Gabapentin to reduce pain in women aged between 18 and 50 years with chronic pelvic pain: the GaPP2 RCT

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Declared competing interests of authors: Andrew W Horne reports grants from the National Institute for Health Research (NIHR), Medical Research Council (MRC), Chief Scientist’s Office, Wellcome Trust (London, UK), Wellbeing of Women (London, UK) and Roche (Basel, Switzerland); grants and personal fees from Ferring Pharmaceuticals (Saint-Prex, Switzerland); and personal fees from Nordic Pharma (Reading, UK), Roche Diagnostics and AbbVie (North Chicago, IL, USA), outside the submitted work. Katy Vincent reports grants and personal fees from Bayer Healthcare (Leverkusen, Germany) and personal fees from Grünenthal (Aachen, Germany), Eli Lilly and Company (Indianapolis, IN, USA) and AbbVie, outside the submitted work. Jane P Daniels is a member of the NIHR Clinical Trials Unit Standing Advisory Committee (2017 to present).

Published November 2020
DOI: 10.3310/eme07070
Plain English summary

What was the question?

Long-standing (chronic) pelvic pain affects over 1 million women in the UK, but there is a lack of proven treatments. If no underlying cause is found, the pain is much more difficult to treat. Gabapentin, which is used to treat other chronic pain conditions, is being increasingly prescribed. There is no evidence to show whether or not gabapentin is effective for chronic pelvic pain, so we conducted a clinical trial. We also wanted to understand whether or not we could see changes in the brains of women with chronic pelvic pain and whether or not these changes can predict response to gabapentin.

What did we do?

We involved 306 women with chronic pelvic pain, for which no cause had been found, and randomly assigned them to take gabapentin or placebo for 16 weeks. We collected information on pain, physical health and emotional well-being at the beginning and end of the study. Women scored their pain from 0 to 10 and sent this score by text message. We asked 45 participants to undergo a brain scan to look at brain activity before and during treatment.

What did we find?

Gabapentin did not reduce pain and did not improve any other aspects of the women’s life compared with placebo. Side effects were more common with gabapentin than placebo. We identified areas of the brain that responded to gabapentin.

What does this mean?

Women with no obvious cause for their chronic pelvic pain should be made aware that gabapentin will not relieve their pain and may give them unpleasant side effects. More research is required to see if physiotherapy or talking therapies can help instead.
Efficacy and Mechanism Evaluation

ISSN 2050-4365 (Print)
ISSN 2050-4373 (Online)

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The EME programme is funded by the Medical Research Council (MRC) and the National Institute for Health Research (NIHR), with contributions from the Chief Scientist Office (CSO) in Scotland and National Institute for Social Care and Health Research (NISCHR) in Wales and the Health and Social Care Research and Development (HSC R&D), Public Health Agency in Northern Ireland.

This report

The research reported in this issue of the journal was funded by the EME programme as project number 13/52/04. The contractual start date was in March 2015. The final report began editorial review in February 2020 and was accepted for publication in August 2020. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The EME editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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