Preface

It was during my first clinical rotation of my medical school experience when I met Marilyn. She was a white woman in her 50's who had come into the Emergency Department (ED) for the third time in the last 2 months complaining of severe abdominal pain. Her husband, a truck driver, was on the road frequently, and she had called an ambulance due to the severity of the pain. I was working on the Internal Medicine service at the time. She was admitted to our care for a full diagnostic work-up, having been sent away during the two prior ED trips with some pain medication and advice to follow up with her primary care physician. When my resident evaluated her with me in tow, she was writhing on the gurney with tears in her eyes; her distress was palpable before even touching her belly. After a brief examination, my resident supervisor took me aside and explained how she was the perfect example of the "hysterical female patient". She was clearly either "drug-seeking" or "attention-seeking" or possibly both, probably due to her husband's long stints away from home. Two days later, a large cancerous mass was found in her proximal colon (a location typically missed in those days by the commonly performed sigmoidoscopy that imaged only the distal portion).

This experience shaped the remainder of my medical school and residency training. I became sensitized to how women and men experience and express pain and medical symptoms differently, how these symptoms are then interpreted by medical professionals, and how these interpretations may be translated into differing diagnostic testing, recommendations, and interventions. Perhaps more importantly, I wondered at the easily observable sex differences seen in the clinic and at how readily the majority was attributed solely to psychological factors. I was fascinated by the beautiful renderings in our anatomy atlas that largely depicted male examples (except where explicitly illustrating the female sex organs). On the one hand, biological and anatomical differences between the sexes seemed all too obvious, and yet no one seemed willing to recognize the clinical implications of these differences in a sophisticated and satisfying way. The idea of "Women's Health", now a popular catchphrase in medicine, was an unfamiliar term at that time.

In 2001, the Institute of Medicine (IOM) issued a report entitled "Exploring the Biological Contributions to Human Health: Does Sex Matter?" that identified the

study of sex-based differences in human health conditions as an important area for future research. In 2007, the International Association for the Study of Pain (IASP) declared the Global Year Against Pain in Women. This was a timely declaration that marked the increasing recognition of the important differences between the sexes when it comes to pain. Over the prior decade, the body of knowledge regarding sex differences in pain conditions has grown considerably. The fact that strong sex differences exist when it comes to pain is now a well-recognized phenomenon within the field of Pain Medicine. Yet, our knowledge of the implications of these differences, particularly how to translate these findings into better treatment of pain in both sexes, remains in its relative infancy. The literature is difficult to interpret and often more accessible to the basic science researcher than to the clinician treating patients with pain conditions. Among the IASP's 2007 consensus report recommendations on sex and gender differences in pain were those aimed at making future sex, gender, and pain research more easily interpretable in order to advance this field of study and increase its clinical applicability.

The aim of this text is to review the basics of our current understanding regarding the biological differences between the sexes when it comes to pain conditions. We hope to provide clinicians in varying fields with a guide that will help elucidate the proposed neuroanatomical and neurophysiological mechanisms that are currently understood to underlie these differences. Women are affected by many chronic pain conditions in overwhelmingly greater numbers than are men and are also at higher risk of disability due to pain in all age groups. Therefore, this text reviews in detail pain conditions commonly encountered in women with their recommended treatments. In addition, special considerations in certain populations of female patients with pain, such as the female athlete, those who are pregnant, postpartum, and experiencing menopause, and survivors of breast cancer, are discussed. A special chapter is dedicated to the issue of early life trauma and chronic pain, the goal here being to clear misconceptions and elucidate the biological mechanisms believed to play a role in this phenomenon. Finally, an entire chapter is devoted to discussion of the role that physical therapy plays in the treatment of pelvic pain. In our experience, this is a little-known branch of physical therapy that, yet, has much to offer to patients with pelvic pain disorders.

As mentioned above, we realize there is much to be learned about sex differences in pain and, even as this book is submitted for publication, further research is being published in this arena. However, we believe the need for this text outweighs the cautionary tendency of awaiting further evidence before its creation. Ultimately, we desire this text to increase the confidence of the clinician treating women with pain disorders and improve the treatment of pain in women at all life stages.

Boston, MA, USA Allison Bailey, M.D.

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