D.8 Pharmacological management – Analgesics

Item	Details
Area of the scope	Pharmacological and surgical treatments including analgesics, hormonal medical treatments, neuromodulators, ablation, excision and hysterectomy with or without oophorectomy
Review question in the scope	Pharmacological and surgical treatments What is the effectiveness of the following treatments for endometriosis, including recurrent and asymptomatic endometriosis:

ISBN 978-1-4731-2661-9.

Item	Details
	• **analgesics** • neuromodulators • hormonal medical treatments • ablation • excision • hysterectomy with or without oophorectomy?
Review question	What is the effectiveness of analgesics for reducing pain in women with endometriosis, including recurrent and asymptomatic endometriosis?
Objective	The aim of this review is to determinethe effectiveness of analgesics for treating endometriosis, including recurrent and asymptomatic endometriosis
Language	English
Study design	Systematic reviews of RCTs RCTs Comparative cohort studies In the absence of full text published RCT, conference abstracts will be considered. Cross over RCTs will be considered where it is appropriate
Population and directness	Women with endometriosis of any stage or severity. Studies with indirect populations (such as women with dysmenorrhea, women with non-confirmed pelvic pain, or post-menopausal women) will not be considered • Women with suspected endometriosis (definition: suspected diagnosis based on the history of the patient, pelvic examination and other tests such as ultrasound, MRI and the CA-125 blood test) Exclusions: • women with chronic pelvic pain known to be due to causes other than endometriosis
Stratified, subgroup and adjusted analyses	Groups that will be reviewed and analysed separately: Pre-specified sub-group analyses: • Type of non-steroidal anti-inflammatory drugs (NSAIDs) • Type of diagnosis of endometriosis (eg endometrioma)
Intervention	NSAIDs of any type and administered at any dose, frequency, treatment duration, or by any type of administration: Non-opioid analgesics: • paracetamol NSAIDs and COX-2 inhibitors: • diclofenac • ibuprofen • naproxen • celecoxib • mefenamic acid • etoricoxib • indomethacin • tolfenamic acid • aspirin (in doses greater than 600mg) Compound analgesics: • co-codamol • co-codaprin • co-dydramol

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	Opioid analgesics: • codeine • dyhydrocodeine • tramadol • buprenorphine
Comparison	• analgesic vs no treatment / usual care • analgesic vs placebo • analgesic A vs Analgesic B • analgesic vs other pain management drug
Outcomes	• Pain relief (measured either by visual analogue scale (VAS), other validated scales, or as a dichotomous outcome, for example improved or not improved) • Quality of life (measured using a validated scale, for example the SF36) • Effect on daily activities (measured as proportion of women who reported activity restriction) • Absence from work or school (measured as proportion of women reporting absences from work or school, and also as hours or days of absence as a more selective measure) • Unintended effects from treatment (incidence and duration of total side-effects, and type of side-effects) • Number of women requiring more invasive treatment (for example laparoscopic surgery), and length of follow up • Requirements for additional medication (measured as proportion of women requiring analgesics (not NSAIDs) additional to their assigned treatment) • Participant satisfaction with treatment (measured as proportion of women who reported improvements and satisfaction with their treatment)
Importance of outcomes	Preliminary classification of the outcomes for decision making: Critical (up to 3 outcomes): • pain • quality of life • effect on daily activities Important but not critical (up to 3 outcomes)
Setting	No particular setting specified.
Search strategy	Sources to be searched: Medline, Medline In-Process, CCTR, CDSR, DARE, HTA, Embase Limits (e.g. date, study design): Limit to English language and human-only studies where appropriate. SR/RCT filter. Limit to 2008+ Supplementary search techniques: No supplementary search techniques will be used. See appendix for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed using quality checklists (eg AMSTAR for systematic reviews, Cochrane RoB tool for RCTs) and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE. Synthesis of data: Meta-analysis will be conducted where appropriate. Default MIDs will be used: 0.8 and 1.25 for dichotomous outcomes; 0.5 times SD for continuous outcomes to assess imprecision. For Visual Analogue Scale (VAS) outcomes related to pain an MID of 1 cm (for a 10cm scale) will be used (Gerlinger 2010).

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	When meta analysing continuous data final and change scores will be pooled and if any study reports both, the method used in the majority of studies will be analysed. If studies only report p-values, this information (including the sample size) will be provided in GRADE tables with a note that imprecision could not be assessed
Equalities	Adolescents are noted as a specific subgroup requiring consideration in the equalities impact assessment
Notes/additional information	

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