**Project ECHO: West Vic PHN Hub – Population Health Network: Reproductive Health Series**

**Series 1 - Session 2, Thursday 8th of June 2023**

**Bianca Forrester (Session facilitator & Clinical Lead of Innovation and Learning): introduction**

* Project ECHO – panel & participant discussion about population health
* Reproductive health series: period pain in teens
* 1 in 10 girls have pelvic pain that has a severe psychosocial impact
* Women and girls whom have close relatives with endometriosis have up to 10 x risk
* Vision for women’s health: accessible, acceptable, equitable, appropriate and effective care
* PHN accrediting audit CPD hours for RACGP measuring outcomes criteria
* Acknowledgment of country

**Prof Sonia Grover (Director Gynaecology & Clinical Professor): Royal Children’s Hospital**

* Persistent pelvic pain 🡪 chronic pain if unvalidated, untreated and unmanaged
* 20-30% of young Australian women miss school and other activities due to pelvic pain
* Heavy menstrual bleeding and associated pain can lead to chronic pelvic pain
* Many women wait 5-10 years prior to getting active pain management
* If managed early, pelvic pain can be managed almost exclusively by GPs
* Period pain that requires intervention: any with a functional impact or heavy menstrual loss
* Heavy menstrual loss: soaking through pads/tampons in <2hrs or changing overnight
* Endometriosis laparoscopy: relief of pain to 6 months, 30% increased risk of pain at 2 years
* Optimal management: aim to manage symptoms 🡪 tranexamic acid, NSAIDs, OCP and IUD
* Atypical pain: worse toward end of period, muscular, not improving with period suppression
* Carnett’s sign: differentiates abdominal wall pain (muscular pain) from intrabdominal pain

**Liz Lush (Clinical Educator and Pelvic Physiotherapist): PPEP Talk & Pelvic Pain Foundation**

* Australian Coalition for Endometriosis: consumer and advocacy body
* PPEP talk: 1 hour educational and interactive program that demystifies periods and pain
* Survey findings: almost half experienced regular severe period pain over the past 6 months and almost the same amount had periods that significantly impacted daily activities

**Case presentation by Dr Hannah Walker (UFS Medical Centre)**

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| Presentation: * 16-year-old female with irregular cycle, menorrhagia and dysmenorrhoea
* Doesn’t want to go on the OCP 🡪 will not divulge why
* Has tried mefenamic acid and paracetamol 🡪 does not want to go on tranexamic acid
* PHx: celiac disease, previous sexual abuse
* Meds: fluoxetine
* Not sexually active
* Ix: Pelvic U/S – enlarged ovaries with tiny follicles concerning for PCOS 🡪 improved since
* Referred to gynaecologist

Questions for the group:1. Relationship between symptoms and her abuse?
2. Likelihood of having endometriosis?
3. Why doesn’t she want to go on the OCP?
4. Why are the 2 ultrasounds only 3 months apart so different?
5. Anything else I can be offering in the meantime?
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**Clarifying questions:**

* Did she present on her own or with her mother?
* Can she explain her medication reluctance?
* What about parental influence on medication preferences?

**Recommendations:**

* Explore the issues with reluctance to try different medications
* Trial different NSAIDs
* Trial Carnett’s sign to rule out abdominal pain as a differential