

Abstracts from Women's Health 2019

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19. Acemella Oleracea Analgesia During Laser Epilation

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Background: Removal of unwanted hair is common in dermatological practices with the use of Lasers. The ideal patient for laser hair removal is one who has thick, dark terminal hair, fair skin and normal hormonal status. Laser hair removal is associated with discomfort and pain. Acemella oleracea is an aliphatic amide that produces anesthetic effect and tongue tingling, as well as being able to penetrate the skin. The objective of the study was to evaluate the intensity of the pain, with the use of the extract of the Acemella oleracea plant in the groin, during the Laser epilation.

Methods: Healthy and non-pregnant volunteers, aged between 18 and 55 years, female, without restriction to schooling who accepted to participate in the research, and skin with phototypes from I to III (light skin), who never performed Laser epilation. The number of individuals was 60 volunteers who underwent left and right intervention of the groin with application of the two products: Control Group and Group A. oleracea. The volunteers assessed the pain through a multidimensional EMADOR scale.

Results: The intensity of pain evaluated by the EMADOR scale in the A. oleracea group was statistically lower than in the control group ($p = 0.0001$). The words that recurred most acutely to the Control Group by 19 volunteers were terrible, unbearable, profound, intense and monstrous and for Group A. oleracea by 5 volunteers were profound, tremendous and intense.

Conclusions: The extract of the Acemella oleracea plant decreases the intensity of groin pain during laser epilation.

20. Bremelanotide for Hypoactive Sexual Desire Disorder: Contraceptive Subgroups Efficacy Analysis

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Background: Bremelanotide, an investigational new drug, demonstrated efficacy in premenopausal women with hypoactive sexual desire disorder (HSDD) in the RECONNECT studies. In this analysis, bremelanotide efficacy was investigated across hormonal contraceptive subgroups.

Methods: RECONNECT comprised two identically designed phase 3, double-blind, randomized, placebo-controlled, IRB-approved studies. Subjects self-administered bremelanotide 1.75 mg or placebo subcutaneously for 24 weeks, using an autoinjector pen on demand prior to sexual activity. Subjects were evaluated ('yes' and 'no' subgroups) based on concurrent use of hormonal contraceptives (including oral contraceptives and other estrogen-containing products). Efficacy was assessed using

RECONNECT co-primary endpoints: change from baseline to end-of-study (EOS) for Female Sexual Function Index-desire domain (FSFI-D) and Female Sexual Distress Scale-Desire/Arousal/Orgasm (FSDS-DAO) Item 13 scores.

Results: In the integrated population (N = 1202), difference in mean change in FSFI-D and FSDS-DAO Item 13 from baseline to EOS (bremelanotide-placebo) was 0.35 and -0.33, respectively ($P < .0001$ for both endpoints). In the study, 18.4% (N = 221) concurrently used hormonal contraceptives ('yes' subgroup) and showed a numerical difference in favor of bremelanotide (N = 112) versus placebo (N = 109; 0.19, $P = .1557$). Subjects in 'no' subgroup who were treated with bremelanotide (N = 484) showed a statistically significant increase in FSFI-D relative to placebo (N = 497; 0.39, $P < .0001$). Change from baseline to EOS in FSDS-DAO Item 13 was statistically significant in favor of bremelanotide relative to placebo in both subgroups (-0.30 and -0.34; $P = .0471$ and $P < .0001$, respectively).

Conclusions: Independent of the type of contraceptive used, bremelanotide demonstrated improvements in sexual desire and related distress in premenopausal women with HSDD.

21. Migraine Self-Management: Pathways to Learning

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Background: Self-management is the cornerstone of migraine management. Women in lower social locations (i.e., those with lower income and education) are disproportionately affected by migraine severity and disability, which is related to self-management. How women might learn migraine self-management, however, is largely unexplored. The objective of the current study is to explore pathways to learning self-management of migraine in women from higher and lower social locations.

Methods: Part of a parent study on migraine self-management, this exploratory portion of the study used semi-structured interviews to gain insight into perceptions of how women with migraine learn to self-manage their condition. Grounded theory and content analysis were used to analyze qualitative interview data in QSR International's NVivo 11 Pro Software (2017).

Results: Women model self-management strategies as well as agency in relationship to migraine that they saw trusted family members (i.e., trusted migraineurs) use early in life. Women in lower social locations displayed more passive self-management strategies and expressed a lack of agency in relation to their migraine symptoms and burden.

Conclusions: Clinicians may use these preliminary findings to facilitate management of migraine in women. Learned behaviors and attitudes may contribute to the disparity in burden of migraine among women of lower social location. In caring for women with migraine, particularly those in lower social positions, it is pertinent for clinicians to consider the generational and familial context in which women learn to self-manage migraine.

22. The Use of Safe Acid Technology in the Prevention of Post-Caesarean Endometritis

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