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HYPNOTHERAPY FOR THE TREATMENT OF CHRONIC PELVIC PAIN

Hypothesis / aims of study

Patients with chronic pelvic pain syndrome are a challenging patient population. Often patient as well as caregivers are frustrated. Pain and bladder symptoms are different in each patient and it is important to recognize that there is not one universal protocol available that is valid for the treatment of all patients affected by this complex syndrome. Many patients are on high doses of narcotic analgesics, some with acceptable relief of pain, many with a suboptimal relief and signs of side effects of these medications and still need to increase dosage as time passes. Beside the sever pain these patients often suffer insomnia and overall poor quality of life.

Hypnotherapy has been chosen as a complementary tool with the attempt to help selected patients to be able to reduce the intake of analgesics and tranquillizers. Hypnotherapy is a non invasive treatment option that the patients are able to learn and to practice at home as self-hypnosis on a regular basis. Hypnosis is a state of inner absorption, concentration and focused attention. An altered state of consciousness is induced that can be compared to daydreaming, meditation or intense concentration. This hypnotic or 'trance' state is characterized by an increased receptivity to verbal and non-verbal communications, which is commonly referred to as suggestions. Hypnotherapy can be defined as the clinical use of suggestions during hypnosis to achieve specific therapeutic goals such as alleviation of pain, insomnia and/or anxiety.

Study design, materials and methods

In our centre for the treatment of chronic pelvic pain selected patients were offered to undergo hypnotherapy to improve their pain, insomnia and quality of life. Twenty patients, age 26-58 years old, 18 females and 2 males, expressed the desire to undergo this kind of treatment. The author is certified by the American Society of Clinical Hypnotherapy (ASCH). This means to have training and to have signed an ethical code that prohibits lucrative use of this treatment option.

All patients have been diagnosed with interstitial cystitis by cystoscopy showing glomerulations and/or hunners ulcers, and with chronic pelvic pain syndrome. Each patient was hypnotized every 2 weeks for 2 months. Suggestions for relaxation and for pain control were given.

A 10 minute CD with relaxation suggestions was recorded for each patient. Patients were invited to listen to this CD at least 2 times a day, when they are in a safe place and do not need to be alert.

Outcome was measured by reduction of analgesia requirement, and increase of sleep and quality of life.

Results

All but one male patient were able to achieve state of trance during the sessions in the office. All 19 patients with the ability to get into trance experienced pain reduction in the office. Five patients were able to reduce their pain from 8-10/10 down to 0-1/10 on visual pain scale. Fourteen were able to reduce pain from 8-10/10 to 3-5/10. Sleeping pattern changed in four patients to have full 8 hour sleep on a regular basis. Nine improved from 1-2hours to 5-6 hours sleep. Six have nights they are able to sleep 5-8 hours and still experience about 3 nights a week with difficulties to sleep.

The nineteen subjects with high hypnotalents reduced their intake of analgesics over the 2 months of treatment. The greatest improvement was one patient coming off of her morphine sulphate and did not require anymore breakthrough medications like hydrocodone. The remaining 17 patients could reduce their intake between 25-50%. All patients stated improvement of quality of life, being more able to take part in family and social life activities.

Interpretation of results

These results of few patients shows that selected candidates can improve their condition of chronic pelvic pain with the alternative approach of hypnotherapy. This is a non invasive and non expensive approach that should be offered to this complicated patient population.

Concluding message

Hypnotherapy is a non invasive treatment option valid in motivated and selected patients that desire to avoid or to reduce their intake in analgesic medications or tranquillizers.

More studies need to be done with better quantification of improvement in pain scores, quality and quantity of sleep as well of improvement in quality of life.

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HUMAN SUBJECTS: This study did not need ethical approval because this was a retrospective study and did not follow the Declaration of Helsinki - with approval by the ethics committee - in the sense that it was a retrospective study Informed consent was obtained from the patients.