



**EUROPEAN FEDERATION OF IASP CHAPTERS**

**Major issues on**

**“PAIN IN WOMEN”**

**during the**

**European Week Against Pain in Women - October 15-21, 2007**



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The European Federation of IASP Chapters (EFIC) launches its campaign on the theme of “Pain in Women” during the European Week Against Pain (EWAP), 15-21 October 2007.

This is only the start of an entire year, the **GLOBAL YEAR AGAINST PAIN IN WOMEN**, in which initiatives will be undertaken: i) to investigate the difficulties faced by women in different European Countries in having an appropriate assessment and management of their pain symptoms, ii) to promote research directed at specific pain problems in women.

## Major Issues on “Pain in Women”

a) Pain is an extremely common problem in women of all ages. It bears so many **unique characteristics and diversities** with respect to pain in men which call for a specific attention from both a diagnostic and a therapeutic point of view clinically, as well as for ad-hoc designed experimental studies to clarify pathophysiological mechanisms. Specific peculiarities/differences are summarized below:

i) **Epidemiology.** Women are subject to kinds of pain exclusive to their sex, e.g., partum and postpartum pains, primary and secondary dysmenorrhea, chronic pelvic pain of gynecological origin, vulvodynia. Women are also more subject than men to a number of recurrent/chronic pain conditions not exclusive to their sex. Chronic pain is a major healthcare problem in Europe, “a disease in its own right” (EFIC’s Declaration, D. Niv and M. Devor, 2001); according to recent large-scale surveys, it occurs in nearly 20% of all adults (Breivik et al., 2006). Examples of chronic pain entities affecting significantly more women than men are: Irritable Bowel Syndrome, Interstitial Cystitis, Fibromyalgia, Migraine, Tension-Type Headache, Osteoarthritis, pain in Rheumatic Diseases, Temporomandibular Disorders, Chronic Back Pain (Collett et al., 1998; Dao and LeResche, 2000; Fillingim et al., 2003; Ouyang and Wrzos, 2006; Wijnhoven et al., 2006; Abeles et al., 2007; Shinal and Fillingim, 2007). With respect to men, women very often also present more than one painful condition at a time (e.g., Fibromyalgia *plus* Dysmenorrhea *plus* Irritable Bowel Syndrome *plus* Headache *plus* Interstitial Cystitis)(Giamberardino, 2000). Episodes of gender-based violence may also represent a triggering event for the development of several recurrent/chronic pain conditions in women (Fillingim and Edwards, 2005);

ii) **Symptom presentation.** Women often experience more intense and longlasting pain states compared to men. They also more frequently present atypical patterns of pain, which makes the diagnosis more difficult and often causes a delay in treatment, with important negative consequences especially for urgent conditions such as ischemic heart disease (Albarran et al., 2007);

iii) **Fluctuations of symptoms.** Women experience variable levels of pain of the same clinical condition in relation to different phases of life (pre-puberal, fertile and post-menopausal) and in the various phases of the menstrual cycle during the fertile years. This variability may affect accuracy of diagnosis and efficacy of therapy if not adequately taken into account by healthcare professionals (Hellstrom and Anderberg, 2003; Berkley and Holdcroft, 2005);

iv) **Sensitivity to painful stimuli.** Women are more sensitive than men to noxious stimuli; they have lower pain and tolerance thresholds (Wiesenfeld-Hallin, 2005). The sensitivity to painful stimuli is further increased in women with a self-reported history of childhood abuse (Fillingim and Edwards, 2005);

v) **Attitude towards/by medical care.** Women are reported to seek medical care more often than men for many painful conditions (Shinal and Fillingim, 2007); in spite of this, they appear to receive lesser treatment for their pain. Epidemiologic studies show, for instance, that women are 1.5 times as likely to be undertreated for their cancer pain (Cleeland et al., 1994; Miaskowski, 2004). Depending on different socio-cultural influences, medical underestimation of women's suffering also often regards many types of non-malignant pain: pains from the reproductive area, which tend to be considered as "normal" or "physiological", or pains with no evident organic cause and high co-morbidity with mood disorders, such as fibromyalgia, which are often judged as a reflection of the particularly "fragile" and "unstable" emotional asset of the female sex (Reddish, 2006);

vi) **Response to analgesic treatment.** Women often present different levels of analgesia and of side effects of drugs, e.g., opioids and NSAIDs, with respect to men (Hallin, 2003; Fillingim and Gear, 2004). In spite of these recognized differences in women's response to different pain treatments, most clinical trials are still mainly conducted in men, and the outcome of these studies merely extrapolated to the female population, with often deceiving results;

b) Many of the characteristics highlighted in point a), especially i), ii) and v) are likely to vary greatly in different areas of Europe, in relation to different socio-cultural influences but also to differences in the Health Care System organization. To date, however, little is known about the specific "picture" of women's pain in the various European Countries. EFIC feels that awareness of the national particularities in this area is a fundamental step towards future drawing of common European lines for diagnosis and treatment of women's pain and for undertaking initiatives at an European political level, where necessary, to improve management of women's suffering in Europe

c) The high incidence of pain conditions, especially recurrent/chronic, involves an **impaired quality of life – both personal and social** - in suffering women, with a high degree of associated mood disorders, sleep disturbance, limitations in the performance of daily activities. These added burdens are also often reflected by difficulties at the workplace. Absenteeism is, for instance, particularly high for conditions such as dysmenorrhea or headache. This involves added costs for the society at large – the economic impact of migraine, for example, is comparable to that of diabetes and higher than that of asthma – but also causes a further difficulty for women to maintain their position in the working world (Goldfarb et al., 2004). A more effective management of women's pain is expected to improve both the personal and social consequences of their painful conditions

d) A complex of factors is likely to underlie the unique nature of pain in women: the **sex hormonal asset, genetic factors, psychologic and socio-cultural influences** (Rhudy and Williams, 2005; Wiesenfeld-Hallin, 2005; Berkley et al., 2006; Aloisi et al., 2007). More research into each of these areas is needed to better understand the nature of the differences and ultimately improve levels of diagnosis and treatment.

## Plan of Action on “Pain in Women”

1. Increase the level of knowledge about European National diversities in diagnosis and management of pain in women, with the aim of identifying the most important common problems encountered in the field in Europe;
2. Disseminate information obtained in point 1 at the scientific/medical community level, as well as use this information to draw up common lines of action on behalf of EFIC towards European institutions;
3. Raise general awareness of the magnitude/impact of the problem of pain in women: they experience more recurrent/chronic forms of pain, more intense and long-lasting pains, as well as more complex pain pictures from concomitant algogenic diseases than men;
4. Make it more widely known that pain in women is more difficult to assess and manage than in men. A different approach is needed, which requires particular skills and knowledge;
5. Call for more education among doctors and other healthcare providers on the management of pain in women;
6. Promote more research into mechanisms of differences in pain in women, and through this, favour more targeted therapeutic interventions;
7. No pain in women should be regarded as “normal” any longer.

## Aims of the Campaign

**EFIC’s goal is to increase the general awareness of the unique nature of pain in women, and the right of female patients to receive specific and specialized attention by:**

- a) Promoting European National Reports about the status of pain in women in each country, through the activity of the national chapters
- b) Disseminating information about these national realities - to draw common European lines of action for diagnosis and treatment of women’s pain -, and about the importance/impact of pain in women in general to the scientific community, the public at large and decision makers across Europe. This will be done through the website (link 1) and the forthcoming issues of the EFIC Newsletter

- c) Promoting initiatives/events in European Countries to raise local awareness and interest in the theme of pain in women and advertising these initiatives at large, through the website (link 2). Producing slide advertising material to be distributed at national congresses/events (link 3)
- d) Promoting research initiatives on the theme of pain in women. A special grant, in memory of Professor David Niv, will be launched (link 4)

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