

REVIEW OF 4TH WORLD CONGRESS ON ABDOMINAL AND PELVIC PAIN

11-12 MAY 2019, HILTON LONDON METROPOLE HOTEL

"A Lifecourse and Lifestyle Approach"

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The 4th World Congress on Abdominal and Pelvic Pain (WCAPP) was held in London at the Hilton London Metropole Hotel and focused on pain from a lifecourse and lifestyle approach. The Abdominal & Pelvic Pain (APP) Special Interest Group of the International Association for the Study of Pain (IASP) was responsible for organizing this 4th WCAPP, 11-12 May 2019, at the Hilton London Metropole Hotel in London in collaboration with Convergences in PelviPerineal Pain (Convergences PP), the International Pelvic Pain Society (IPPS) and the European Society of Neurogastroenterology and Motility (ESNM). Many thanks are due to the organising committee chaired by Katy Vincent together with Sandy Hilton, Qasim Aziz and Frank Tu for a most interesting international programme with new insights into this difficult field of chronic pelvic pain as well as an update on ICD-11. The IPBF and the Pelvic Pain Support Network were represented at this conference. There were around 130 attendees from many different countries and disciplines. This review takes a brief look at some of the highlights.

It was underlined during the meeting that chronic pain is very costly to the economy as well as being disabling for the patient. The patient is even more distressed by the lack of effective treatment. A multidisciplinary, patient-centred approach is essential. And something needs to be done about the confused terminology that currently exists since it not only confuses the patient but also the doctor when everyone is using a different term.

Sex differences in chronic pain across the lifecourse looked at sex differences in clinical and experimental pain and analgesia and the role of sex hormones in pain. While estrogen is the most studied hormone other hormones play a role too. The burden of clinical pain is greater in females who have been shown to exhibit greater perceptual responses to laboratory-induced pain, according to Roger Fillingim from the USA. However, these differences vary across the lifespan. Females show greater opioid analgesia, while males show greater placebo analgesia. Multiple mechanisms contribute (hormones, brain function, psychosocial factors). Some factors affect pain differently across the sexes and the consequences of pain may differ by sex. Later in the day, Katy Vincent also looked at the evidence for hormonal influences on pain, concluding that hormones do influence pain and that chronic pain could mean that an individual is more sensitive to hormonal variation.

Michael Pluess gave a fascinating talk on environmental sensitivity, explaining that people may have widely varying degrees of environmental sensitivity, for example in reaction to stress, perception of pain etc. Some people are generally more and some people generally less sensitive and susceptible. It has been shown that some individuals have a more sensitive central nervous system on which experiences register more easily and more deeply. In other words, adverse experiences will not harm all individuals to the same degree. And vice versa, supportive experiences will not benefit all individuals to the same degree, as a function of genetic, physiological and psychological factors, suggesting a more sensitive central nervous system as a mechanism of heightened environmental sensitivity. He concluded that substantial variability in response to environmental influences should be expected, in other words the norm rather than the exception.

The role of dysmenorrhea in the emergence of chronic pelvic pain was discussed by Frank Tu from the USA, noting that dysmenorrhea sufferers can exhibit increased bladder pain. He also looked at common cross-organ mechanisms which may underlie uterine/bladder/bowel sensitivity. He concluded that given that medication resistance is associated with cross-organ sensitization, more effective menstrual pain medications are urgently needed.

Georgine Lamvu (USA) updated us with terminology in the field of vulvar pain, reminding us that:

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Dyspareunia = pain with intercourse

Vulvar pain = pain associated with a known etiology

Vulvodynia = pain of unknown etiology lasting more than 3 months.

Common chronic pelvic pain conditions include:

Irritable bowel syndrome

Interstitial cystitis/bladder pain syndrome

Myofascial pelvic pain

Pelvic neuralgias

Endometriosis

Vulvodynia

Common chronic pain (non-pelvic) conditions include:

Chronic migraine/tension headache

Fibromyalgia

Chronic fatigue syndrome

Temporomandibular joint disorders

Chronic low back pain

Up to 20% of patients with chronic pain have more than one pain condition. As the number of pain conditions increases, so does biopsychosocial dysfunction and disability. Chronic pain also has a far-reaching impact, causing fatigue, cognitive impairment and varying degrees of physical, social and sexual dysfunction. Certain medications and treatments for chronic pain and/or other health conditions can also contribute. Patients with one pain condition should be screened for other chronic comorbidities that may result in continued pain and require additional treatment.

Sohier Elneil very movingly addressed the hugely controversial hot topic of the complications caused by mesh insertion, shattering the lives of many patients.

Diet and nutrition, particularly in relation to IBS, including the FODMAP diet were extensively discussed. Daisy Jonkers (Netherlands) looked at the aging population and gastrointestinal microbiota, noting the differences between the young elderly versus centenarians. Problems may be associated with health status, medication use and lifestyle factors. She emphasized that more high-quality studies are needed.

Nicole Tang talked about the complex relationship between sleep and pain. In experiments, acute sleep deprivation and fragmentation has been shown to increase pain sensitivity, aggravate inflammatory responses and reduce endogenous pain inhibition.

Exercise and the need for it play a predominant role throughout the meeting as after each session the delegates were asked to join in two minutes of exercise to music! Several speakers underlined the importance of physical activity for the prevention and management of chronic disease, although there is so far limited evidence where chronic pain is concerned.

International Classification of Diseases (ICD) 11th Revision, known as ICD-11.

"In an endeavour to improve the representation of chronic pain in the ICD, the International Association for the Study of Pain (IASP) established an international task force that worked closely with representatives of the World Health Organization (WHO) to develop a systematic classification of chronic pain in general, and chronic visceral pain in particular. The classification effort concentrates on chronic pain and excludes acute pain. The new IASP classification of chronic pain for ICD-11 will provide an umbrella classification system for all chronic pain syndromes."(IASP)

The future and classification of chronic visceral pain in relation to the International Classification of Diseases (ICD) was explained by Qasim Aziz, noting that ICD-11 will no longer be a book but an electronic database. While it was originally developed for mortality statistics, it is today increasingly being used for morbidity

statistics, reimbursement, treatment pathways and research. He was specifically looking at proposals in the section on chronic visceral pain (which include IC/BPS) which is led by himself and Maria A. Giamberardino, emphasizing that this has not yet been validated.

There was a need for a radically revised classification because chronic visceral pain is not represented in ICD-10 in a systematic manner. Chronic pain may now change from a biomedical model that views chronic pain as a symptom to that of a biopsychosocial one that views chronic pain as a DISEASE or long-term condition.

New in ICD-11 is the concept of chronic primary and secondary visceral pain syndromes.

Chronic primary pain

- New concept – not classified with psychiatric disorders.
 - Multifactorial: psychosocial factors contribute but not considered monocausal
 - No assumptions made about etiology, believed to originate from internal organs but no underlying pathology is identified.
 - Definition captures persistent and disruptive nature of pain
 - Biological changes are closely linked to psychological processes
 - Neurophysiological brain reactions which change pain perception
 - The new entity will also provide a framework to unite conditions hitherto scattered throughout the ICD
 - Helps to focus on their commonalities and differences.
 - **Will not be called functional anymore.**
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- The diagnosis of chronic primary visceral pain is appropriate even if there are identified biological or psychological contributors.
 - Unless one of the other diagnoses would better account for the presenting symptoms.

(see M. Nicholas et al. Pain 160 (2019)28-37.

Chronic secondary visceral pain

- Emphasis on chronic visceral pain syndromes
- Differential diagnosis: primary chronic visceral pain
- **Chronic secondary pain syndromes** may be conceived as symptoms of underlying diseases, but their management may be necessary beyond treatment of those diseases.

It is hoped that the new classification will:

- Facilitate the diagnostic process
- Lead to improved tailoring of treatments
- More accurate epidemiological data.

Further detailed information about this section of ICD-11 can be found in:

[THE IASP CLASSIFICATION OF CHRONIC PAIN FOR ICD-11: CHRONIC SECONDARY VISCERAL PAIN.](#)

Aziz Q, Giamberardino MA, Barke A, Korwisi B, Baranowski AP, Wesselmann U, Rief W, Treede RD; IASP Taskforce for the Classification of Chronic Pain. Pain. 2019 Jan;160(1):69-76. doi: 10.1097/j.pain.0000000000001362. PMID: 30586073

PATIENT INFORMATION

Useful for patients with GI tract issues: UK award winning webinars for patients

www.patientwebinars.co.uk

With bowel issues a taboo and stigmatized topic for the patients themselves, a section on IBS was included in this webinar system on a number of gastrointestinal disorders. Many of the older generation are watching

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these videos and finding them useful. This website is for all webinars and access to specialist information sheets.

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