

Spotlight

on pelvic pain in women

June 2021

What is pelvic pain?

Pelvic pain is pain felt below the belly button and above the legs and is sometimes, but not always, associated with menstrual periods.¹ Pelvic pain can also be caused or exacerbated by a range of gynaecological, gastrointestinal, urological, and neuromuscular conditions.²

If a woman experiences continuous or recurrent pelvic pain over a six-month period, it may be defined as persistent* pelvic pain. Endometriosis is the most common condition that contributes to persistent pelvic pain.³ Persistent pelvic pain is a complex, multifactorial and poorly understood condition which cannot be fully encompassed by or understood through any one diagnosis alone.⁴

How does pelvic pain affect women?

Pelvic pain in women is underdiagnosed, and often debilitating.⁵ Women have described their experiences with pelvic pain as 'relentless' and 'overwhelming'.² Affecting around 15% of women globally, persistent pelvic pain causes significant disruptions to everyday life, including to social relationships, sexual function, work performance, and mental health.^{6,7} Persistent pelvic pain is the most common cause of work absenteeism for women of childbearing age and creates an estimated economic burden of \$6.5 billion per annum in Australia.^{8,5} The stigmatisation of pelvic pain further isolates women, causing shame and embarrassment.²

Pelvic pain affects women through their life course, often beginning with painful periods in adolescence. Almost three quarters of young women report regular period pain. Recent Australian research found that 3 out of 10 young women reported having to skip class at school or university due to menstrual symptoms in the past three months. This not only has implications for their education and workforce participation, but also for social activities and wellbeing.⁹ Young women's experiences with pelvic pain are particularly salient, as conditions such as endometriosis often develop in the teenage years and remain undiagnosed for years.¹⁰ Pelvic pain continues to impact women throughout their lives.¹¹

Persistent pelvic pain has far-reaching effects on the functioning of a woman's body, often causing a constellation of additional symptoms such as poor sleep, memory difficulties, and mood disorders.⁴ Women with persistent pelvic pain require long-term medical care, and undergo gynaecological surgery and hysterectomy at much higher rates than women without persistent pelvic pain.¹²

What is the relationship between persistent pelvic pain and mental health?

The relationship between mental health and experiences of persistent pelvic pain is complex. Women with persistent pelvic pain have significantly higher rates of psychological disorders, such as

*Sometimes referred to as chronic pelvic pain, persistent pelvic pain is the preferred term.

depression and anxiety, than women who do not suffer this pain. Among women with persistent pelvic pain, between 26-52% will experience depression and between 39-73% will experience anxiety.¹² The comorbidity of psychological distress and persistent pain leads to higher health care costs, lower quality of life, and greater limitations in daily life. Additionally, women who feel as though their pain symptoms have been dismissed or disbelieved are less likely to disclose their psychological symptoms.¹²

The disbelief and minimisation of women's experiences of pelvic pain, in addition to the challenges presented by living with persistent pain, predispose women to developing conditions such as depression or anxiety.¹³ However, new research has found biological connections between psychological disorders and pelvic pain, in addition to these social and environmental factors. These research findings suggest that the genetic causes for endometriosis and depression may be shared, and that the inflammatory response caused by depression may trigger inflammation which causes pelvic pain.^{14,15} These discoveries highlight the importance of continued research into women's pelvic pain, to fully understand its causes and develop effective treatment options.

Why is pelvic pain underdiagnosed and mismanaged?

Early detection and treatment of pelvic pain and its cause can prevent the transition from acute to persistent pain and minimise the likelihood of women experiencing life-long persistent pain.⁴ However, despite the significant impact of pelvic pain on quality of life and the importance of early detection and treatment, women often struggle to be believed and diagnosed.²

Women's reproductive health conditions have historically been under-prioritised by the medical profession, which has resulted in women's pain being undiagnosed, misdiagnosed, dismissed and stigmatised.¹⁶ The underdiagnosis and mismanagement of women's pelvic pain stems from gendered attitudes that trivialise and stigmatise women's experiences. Rooted in the history of 'hysteria', symptoms which cannot be medically explained – due to medicine's limited understanding of women's pelvic pain – are dismissed as non-serious or imaginary.¹⁷

At the same time, women's pelvic pain is normalised as an expected part of womanhood and menstruation, and it is assumed that all women's experiences with pelvic pain are the same.¹⁸ When pelvic pain is normalised, women who seek help for their pain can face stigma and be labelled 'difficult' or 'needy'.² As a result, many women who experience persistent pelvic pain are not believed or taken seriously by their family, friends, or healthcare providers.¹⁶ These myths can also mean that women choose to put up with the pain and delay seeking medical support.

In addition, women have been routinely excluded from clinical trials due to concerns over pregnancy risks and the management of female hormonal cycles. This means that, although women are more likely to experience a persistent pain condition, pain research has primarily been conducted on male animals and humans.¹⁶ As a result, many of the conditions which cause persistent pelvic pain in women do not have direct treatment options.¹⁶

The lack of prioritisation of women's reproductive healthcare is also reflected in medical education. Many healthcare providers lack guidance and education on pelvic pain and are not equipped to effectively manage pelvic pain and the health conditions which cause it.¹⁹

How does lack of understanding of pelvic pain impact women's access to healthcare?

Lack of understanding of – and dismissive attitudes towards – women's pain has serious impacts on women's health and access to healthcare including:

- Poor quality of care and distrust in the medical system leading to delayed diagnosis of health conditions which cause pelvic pain.^{20, 21}
- Women being less likely to receive pain relief in a healthcare setting or waiting longer to receive it.²²
- Women who experience persistent pain conditions being more likely to have their symptoms inappropriately attributed to depression or anxiety, compared to men experiencing pelvic pain.⁷

What does good quality pelvic pain management look like?

Multidisciplinary care with patient education and involvement have been shown to have the best outcomes for treating pelvic pain.²³ Women with pelvic pain have described good quality pelvic pain management and care as including:

- receiving compassionate care from a supportive and understanding health care team;
- having their pain believed and taken seriously;
- receiving an explanation for their pain;
- being reassured that they are not alone in their experience of pelvic pain; and
- being reassured that treatment options are available.²

This requires health care practitioners to listen to women and give them adequate time to share their experiences, communicate clearly, and actively involve women in their treatment plan.²⁰

Spotlight author

- Georgia Bennett

WHV thanks the following expert reviewers for their input:

- Dr Claudia Cheng, Royal Women's Hospital
 - Dr Janine Manwaring, Jean Hailes for Women's Health
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Overview

[Pelvic pain: a collection of helpful resources](#) Jean Hailes, 2020

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[Chronic pelvic pain in women](#) *Best Practice Journal*, 2015

[Chronic pelvic pain: a complex condition requiring informed care](#) *Croakey*, 2019

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[What women say about their dysmenorrhea: a qualitative thematic analysis](#) *BMC Women's Health*, 2018

[Why some women ignore sexual discomfort and settle for bad sex](#) ABC Online, 2020

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Practice resources and guidelines

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GPO Box 1160 Melbourne, Victoria 3001 - Phone: [+61 3 9664 9300](tel:+61396649300)

Email: library@whv.org.au - Website: www.whv.org.au

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