006254-199306000-00001</jrn>

<jrn>4 Jarrell JF, Vilos GA, Allaire C, et al; Chronic Pelvic Pain Working Group; Society of Obstetricians and Gynaecologists of Canada. Consensus guidelines for the management of chronic pelvic pain. *J Obstet Gynaecol Can* 2005;27:869-910. PubMed doi:10.1016/S1701-2163(16)30993-8</jrn>

<eref>5 National Institute for Health and Care Excellence. Neuropathic pain in adults: pharmacological management in non-specialist settings (NICE guideline CG173). NICE, 2013. [www.nice.org.uk/guidance/cg173](http://www.nice.org.uk/guidance/cg173).</eref>

<eref>6 WHO. Cancer pain relief: with a guide to opioid availability. 2nd ed. 1996. <http://apps.who.int/iris/bitstream/10665/37896/1/9241544821.pdf>.</eref>

<eref>7 Moore SJ, Kennedy SH. The initial management of chronic pelvic pain. RCOG, 2012. [www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg41/](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg41/).</eref>

<eref>8 Engeler D, Baranowski AP, Borovicka J, et al. Guidelines on chronic pelvic pain. EUS 2014. [http://uroweb.org/wp-content/uploads/25-Chronic-Pelvic-Pain\\_LR\\_full.pdf](http://uroweb.org/wp-content/uploads/25-Chronic-Pelvic-Pain_LR_full.pdf).</eref>

<jrn>9 Moore RA, Wiffen PJ, Derry S, McQuay HJ. Gabapentin for chronic neuropathic pain and fibromyalgia in adults. *Cochrane Database Syst Rev* 2011;16:CD007938. PubMed</jrn>

<other>10 Neurontin [package insert]. New York, NY: Pfizer Inc; 2009.</other>