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The proportion of women with central sensitivity syndrome in gynecology outpatient clinics (GOPDs)

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Abstract

Patients in gynecology outpatient clinics (GOPDs) may present with symptoms that do not correlate well with the observed pathology and are usually labelled as having a functional disorder or medically unexplained symptoms (MUS). Underlying central sensitivity syndrome (CSS) with central sensitization (CS) as a potential mechanism may be responsible for some of their symptoms. The aim of this study is to identify the proportion of women with central sensitivity syndrome attending GOPDs.

This was a prospective study. All women attending a GOPD included in the study were asked to complete a validated Central Sensitization Inventory (CSI). The responses were graded on a Likert scale from 0 (never) to 4 (always). The total score ranges from 0 to 100. For screening purposes, a single CSI cutoff score of 40 was used to identify the group of women who may have central sensitization syndrome.

Three hundred twenty-six women participated in the study. Overall, 123 (37%) women achieved a score above 40. This could be interpreted as these patients having increased risk of underlying central sensitization. Of these, 43 had a previously confirmed diagnosis of migraine, 55 (44%) depression, 39 (31.7%) anxiety, 11 fibromyalgia (FM), 34 irritable bowel syndrome (IBS) and 16 chronic fatigue syndrome (CFS/ME).

Managing patients and their expectations in gynecological outpatient departments when symptoms are inconsistent with observable pathological findings is challenging. This is further complicated when patients have a concomitant central sensitivity syndrome, which can also influence the surgical outcome. Identifying these patients is a key factor for appropriate management.

Central sensitivity syndrome; Central sensitization; Gynecology outpatient clinic; Pelvic organ prolapse.

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