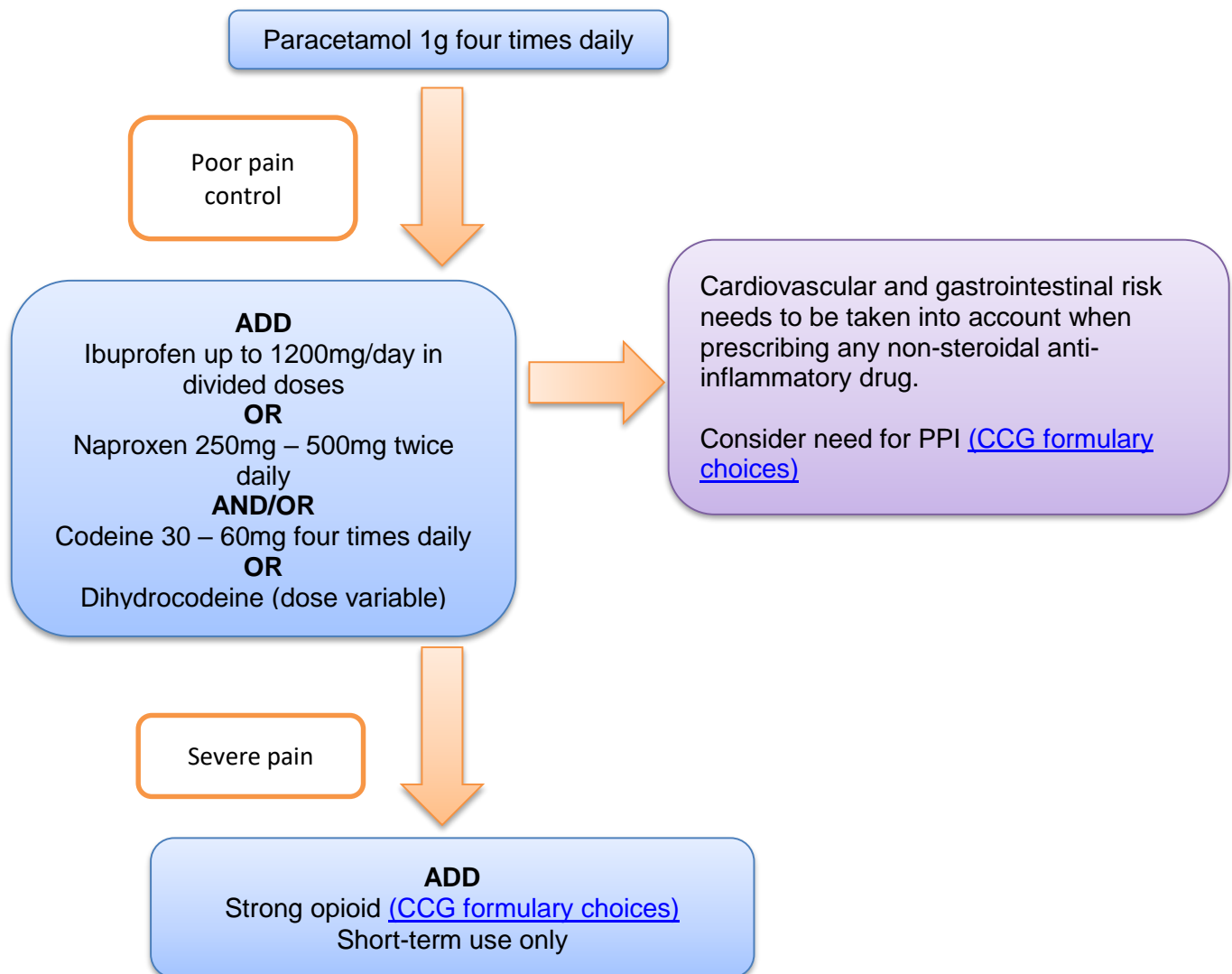


CHRONIC PELVIC PAIN

General Principles ¹

- Before prescribing analgesic drugs offer non-pharmacological strategies in addition to, or as alternative to, analgesic drugs.
- Agree the goals of therapy, eg reduction in pain, improved mood, improved function.
- Agree the length of the initial trial.
- Discuss the potential side effects of all drugs prescribed.
- Discuss the significant risks of specific drugs, especially NSAIDs and opioids.
- Discuss the short term benefits and potential loss of efficacy over time before prescribing opioids.
- Avoid co-prescription of sedative and hypnotic medication where possible and be aware of concomitant alcohol use.
- Be aware of concomitant use of over-the-counter treatments, and advise accordingly.
- Please consult the latest prescribing information for doses in patients with renal and/or liver impairment.



1. SIGN. Management of Chronic Pain, December 2013: <http://www.sign.ac.uk/assets/sign136.pdf>.

2. RCOG. The initial management of chronic pelvic pain, May 2012: <https://www.rcplondon.ac.uk/sites/default/files/documents/complex-regional-pain-full-guideline.pdf>.

3. EAU Guidelines on Chronic Pelvic Pain. European Urology 2004; 46: 681 – 689: [http://www.europeanurology.com/article/S0302-2838\(04\)00397-5/abstract/eau-guidelines-on-chronic-pelvic-pain](http://www.europeanurology.com/article/S0302-2838(04)00397-5/abstract/eau-guidelines-on-chronic-pelvic-pain).