# Pressure pain threshold and \( \beta\)-endorphins plasma level are higher in lean polycystic ovary syndrome women.

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#### **OBJECTIVES**

The aim of this study was to determine pressure pain threshold and β-endorphin plasma level in lean women with polycystic ovary syndrome (PCOS) and healthy controls. The associations between β- endorphins and pressure pain threshold were also investigated.

## **METHODS**

In 48 lean women with polycystic ovary syndrome and 38 lean women without this disorder plasma β-endorphins and pressure pain thresholds were measured.

## RESULTS

Figure 1. Beta endorphin levels in lean women with polycystic ovary syndrome (PCOS) and controls.

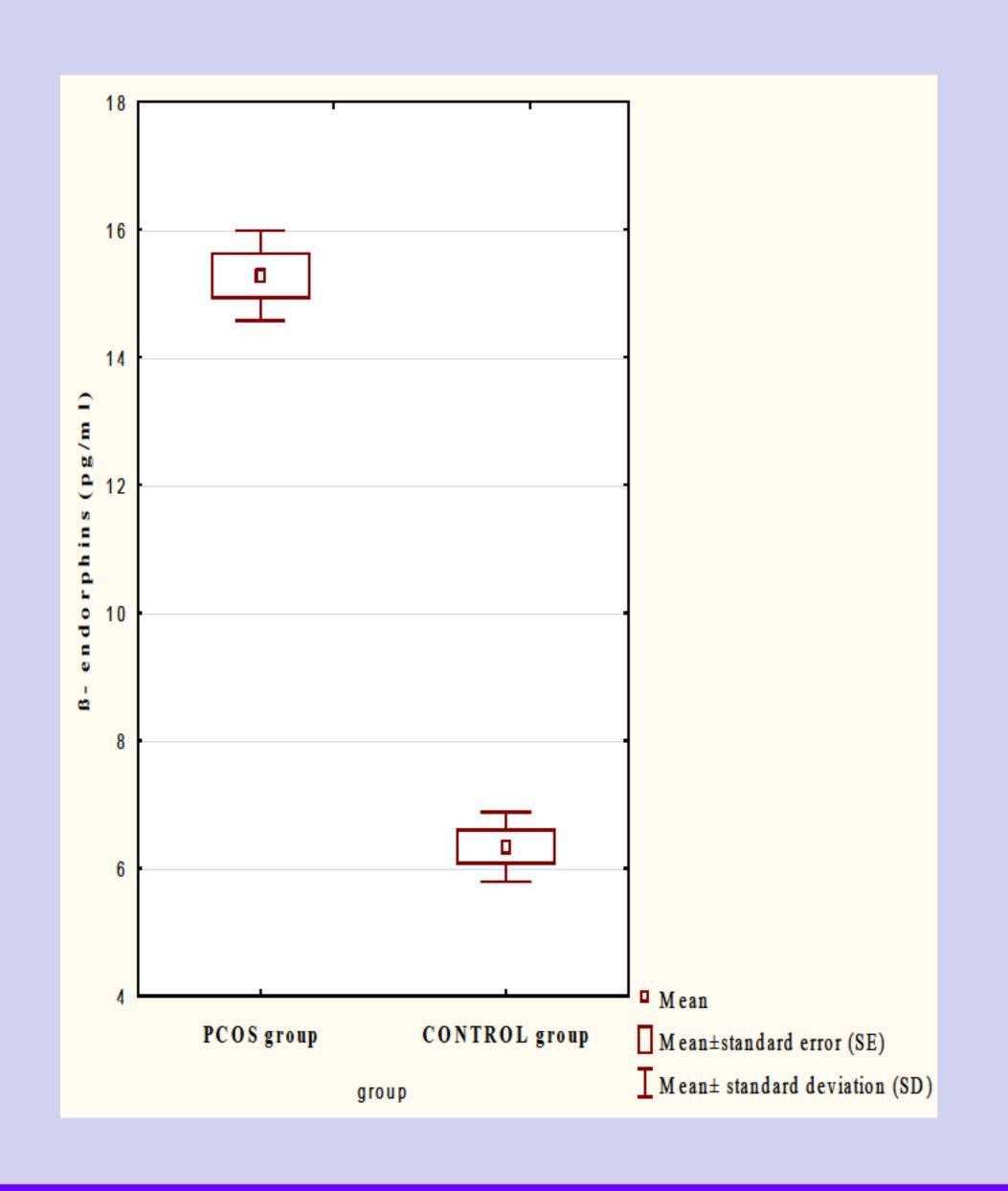


Figure 2. Pressure pain threshold (PPT) value measure d on trapezius muscle in PCOS group and healthy controls.

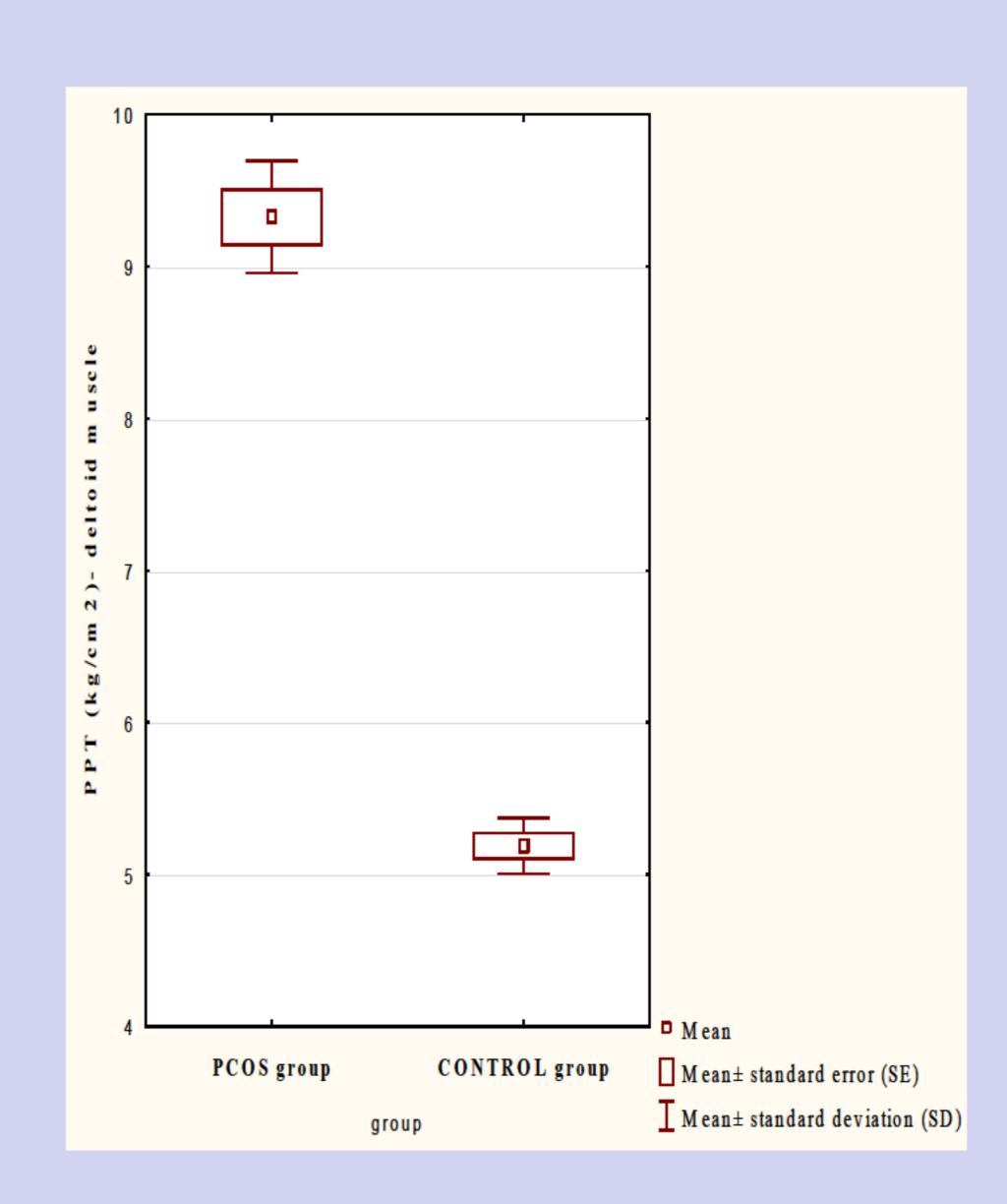
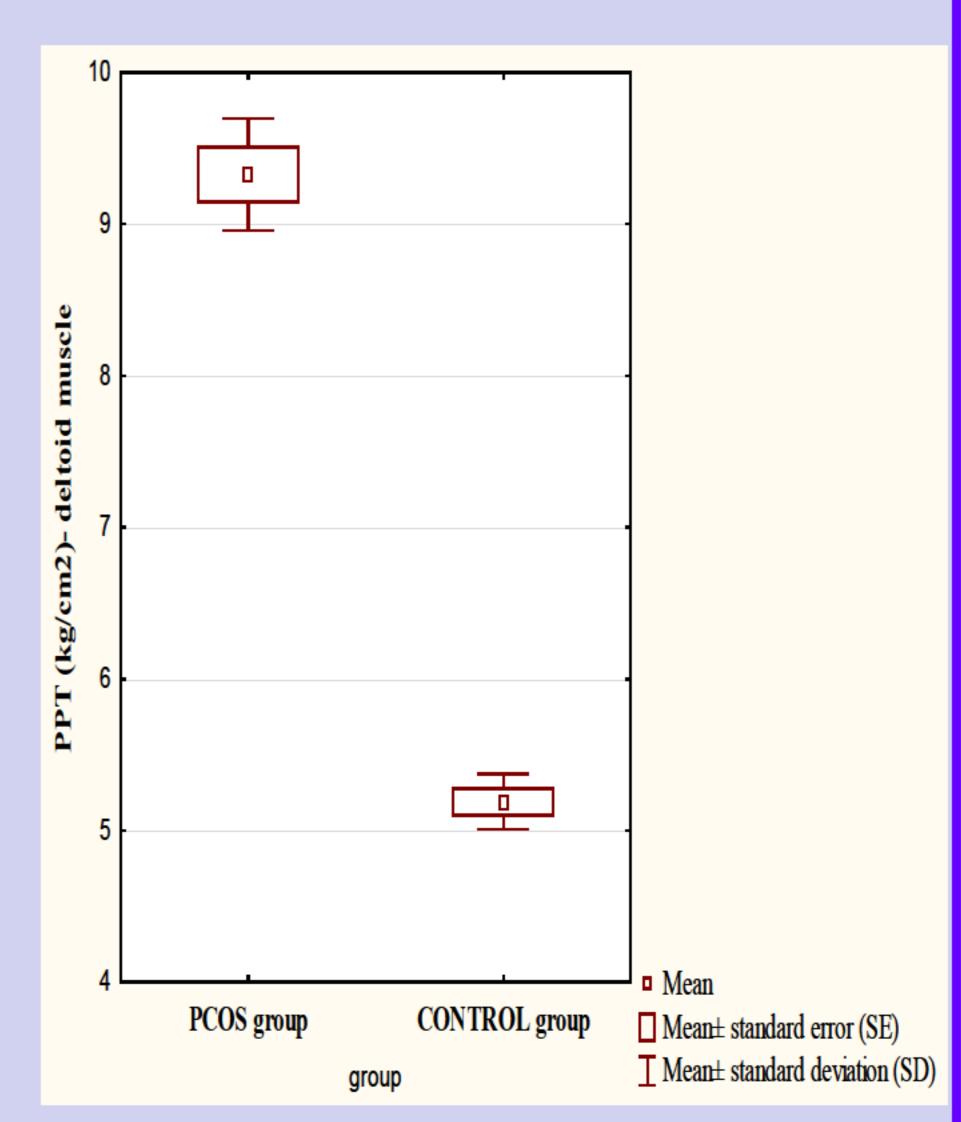


Figure 3. Pressure pain threshold (PPT) value measured on deltoid muscle in PCOS group and healthy controls.



The β- endorphins level was higher in the PCOS group compared to the controls (15.5 ±4.37 pg/ml vs 6.9 ± 2.47pg/ml, p <0.0001). In PCOS group pressure pain thresholds measured on deltoid and trapezius muscles were higher compared to the controls (9.33 ± 1.3 kg/cm² vs 5.19 ± 0.57 kg/cm<sup>2</sup>, p <0.001; 8.23 ±1.04 kg/cm<sup>2</sup> vs 4,79 ± 0.55 kg/cm<sup>2</sup>, p< 0.001). The β- endorphin levels positively correlated with pressure pain thresholds in polycystic ovary syndrome group. Increase in β- endorphin level of 1 pg/ml was associated with increase of pressure pain threshold value on deltoid muscle of 0.23 kg/cm<sup>2</sup> (R= 0.632, p=0.011) and of 0.18 kg/cm<sup>2</sup> on trapezius muscle (R= 0.588, p =0.037).

## CONCLUSIONS

Conclusion: β- endorphin serum level as well as pressure pain threshold are higher in lean PCOS group than in lean healthy controls. We found correlations between β- endorphin levels and pressure pain threshold in the PCOS group. It may indicate the role of endogenous opioids in the pathogenesis of PCOS and also that increases in circulating plasma β- endorphins concentration can increases pressure pain threshold in PCOS women.

## References

Brunton L. Goodman and Gilmasn's The Pharmacological Basis of Therapeutics. New York: McGraw-Hill; 2006: 547-59. ikita H, Kurita A, Takase B, Nagavoshi H, Uehata A, Nishioka T, Mitani H, Mizuno K, Nakamura H. Usefulness of plasma beta-endorphin level, pain threshold and autonomic function in assessing silent myocardial ischemia in patient rimental pain measurement in patients with asymptomatic myocardial ischemia. J Am Coll Cardiol 1983; 1: 940-55. . Falcone C, Specchia G, Rondanelli R, Guasti L, Corsico G, Codega S, Montermartini C. Correlation between betaendorphin plasma levels and anginal symptoms in patients with coronary artery disease. J Am Coll Cardiol 1988; 11: 719-Glazier JJ, Chierchia S, Brown MJ, Maseri A. Importance of generalized defective perception of painful stimuli as a cause of silent myocardial ischemia in chronic stable angina pectoris. Am J Cardiol 1986; 58: 667-72.

5.Edinger KL, Frye CA. Testosterone's anti-anxiety and analgesic effects may be due in part to actions of its 5alpha-reduced metabolites in the hippocampus. Psychoneuroendocrinology

bieri RL, Smith S, Ryan J. The role of hyperandrogenemia in the pathogenesis of ovarian hyperandrogenism. Fertil Steril 1988;50:197–210. 2. Frager MS, Pieper DR, Tonetta SA, Duncan JA, Marshall JC. Pituitary gonadotropin- releasing hormone receptors. Effects of castration, steroid replacement and the role of gonadotropin-releasing hormone in modulating receptors in ra li R, Casimirri F. The impact of obesity on hyperandrogenism and polycystic ovary syndrome in premenopausal women. Clin Endocrinol 1993; 39: 1– 16. rbach R, Gale E. Pressure pain threshold in normal muscles: reliability, measurements effects, and topographic differences. Pain 1989; 37: 257-63.

0.Lundberg U, Dohns IE, Melin B, Sandsjo L, Palmerud G, Kadefors R, Ekstrom M, Parr D: Psychophysiological stress responses, muscle tension, and neck and shoulder pain among supermarket cashiers. J Occup Health Psychol 1999;

1. Persson AL, Brogargh C, Sjolund BH: Tender or not tender: Test-retest repeatability of pressure pain thresholds in the trapezius and the deltoid muscles of healthy women. J Rehabil Med 2004; 36: 17-27.

5.Pontinen PJ. Reliability, validity, and reproducibility of algometry in the diagnosis of active and latent tender spots and trigger points. J Musculoskelet Pain 1998;6: 160-9. 8.Wortsman J, Wehrenberg WB, Gavin JR, Allen JP. Elevated levels of plasma betaendorphin and melanocyte stimulating hormone in the polycystic ovary syndrome. Obstet Gynecol 1984; 63: 630–5.

41.Falcone C, Specchia G, Rondanelli R, Guasti L, Corsico G, Codega S, Montemartini C. Correlation between beta-endorphin plasma levels and anginal symptoms in patients with coronary artery disease. J Am Coll Cardiol 1988; 11: 71–8 15. Fields HL, Basbaum Al. Endogenous pain control mechanisms. In: Wall PD, Melzack Z. Textbook of pain. Edinburgh: Churchill Livingstone, 1984: 143–52. 16. Fields HL. An endorphin-mediated analgesia system; experimental and clinical observation. In: Martin JB, Reichin S, Bick KI. Neurosecretion and brain peptides; implications for brain function and neurological disease. New York:

l8. Taylor T, Dluhy RG, Williams GH. Beta- endorphin suppresses adrenocorticotropin and cortisol levels in normal human subjects. J Clin Endocrinol Metab. 1983; 57 :592-6.

i1.Mansson M, Holte J, Landin-Wilhelmsen K, Dahlgren E, Johansson A, Landen M. Women with polycystic ovary syndrome are often depressed or anxious- a case control study. Psychoneuroendocrinology 2008; 33:1132-8. 52. Barry JA, Kuczmierczyk AR, Hardiman PJ. Anxiety and depression in polycystic ovary syndrome: a systematic review and meta-analysis. Hum Reprod 2011; 26: 2442-51. 33. Nussbaum EL, Downes L. Reliability od clinical pressurepain algometric measurements obtained on consecutive days. Phys Ther 1998; 78: 160-1.



