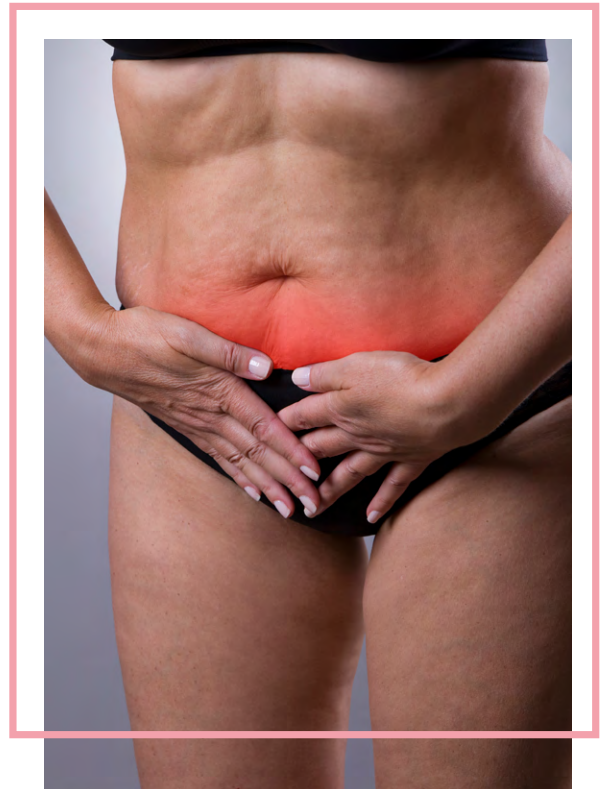


ENDOMETRIOSIS, PAIN AND QUALITY OF LIFE

Endometriosis is a chronic and heterogeneous inflammatory disease affecting more than 170 million women worldwide and up to 10% of women of childbearing age. It is characterized by the presence of **endometrium** outside the uterine cavity. This lining of the uterine cavity is normally eliminated every month during menstruation. In endometriosis, this endometrium will flow back into the fallopian tubes and create **lesions, adhesions or cysts** in the ovaries. These disturbances can impact the reserve of ovarian follicles, making it difficult for sperm and ovocyte to meet and for the embryo to implant in the endometrium.

However, Dr Marc Even, an obstetrician-gynaecological surgeon specialized in endometriosis, makes it clear that endometriosis is not synonymous with infertility.



RISK FACTORS, SYMPTOMS AND TREATMENTS

Three risk factors need to be taken into account:

- Environmental risks (endocrine disruptors)
- Genetic risks
- Menstruation-related risks (abundance and/or precocity)

MAIN SYMPTOMS include pain during menstruation (dysmenorrhoea) or during sexual intercourse (dyspareunia) and/or difficulty urinating or having a bowel motion. Endometriosis can appear as early as the first menstrual period and continue to show symptoms after menopause, varying considerably from one woman to another. The average time between the onset of symptoms and the diagnosis of endometriosis is 7 years. Reducing that delay is a real challenge and involves developing training of professionals as well as communication around the pathology thanks to patient associations (Endofrance and Endomind in France).

TREATMENTS

Several treatment options can be offered: hormonal treatment (estrogen-progestin pill or IUD), analgesics, physiotherapy and sometimes multidisciplinary pain rehabilitation. Surgical treatment can be offered in case of pain resistant to those treatments or in order to increase the chances of pregnancy. It is important to increase knowledge about that common disease among both the public and healthcare professionals, as early treatment is of great importance in reducing the risk of chronic pain and serious effects on quality of life. Endometriosis is one of the most common causes of chronic pelvic pain and it affects work, leisure, social and romantic relationships.



DEVELOPING TRAINING OF PROFESSIONALS
AS WELL AS COMMUNICATION AROUND THE
PATHOLOGY THANKS TO PATIENT ASSOCIATIONS

MORE PRECISELY...

PAIN AND IMPACT ON QUALITY OF LIFE

An Italian review underlines the impact of endometriosis **on the quality of life** in all its aspects: **sexual life, work and social relationships**. Endometriosis pain affects the psychological aspect, compromising sleep quality, making women anxious and depressed. The impact of endometriosis on sexual life is enormous: dyspareunia is one of the cardinal symptoms of the pathology. That symptom reduces the frequency of sexual intercourse with a negative impact on the couple life.

Some authors have shown that **depression and anxiety** may be the result of experiencing pelvic pain itself rather than endometriosis as the rate of those psychological disorders was not different between women with endometriosis-related pelvic pain and those with pelvic pain of another nature. Anxiety and depression increase the perception of pain and pain can compromise the psychological state in a vicious circle.



Endometriosis is a pathology that affects all aspects of a women's life, with **effects that are not only physical but also psychological**; it must therefore be treated with a multidisciplinary vision that includes not only a medical approach but also psychological, professional (physiotherapist) and economic support.

The economic burden of endometriosis should not be underestimated, both individually and for the community, as that pathology leads to a loss of productivity at work and a large use of health resources.

BENEFITS OF endermologie® TREATMENTS

endermologie® treatments can be offered to patients with endometriosis in combination with manual massages, which reassure and give the patient confidence from the start. There are no contraindications. As there are different stages of endometriosis (and different symptoms), a whole body protocol is recommended. **The main objective is relaxation, overall relaxation thanks to the analgesic action of Cellu M6®.** Nevertheless, we must remain vigilant with patients who are particularly stressed or who cannot «let go» during the session, so as not to rekindle pain.



SOURCES :

- Podcast Dr Marc Even :

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