A comparison study of pain relief from dysmenorrhea between a vibrating tampon and ibuprofen

Julie Strickland MD MPH
University of MO- Kansas City
Kansas City, MO USA

Objectives

- Define and explain the physiology and treatment of dysmenorrhea
- Introduce the use of vibration as a novel treatment therapy for dysmenorrhea
- Outline the results of a USA clinical study of the vibrating tampon vs Ibuprofen
- Provide insights into the practice experience report (PER) in Switzerland

Dysmenorrhea

Dysmenorrhea

Onset with or shortly prior to menstruation lasting 1-2 days.

Spasmodic pain over background of constant

lower abdominal pain

Radiates to the back or anterior and/or medial thigh

Associated sx:

Nausea/Vomiting 89% Diarrhea 60% Headache 45% Fatigue /Malaise 80%



Dysmenorrhea

- Peaks in late adolescence 80%
- Incidence decreases with age and parity
- 50% women suffer monthly
- 10% women incapacitated with pain
- \$600 million lost work hours in US alone

Classification of pain

verbal multidimensional scoring system (VMS)

Grade

Grade 0: Menstruation is not painful and daily activity is unaffected

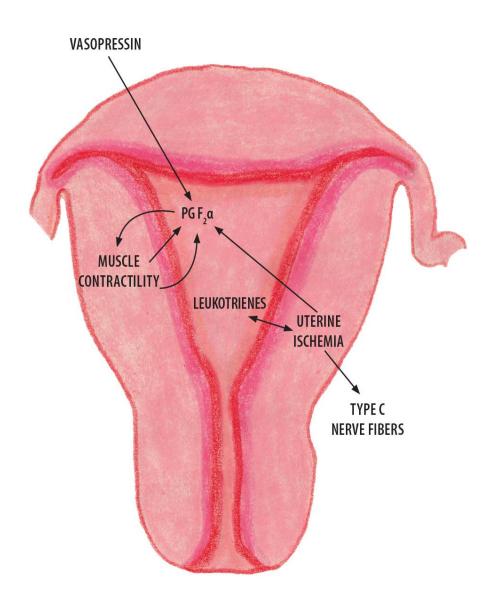
Grade 1: Menstruation is painful but seldom inhibits the woman's normal activity. Analgesics are seldom required. Mild pain

Grade 2: Daily activity affected. Analgesics required and give relief so that absence from work or school is unusual. Moderate pain

Grade 3: Activity clearly inhibited. Poor effect of analgesics. Vegetative symptoms, e.g. headache, tiredness, nausea, vomiting and diarrhea. Severe pain

http://www.academicjournals.org/ajpp/PDF/pdf2012/22%200

PATHOPHYSIOLOGY OF DYSMENORRHEA



VASOPRESSIN

mediates production of prostaglandins

PROSTAGLANDIN F, a

potent vasoconstrictor uterine muscle stimulant

LEUKOTRIENES

stimulates Type C nerve fibers

Treatments for dysmenorrhea

Analgesics esp NSAIDS

(OTC and on prescription)

Surgical intervention

Home remedies (e.g. hot-water bottle)

Preparations containing magnesium or iron

Sport/massage/ relaxation exercises



Hormones

(e.g. contraceptive pill)

Plant-based products

(e.g. chaste tree, silverweed, lady's mantle, etc.)

Alternative methods of treatment (e.g. acupuncture or acupressure tens unit)

Vibration: A new treatment approach

Tamia ...a novel and unique approach

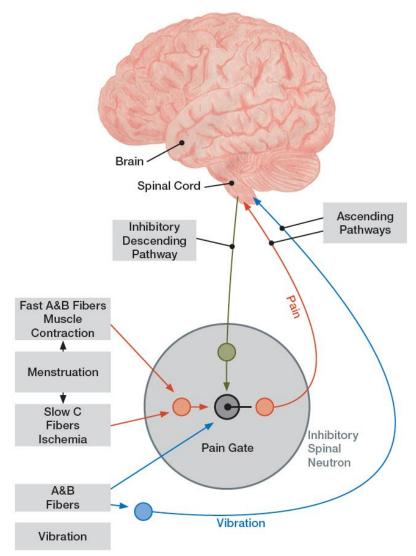


Tampon with embedded vibratory microunit

Light absorbency one droplet

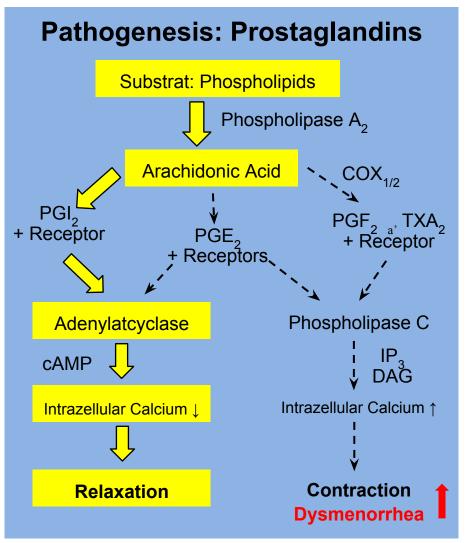
How does vibration work to treat period pain?

Hypothesis I
Gate theory
of pain



How does vibration work to treat period pain?

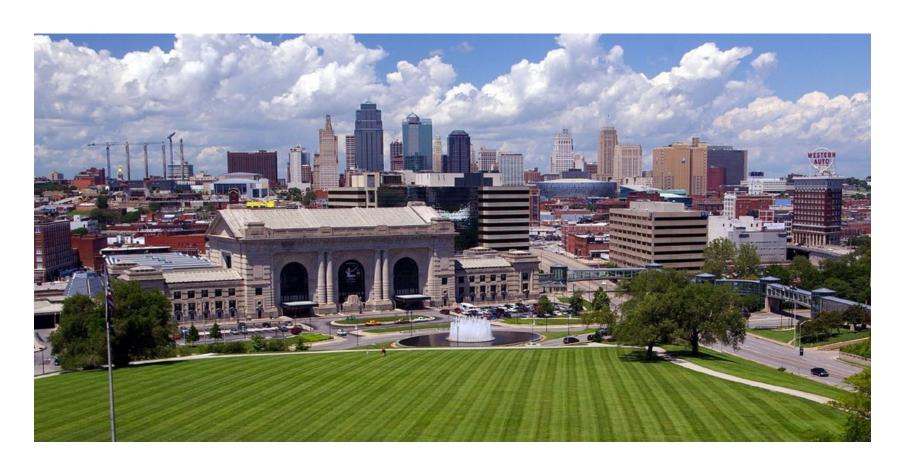
Hypothesis II
Modulation of
Prostaglandins



Courtesey of Prof. HP Zahradnik



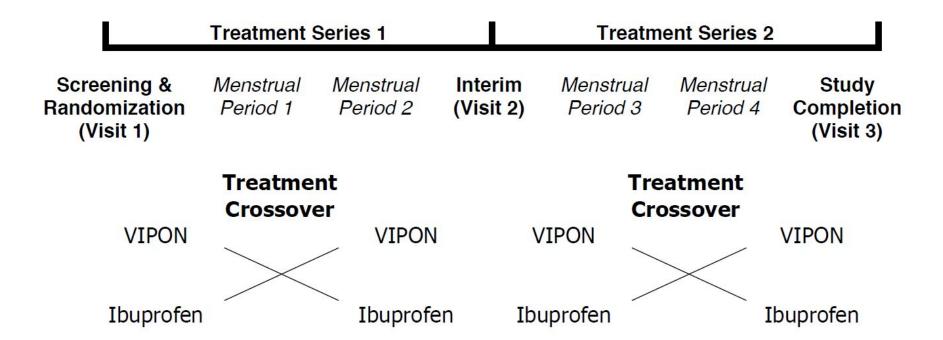
Vibrating tampon vs Ibuprofen: Results of USA clinical study



A Randomized Four-Way Crossover Comparison Study of Pain Relief from Dysmenorrhea Between the VIPON Tampon and Ibuprofen

- Randomized open label prospective non-inferiority study comparing vibratory tampon (referred to as VIPON) through direct intravaginal application with OTC Ibuprofen for relief of menstrual pain
- Conducted at 2 academic medical centers in the Midwestern United States
- Approved by the institutional review committees at each site and registered with www.clinicaltrials.gov

Four-way crossover study design



Ibuprofen doses: 200-400 mg.

Inclusion/Exclusion

• Study Population: Women age 18 or greater with self-reported dysmenorrhea.

Inclusion:

- history of regular menstrual cycles for at least 4 months preceding the study,
- reliable contraception use
- willingness to use tampons for collection of menstrual flow
- medical ability to use Ibuprofen.

Exclusion:

- pregnancy,
- allergic to ibuprofen,

Pain Assessment

Onset of menstrual pain subjects were instructed to complete pain scale Pain was reported15min.,30 min.,1 hr., 2hr., 8 hr. Rescue medication was permitted at 2 hrs. if needed

		Sam	ple Pair	and Sy	mpto	m Relief	Assessme	ent Form
bes you	ır pain.		ing pair	relief a	assess	ment sca	le by circl	ing the number that best
-dose p	ain ass	essmer	nt (0 mir	1)				
al pai	n asses	sment:						
Mil	d	Mod	erate		S	evere	Worst	Pain
2	3	4	5	6	7	8	9	10
minal	pain as	sessme	ent:					
Slight	t	Mod	erate	Seve	re	Intolera	ble	
1		2		3		4		
p pain	assess	ment:						
			erate	Seve	re	Intolera	ble	
1		2		3		4		
pain a:	ssessm	ent:						
			lerate	Seve	re	Intolera	ble	
1		2		3		4		
ASSE	SSMEN	NT SCA	ALE.		PRO	DUCTS A	AFTER C	OMPLETING THE 0 MIN
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	-dose p ral pain Mil 2 minal 1 p pain Slight 1 pain a: Slight 1 MINIS ASSE:	bes your pain. -dose pain asses Mild 2 3 minal pain as Slight 1 p pain assess Slight 1 pain assess Slight 1 MINISTER II ASSESSMEN	complete the follow bes your pain. -dose pain assessment: Mild Mod 2 3 4 minal pain assessment: Slight Mod 1 2 pain assessment: Slight Mod 1 2	complete the following pain bes your pain. -dose pain assessment (0 min	complete the following pain relief abes your pain. -dose pain assessment (0 min) ral pain assessment: Mild Moderate 2 3 4 5 6 minal pain assessment: Slight Moderate Seve 1 2 3 p pain assessment: Slight Moderate Seve 1 2 3 pain assessment: Slight Moderate Seve 1 2 3	complete the following pain relief assessibles your pain. -dose pain assessment (0 min) ral pain assessment: Mild Moderate Secretary and the second of th	complete the following pain relief assessment scales your pain. -dose pain assessment: Mild Moderate Severe 2 3 4 5 6 7 8 minal pain assessment: Slight Moderate Severe Intolera 1 2 3 4 p pain assessment: Slight Moderate Severe Intolera 1 2 3 4 pain assessment: Slight Moderate Severe Intolera 1 2 3 4 pain assessment: Slight Moderate Severe Intolera 1 2 3 4 pain assessment: Slight Moderate Severe Intolera 1 2 3 4 MINISTER INVESTIGA TIONAL PRODUCTS ASSESSMENT SCALE.	-dose pain assessment (0 min) ral pain assessment: Mild Moderate Severe Worst 2 3 4 5 6 7 8 9 minal pain assessment: Slight Moderate Severe Intolerable 1 2 3 4 p pain assessment: Slight Moderate Severe Intolerable 1 2 3 4 pain assessment: Slight Moderate Severe Intolerable 1 2 3 4 pain assessment: Slight Moderate Severe Intolerable 1 2 3 4 MINISTER INVESTIGA TIONAL PRODUCTS AFTER CASSESSMENT SCALE.

Study population

Variable		Univ of Kansas Medical Center (n=51)	02 Truman Medical Center (n=64)	Total (n=115)	
Age (years)	Mean ± Std Dev	31.2 ± 7.3	32.8 ± 8.7	32.1 ± 8.1	
	Range	18.9 – 45.9	18.1 – 48.1	18.1 – 48.1	
Weight (lbs)	Mean ± Std Dev	172.0 ± 57.1	169.8 ± 49.1	170.8 ± 52.6	
	Range	74.0 – 312.0	106.0 – 347.0	74.0 – 347.0	
Height (in)	Mean ± Std Dev	64.7 ± 2.2	64.5 ± 2.9	64.6 ± 2.6	
	Range	59.0 – 71.0	53.0 – 70.0	53.0 – 71.0	
Race	White	34 (66.7%)	33 (51.6%)	67 (59.2%)	
	Black	16 (31.4%)	26 (40.6%)	42 (36.5%)	
	Asian	0 (0.0%)	2 (3.1%)	2 (1.7%)	
	East Indian	1 (2.0%)	0 (0.0%)	1 (0.9%)	
	West Indian	0 (0.0%)	1 (1.6%)	1 (0.9%)	
	Indian	0 (0.0%)	1 (1.6%)	1 (0.9%)	
	Mulatto	0 (0.0%)	1 (1.6%)	1 (0.9%)	

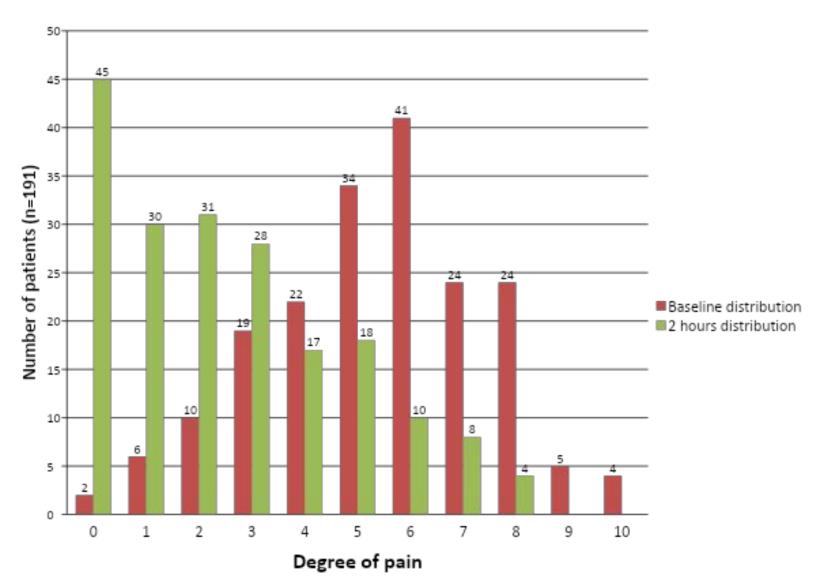
Prototype investigational device used in study



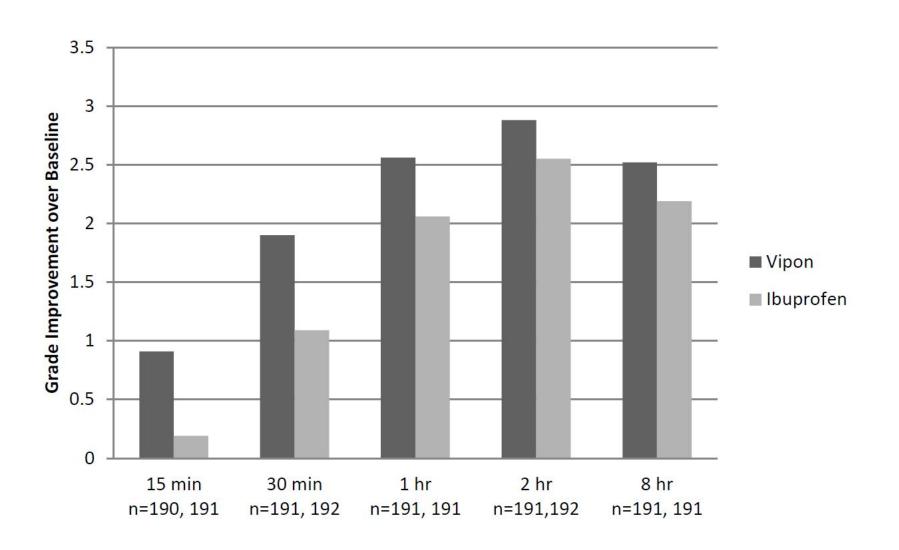
Comparison of methods

Timepoint	Tamia®	lbuprofen	Effect size ¹ (95% CI)	p value	
Overall			0.56 (0.37, 0.76)	<0.0001	
15 minutes	0.91	0.19	0.74 (0.44, 1.04)	<0.0001	
30 minutes	1.90	1.09	0.84 (0.46, 1.21)	<0.0001	
1 hour	2.56	2.06	0.53 (0.08, 0.97)	0.0205	
2 hours	2.88	2.55	0.36 (-0.12, 0.84)	0.1427	
8 hours	2.52	2.19	0.36 (-0.14, 0.86)	0.1619	

Change of pain of Vipon users after 2 hours



Mean pain reduction over time



Reduction in specific pain symptoms

Pain Measurement	Time Point	VIPON Mean Score Change (Baseline- Time point)	Ibuprofen Mean Score Change (Baseline- Time point)	Treatment Effect Mean score Change (95% CI)	p-value
Abdominal	Overall	N/A	N/A	0.20 (0.12, 0.28)	<0.0001
	15 minutes	0.36	0.06	0.30 (0.17, 0.43)	<0.0001
	30 minutes	0.73	0.45	0.29 (0.11, 0.46)	0.0011
	1 hour	0.99	0.84	0.15 (-0.04, 0.34)	0.1287
	2 hours	1.09	1.01	0.09 (-0.11, 0.29)	0.3898
	8 hours	0.99	0.83	0.16 (-0.04, 0.36)	0.1218

Abbreviation: CI = confidence interval.

Reduction in specific pain symptoms

Pain Measurement	Time Point	VIPON Mean Score Change (Baseline- Lime point)	Ibuprofen Mean Score Change (Baseline- Lime point)	Treatment Effect Mean score Change (95% CI)	p-value
Cramps	Overall	N/A	N/A	0.25 (0.17, 0.34)	<0.0001
	15 minutes	0.47	0.07	0.40 (0.26, 0.54)	<0.0001
	30 minutes	0.92	0.50	0.43 (0.25, 0.61)	<0.0001
	1 hour	1.07	0.92	0.16 (-0.04, 0.36)	0.1207
	2 hours	1.15	1.11	0.05 (-0.16, 0.25)	0.6360
	8 hours	1.04	0.83	0.22 (-0.002, 0.435)	0.0520

Abbreviation: CI = confidence interval.

Reduction in specific pain symptoms

Pain Measurement	Time Point	VIPON Mean Score Change (Baseline- Lime point)	Ibuprofen Mean Score Change (Baseline- Lime point)	Treatment Effect Mean score Change (95% CI)	p-value
Back	Overall	N/A	N/A	0.21 (0.13, 0.29)	<0.0001
	15 minutes	0.24	0.02	0.23 (0.10, 0.35)	0.0005
	30 minutes	0.60	0.23	0.37 (0.19, 0.54)	<0.0001
	1 hour	0.71	0.54	0.18 (-0.01, 0.37)	0.0677
	2 hours	0.78	0.69	0.10 (-0.11, 0.30)	0.3451
	8 hours	0.69	0.52	0.17 (-0.03, 0.37)	0.0876

Abbreviation: CI = confidence interval.

Adverse events

- 80% cycles had no adverse events reported
- Two serious adverse events reported: pregnancy and acute appendicitis
- No adverse events reported could be determined to have a causal relationship
- Local vaginal complaints reported in < 1% cases (vaginal mycosis)

A Randomized trial comparing the VIPON tampon and ibuprofen for dysmenorrhea pain relief

Jacki Witt JD, MSN, WHNP-BC, Julie Strickland MD MPH An Lin Cheng PhD, Charlotte Curtis MSN, WHNP-BC, John Calkins MD

University of Missouri, Kansas City, MO University of Kansas, Kansas City, KS Truman Medical Center, Kansas City, MO

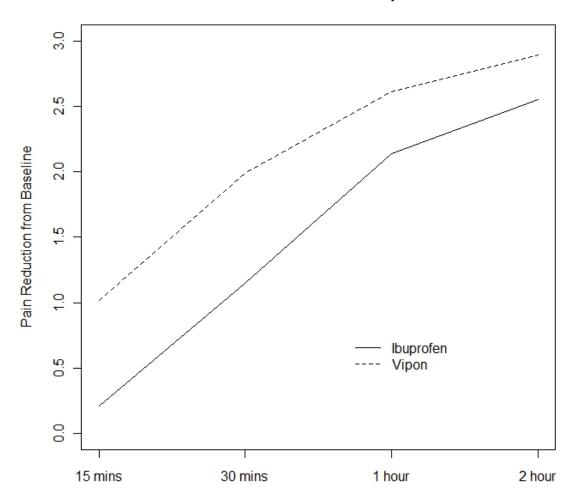
> Accepted for publication, May 2013 In Press: Journal of Women's Health, August 2013

Statistical Analysis

- Primary endpoint variable: Intensity of pain 2 hours post treatment
- Hierarchical linear fixed model with change in base-line to post-treatment time.
- The greater VIPON and ibuprofen pain relief change defined greater pain reduction.
- Non-inferiority limit set prospectively at -10%

Results

Melzack-McGill Pain Response



375 cycles102 patients

Conclusion from clinical trial

- Tamia is as effective as ibuprofen for pain relief (p<0.010)
- During the first hour after starting treatment, Tamia reduces pain statistically significantly faster than ibuprofen.
- Compared to ibuprofen, Tamia also provides more rapid relief from additional pain symptoms such as backache in the first 30 minutes.
- Average median and mean pain reduction when using Tamia is higher than with ibuprofen
- More than 50% of participating women were completely pain-free or almost pain-free one to two hours after using Tamia.

Insights into practice experience report (PER) in Switzerland

Efficacy monitoring

Clinical study

Practice experience report

Single user feedback

Market survey with user feedback

Clinical environment

Monitored use

Every day use

Practice experience report (PER) from gynaecologists in Switzerland

- Participants: 50 patients aged 16-47 (mean 28.8 years),
 82 evaluable cycles
- Practice based care by 8 gynaecologists who gave
 Tamia to patients with primary dysmenorrhea.
- Patients were given 2 tampons (tampon1 for first menstrual cycle and tampon2 either as additional treatment in same cycle or for use in subsequent cycle)
- The patients completed a questionnaire with regard to alleviation of pain and satisfaction

Practice experience report (PER)

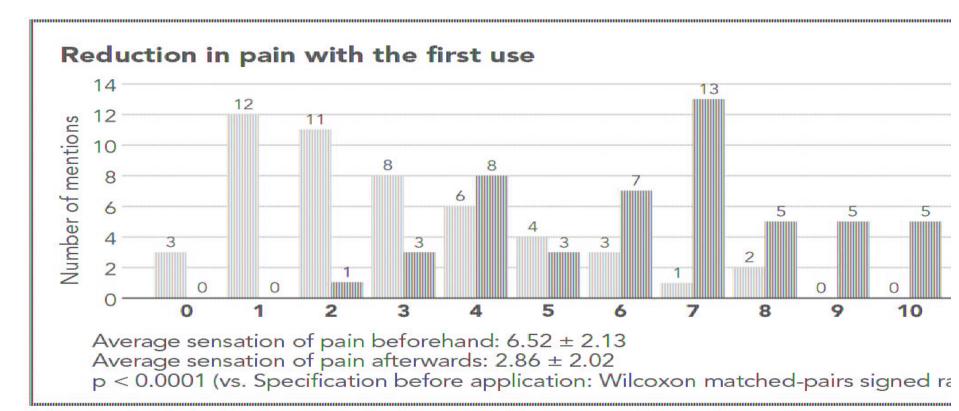


Figure 2: Pain before and after the first use of Tamia

Pain related findings from PER

- Tamia achieved a highly significant pain reduction (p < 0.0001).
- In more than 2/3 of patients, the pain-relieving effect occurred within 45 minutes.
- 40% of the women were completely pain-free after the treatment
- 66% of the women stated that treatment with Tamia was equal to or better than their previous treatment methods.
- More than half of the participants did not require any additional medication.
- For 75% of the women, one Tamia application per menstrual period was sufficient to treat their pain successfully.

Satisfaction with Tamia

- The majority of users stated that they were satisfied or very satisfied with the Tamia treatment method.
- A large majority of the women rated Tamia as very simple or simple to use.
- 75% of the users stated that they would recommend Tamia to a friend or their own daughter.
- The majority of users mentioned that Tamia had a positive impact on their quality of life.
- For many the reduced use of or abstention from painkillers is the most important advantage of the product.

Tamia

- Tamia offers a new approach to the treatment of period pain that:
 - Is safe
 - Is as effective as Ibuprofen and works more rapidly
 - Is long lasting
 - Allows freedom from pharmacologic treatment
 - Is easy to use
 - Has high user acceptance
- ❖ Tamia is treatment for the future

