

Pelvic Physical Therapy Distance Journal Club

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Evaluation of clinical practice guidelines on the management of female chronic pelvic pain using AGREE II instrument. Ghai V, Subramanian V, Jan H, et al. Int Urogyn J 2021; 32:2899-2912. Doi:10.1007/s00192-021-04848-1.

Introduction: Chronic pelvic pain affects many women worldwide. CPP is a challenging disorder to treat because of the complexities of pain sensation and unclear etiology. Clinical practice guidelines are systematically developed statements using the best available research evidence. To date, there has been no evaluation of the methodological quality of national or international guidelines on female CPP.

Aim/Primary Aim: The aim of this study was to systematically review and evaluate the quality of national and international guidelines and create an inventory of clinical practice guidelines on CPP.

Methods: This study was part of a wider project for establishing core outcome sets for CPP. A comprehensive literature search was undertaken using several terms. The authors included guidelines reporting on the diagnosis and management of CPP in women.

This study used the AGREE II tool. The purpose of the AGREE II, is to provide a framework to: 1. Assess the quality of guidelines; 2. Provide a methodological strategy for the development of guidelines; and 3. Inform what information and how information ought to be reported in guidelines.

The AGREE II tool has 23 items grouped into 6 quality domains and 2 further global rating items. Each item was rated using a 7 point Likert scale from 1 (strongly disagree) and 7 (strongly agree).

The researchers mapped recommendations according to 5 pre-defined areas: diagnosis, medical management of pain, surgical management of pain, behavioral interventions, complementary/alternative therapies for pain and education/research.

The study did an electronic literature search and found guidelines published between 2002 and 2020 that specifically reported on the management including treatment of CPP.

Results: In total, the researchers extracted 228 recommendations across 6 guidelines

- 4 national and 2 international (study took place in England)
 - American College of Obstetricians and Gynecologists (ACOG)
 - American Society of Reproductive Medicine (ASRM)
 - European Association of Urology (EAU)
 - International Society of Psychosomatic Obstetrics and Gynecology (ISPOG)
 - Royal College of Obstetricians and Gynecologists (RCOG)
 - The Society of Obstetricians and Gynecologists of Canada (SOGC)

The recommendations were grouped into the 5 areas mentioned above.

1. Diagnosis: 97 recommendations regarding diagnosis and investigation of CPP were made across guidelines. Of these, 39 were comparable across all 6 guidelines.
 - a. All guidelines
 - i. attribute CPP to muscular/myofascial causes
 - ii. recommend a detailed pain history
 - iii. recommend the evaluation of psychosocial factors
2. Medical treatment: 72 recommendations were extracted regarding medical treatment of CPP
 - a. Treatment with the highest grade of recommendations were paracetamol (acetaminophen), NSAIDs, gabapentin, antidepressants, topical capsaicin and opioids
 - b. Hormonal treatment for underlying gyn causes was not consistent
 - c. Disease specific treatments for BPS, IBS, etc were described by 4 guidelines
3. Surgical treatment: 29 recommendations
 - a. No recommendations were comparable despite surgical management described by all guidelines
 - b. Some surgical procedures (ex adhesiolysis) were recommended by some guidelines but other guidelines did not support that procedure
4. Behavioral/physical interventions: 18 recommendations
 - a. No recommendations were comparable across guidelines
 - b. Highest grade of evidence supported psychological interventions combined with medical/surgical, biofeedback treatment in pelvic pain and dyssynergic defecation and biofeedback as an adjunct to muscle exercises in overactive pelvic floor muscles.
 - c. All guidelines discussed the association of sexual abuse and CPP but no guideline outlined recommendations retaining to sexual abuse.
5. Complementary and alternative treatments: 7 recommendations
 - a. No recommendations were comparable across guidelines
 - b. Highest grade of evidence supported treatment of myofascial trigger points by dry needling or pressure. Limited data for other treatments
6. Education and research: 5 recommendations
 - a. No recommendations were comparable across guidelines

Discussion: There is significant variation in CPP guideline quality and recommendations. They identified 189 unique recommendations but only 29 were comparable across the 6 guidelines.

1. Strengths
 - a. This is the first study to systematically appraise the methodological quality and map recommendations of CPP guidelines
 - b. The researchers used robust and reproducible methods that have been successfully implemented in previous studies
2. Limitations
 - a. The AGREE II instrument is used to assess the rigor of guideline development rather than the quality of guideline content
 - b. Scoring achieved using the AGREE II tool is not a reflection of applicability or implementation in clinical practice
 - c. Also, in the era of patient centered care, no guideline reported including women with CPP in the development process

Conclusion/Summary: This systematic review reflects variation in guideline recommendations and the poor quality of guideline development.

Challenges of guideline development are not unique to a specific area of medicine but represent a generic issue arising from a lack of standardization. The findings contribute to the existing body of evidence supporting the need to harmonize national and international guidelines. Standardized guideline development will minimize any unwarranted and unjustified variations in clinical practice. Guidelines support and provide an evidence base to the clinical decisions made in daily practice. However, the researchers observed that almost half of all recommendations were made despite the absence of good quality evidence. Guidelines are also limited and may not even be relevant or apply in every clinical field of practice.

Clinical Application

CPP is a manifestation resulting from various underlying conditions that may evolve and develop into regional pain disorders. A holistic approach is needed as underlying causes, treatment options and concerns of women with CPP can vary.