Medical Tx Rivals Surgery in Chronic Pelvic Pain

BY FRAN LOWRY
Contributing Writer

ORLANDO — Women with chronic pelvic pain responded as well to medical treatment as they did to surgery, according to a prospective, observational cohort study of 370 patients that was carried out 1 year after treatment, Dr. Georgine Lamvu said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

About 17% of women reported having chronic pelvic pain (CPP) in their lifetime. It is the primary indication for 12% of hysterectomies and the second most common indication for 12% of laparoscopies and costs over $2 billion annually, said Dr. Lamvu of the University of North Carolina at Chapel Hill.

The mean pain score, as assessed by the McGill Pain Questionnaire, was 30, or moderate to severe, in 49% of both medically and surgically treated women who were referred to the university’s pelvic pain clinic for evaluation of continued CPP. Likewise, moderate to severe depression, as measured by the Beck Depression Inventory scale, was diagnosed in 22% of both groups.

Surgical treatment ranged from diagnostic laparoscopy to hysterectomy, and medical treatment consisted of pharmacotherapy, psychotherapy, and physical therapy.

One year later, the mean McGill Pain Questionnaire score had decreased from 30 to 23 in both groups. Overall, depression scores were unchanged in 48%, improved in 32%, and worsened in 19%. Hormone depression did not predict outcome, Dr. Lamvu said. “We were surprised, but that is what we found. Outcomes were similar with both treatment types.”

Dr. Lamvu said she is planning further studies that will focus on physician patient relationships, which may influence outcomes for pain treatment in women with CPP. “There may actually be some biological reasons for the way women respond to pain management after they have had interactions with a physician, so we will be studying that next.”

In another study on CPP presented at the meeting, Jane Leserman, Ph.D., also of the University of North Carolina, reported that women with CPP had decreased intensity (more than a 20-mm change on the visual analog scale), and 10 experienced no change. “We were surprised, but that is what we found. Outcomes were similar with both treatment types.”

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High-Dose Statin May Not Be Enough To Protect Acute Coronary Patients

BY MITCHEL L. ZOLER
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STOCKHOLM — Patients with acute coronary syndrome who are treated with a high-dose statin and other standard medications still have a high, 13% rate of cardiac events during follow-up, which suggests a need for more interventions to further lower event rates.

Patients are not fully protected by a statin, aspirin, clopidogrel, an angiotensin-converting enzyme inhibitor, and a β-blocker. They need other treatments, too,” Dr. Kausik K. Ray said at the annual congress of the European Society of Cardiology. In his analysis of more than 2,000 patients who received 80 mg of atorvastatin (Lipitor) daily in a recent major trial, Dr. Ray suggested that more diligent control of diabetes, raising the serum levels of HDL cholesterol, and anti-inflammatory treatment might push down event rates even more. “The data came from the intensive-treatment arm of the Pravastatin or Atorvastatin Evaluation and Infection Therapy-Thrombolysis in Myocardial Infarction 22 (PROVE IT–TIMI 22) trial (N Engl J Med 2004;350:1495-504). That study randomized more than 4,000 patients with acute coronary syndrome to treatment with either an intensive (80 mg atorvastatin daily) or moderate (40 mg pravastatin daily) lipid-lowering regimen. At 2 years, results showed that patients whose LDL cholesterol levels dropped below 70 mg/dL had better outcomes during 2 years of follow-up, compared with patients who had higher levels of LDL cholesterol.

The new analysis focused entirely on the patients who received 80 mg atorvastatin daily. During the first 4 months of treatment, 124 patients in this group died or had a myocardial infarction or unstable angina; the remaining 1,939 patients had no events. Beyond the first 4 months, another 140 patients had events and 1,777 were event free. A multivariate analysis showed that the serum level of HDL cholesterol at baseline was a significant predictor of early events. For every 1 mg/dL rise in the HDL cholesterol level, the risk of an event during the first 4 months fell by 3%, reported Dr. Ray, a cardiologist at Brigham and Women’s Hospital in Boston. Other significant determinants of early risk were age and smoking.

A second analysis showed that the 4-month serum levels of hemoglobin (HbA1c) and C-reactive protein (CRP) were significant predictors of late events. For every 1% rise in the level of HbA1c, the risk of a late event rose by 28%. For every 1 log rise in the serum level of CRP, the risk rate rose by 23%, said Dr. Ray. Other determinants of late risk were age, gender, and the serum level of LDL cholesterol at 4 months.

Better diabetes control and a reduction in HbA1c level in patients with events was 6.1%, compared with an average 5.7% level in those with no events.