

Review of the
1st World Congress on Abdominal & Pelvic Pain
30 May – 1 June 2013, Beurs van Berlage, Amsterdam
<http://www.pelvicpain-meeting.com/>

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This 1st World Congress on Abdominal & Pelvic Pain, chaired by urologist/sexologist Dr B. Messelink from the Dutch University of Groningen, was held at the historic Beurs van Berlage in the heart of Amsterdam. Over 500 abdominal and pelvic pain professionals from 10 disciplines and no fewer than 46 countries descended on multicultural Amsterdam. This unique initiative was jointly organised by Convergences PelviPerineal (ConPP), the International Pelvic Pain Society (IPPS) and the IASP special interest group Pain of UroGenital Origin (PUGO) and supported by the International Association for the Study of Pain (IASP), EFIC and the European Society of Neurogastroenterology and Motility and they are to be congratulated on its success. The International Association for the Study of Pain launched its Global Year against Visceral Pain in October 2012 and this congress was held within the period of this global year campaign.



Photos, videos and interviews can be found on the congress home page (www.pelvicpain-meeting.com), while those who were unable to attend can enjoy the slide presentations of speakers by going to "[scientific programme](#)". Simply click on the name of the speaker.

The scientific programme covered a wide range of areas of abdominal and pelvic pain, from basic science and neurology to every kind of therapy and pain treatment; phenotyping, terminology, taxonomy and standardisation; psychology, depression and stress; sexual dysfunction; societal impact of pain; comorbidities and overlapping disorders; education; and included plenty of time for question and answer sessions with lively discussions on controversial areas.

In his opening lecture, Dr Messelink described the world of abdominal and pelvic pain as being like roads and buildings under construction. Emphasising the value of multidisciplinary, he noted that the ideal pain doctor should have knowledge of: the organs involved, the muscles in the region, psychological aspects of pain, therapeutic options. He and many others underlined the importance of excluding well-defined diseases with treatable causes and avoiding repeated, unnecessary, cost-intensive and potentially harmful investigations or treatments. Dr Baranowski discussed multidisciplinary care which should include medical care, physiotherapy, psychology and nursing, with adequate interdisciplinary coordination and communication. It was noted that there is all too frequently a lack of interaction between the different specialists and that a central coordinator is needed. Regular interdisciplinary meetings are the ideal solution, but this is still the exception rather than the rule in hospitals. It was suggested that more multidisciplinary abdomino-pelvic pain care centres are needed and that an "abdominal & pelvic pain specialist" should be created. In his state-of-the-art lecture, Dr Fred Howard also took a look at "What should a qualification in abdomino-pelvic pain management be based on?"

We learned from Dr Beverly Collett that chronic abdominal and pelvic pain is common and has a significant personal, social and economic impact. The understanding of its pathophysiology is poor and there is a danger that the condition may be underestimated and symptoms minimised. She stressed the importance of multispeciality, multidisciplinary educational and scientific meetings.

Within a neurological field, some speakers supported the central sensitisation theory, while others favoured the peripheral pain approach to treatment. Hypersensitivity – and particularly visceral hypersensitivity – was a common theme, but clearly still needs much more research to clarify what we actually mean by this. Dr T. Ness described visceral pain as a condition of hypersensitivity and not “normal”, meaning that we feel it more than we are supposed to or that the organ is more sensitive than it should be. He explained that visceral pain appears to differ from other types of pain. Describing central sensitisation as altered processing, he added, however, that despite the fact that everyone is talking about it, we don’t really know what it means. Dr J.J. Labat from Nantes, France (who replaced Dr J. Rigaud on the programme), focusing on the bladder, looked at painful and non-painful visceral hypersensitivity, as well as pelvic non-visceral hypersensitivity. A particularly interesting state-of-the-art presentation was given by Dr Fernando Cervero on understanding visceral pain: a mechanistic approach. He emphasised the importance of understanding visceral pain, because identifying the process allows a deeper understanding of the mechanism, while understanding the mechanism allows a more accurate approach to the development of effective therapies.

Emphasis was placed on active patient involvement in management, in partnership with healthcare professionals, and the importance of self-management. The value of the doctor/patient relationship was underlined by Dr Anja de Vries. It was also emphasised time and time again: listen to and interact with the patient! In the field of care and treatment, holistic care is the key to treatment of patients in this field, taking all comorbidities into account.

On the Saturday morning, the scientific sessions included an excellent joint patient perspective presentation by Judy Birch (Pelvic Pain Support Network UK and organiser of the International Pelvic Pain Partnership) and Françoise Watel (French Interstitial Cystitis support group AFCl). These slides can also be seen online.

PATIENT ORGANISATION WORKSHOP

The congress also included a parallel patient organisation workshop for representatives of patient organisations on the Friday morning, with lively discussions between patient advocates and healthcare professionals, looking at gaps in care and research and prioritising aspects that need attention. Facilitators were Sally Crowe and Jenny Birch. Participants were representatives from patient groups/charities and healthcare professionals and researchers with interests in pelvic pain, with pharmaceutical representatives engaged in research as observers.

The patient representatives were members of the new **International Pelvic Pain Partnership (IPPP)** which is committed to substantially improving education, early and accurate diagnosis, effective treatment/management, and realistic prognosis for neuropathic chronic and visceral pelvic and perineal pain. The Partnership aims to increase the participation in research and services development, so that these objectives are achieved in the next decade.

The workshop objectives were:

- To consider areas in pelvic pain where there is ongoing uncertainty in diagnosis, management and treatment, from patient and professional perspectives.
- Using a recognised pathway of diagnosis, treatment, management and prognosis – ‘map’ these research gaps.
- Initiate a discussion about the relative priorities on this map.

A small selection of the points raised:

- While the increasing role of the internet/information available on the internet was considered significant, face-to-face contact between doctor and patient is still very important. Good quality dialogue between doctor and patient is essential. Doctors should listen to the patients and look at the patients.

- Investigations would be helped by a pre-consultation questionnaire, ideally standardised, to help patients focus their thoughts on all aspects of their disorders and to serve as an aide memoire regarding symptoms and associated disorders. This would also go a long way towards creating a comprehensive picture of the patient’s health and social environment.

- Due to lack of expertise in this field, general practitioners may refer patients to the wrong specialist. Some kind of triage between the GP and individual specialists could be useful.

- Treatment has to be very individual (personalised). Treatment should be aimed at the symptoms causing the patient the most bother. It should also be aimed at improving the patient’s quality of life and ability to function.

- Phenotyping/subtyping may reduce the current trial and error situation with regard to treatment. This needs to be given priority.

- The population is aging worldwide and many people in this age-group are likely to have multiple disorders and be taking multiple medications. This means that any new pain drugs developed will have to take special account of drug-drug interaction.

- Putting patients at the heart of the management process; how to achieve this in different healthcare systems and cultures. The role of the patient in today’s society is no longer a passive one, but rather that of an active partner in a multidisciplinary team. The patient should be involved in decision-making at all levels.

Follow-up Report

There will be a follow-up report of this patient organisation workshop, including a summary of aspects that emerged particularly strongly. See also interview with the facilitator Sally Crowe (go to www.pelvicpain-meeting.com home page, “photos and videos”)

Posters

An overview of posters (titles and authors) displayed during the congress can be found on the website at <http://www.pelvicpain-meeting.com/scientific-programme/posters/>. These included many on IC/BPS and associated disorders.

Official Report of the 1st World Congress on Abdominal & Pelvic Pain

An official report of the 2013 proceedings will be published as a book by the IASP Press.

Next congress

It is planned to hold this congress every two years in different countries, with the next meeting being organised in Paris in January/February 2015.

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