You Can Make a Difference in Endometriosis Care

Endometriosis has gained traction in the media and social media, as affected individuals and groups are raising awareness about its impact while helping to dispel misconceptions and myths about the disease.

As a common, chronic disease with potentially profound effects on the overall well-being of a patient,[1,2] there is a need for earlier recognition and understanding of endometriosis, as well as effective management.[1,2]

Since Physician Associates (PAs) are often at the frontline of care,[3] there is a remarkable opportunity for PAs to make a difference. PAs are crucial for healthcare delivery in the United States, addressing needs in many specialties including women's health.[3] For those of you providing routine care to premenopausal women, you are very likely to encounter patients with chronic pelvic pain which can be caused by a wide array of diseases, including endometriosis.[1] With an estimated prevalence of 4.1 million women of reproductive age in the United States,[4] and a high occurrence of endometriosis in women with chronic pelvic pain,[4,5] primary care providers may often be the first point of contact for patients with endometriosis symptoms.[6] A patient-centered approach can empower you to recognize the most common symptoms associated with endometriosis and begin management.

Endometriosis is an individual experience. Beyond pain symptoms (which will be described below), endometriosis can significantly impact daily life activities, mental and physical health, productivity, personal relationships, and sexual function.[7-9]

Characterized by the *New York Times* as "a debilitating illness, often ignored,"[10] the endometriosis journey is complicated by a diagnostic delay for many patients, ranging from 4 to 11 years. [9,11-17] As endometriosis-associated manifestations tend to overlap with those of other organ systems (ie, urinary and gastrointestinal systems),[1,17] patients often see multiple providers to address specific symptoms.[16,18] Normalization of symptoms by the provider and patient are other factors that contribute to diagnostic delays.[17,18]

Understanding the systemic nature of endometriosis and its symptomology sets the foundation for identifying patients that may have the disease.[1] As researchers learn more about endometriosis, its definition and scope have evolved to account for its extra-pelvic manifestations. Hence, a strong awareness of the systemic effects of endometriosis can help us comprehend its full extent.[1]

The most common types of pelvic pain associated with endometriosis include dysmenorrhea (pain during menstruation), nonmenstrual pelvic pain (pain outside of menstruation), and dyspareunia (pain during sexual intercourse). Specifically, the disease is characterized by chronic, cyclic pelvic pain that can be progressive.[1,2,6,11,19]

Other reported manifestations include dyschezia (pain with defecation) and dysuria (pain with urination).[17] Additionally, up to 50% of patients with endometriosis experience infertility.[20,21] Neurological features such as depression and anxiety are also common.[22]

The clinical presentation of endometriosis is varied.[1] Consider that both of the following patients have a clinical picture suggestive of endometriosis—a 35-year-old woman with progressive dysmenorrhea,

dyspareunia, and dyschezia, and a 24-year-old with a history of dysmenorrhea in adolescence who is experiencing progressive dysmenorrhea and nonmenstrual pelvic pain. Also, note that patients with endometriosis may present for infertility but have no pain symptoms.[6]

The path to diagnosis has traditionally been a surgical one; however, key opinion leaders in endometriosis have proposed a shift in current practice toward clinical diagnosis.[1,2] This contemporary diagnostic approach is comprised of careful history-taking, physical examination, and imaging.[1,2]

Diagnosing endometriosis can be challenging, especially for clinicians who are less familiar with the characteristics of endometriosis-associated pain and widespread symptoms that can occur with this disease.[1] Case in point, the symptomology of the patients described above should raise suspicion for endometriosis; however, pain symptoms are also common to other gynecologic conditions and symptoms related to bowel and bladder can present with nongynecologic diseases.[1] Hence, the presence of cyclic, progressive pelvic pain can help differentiate endometriosis from other conditions and rule out other causes of pelvic pain.[1,6,11,19] Additionally, deep dyspareunia, infertility, and bowel and bladder symptoms may also contribute to the overall clinical picture.[1,17,20,21]

Further relevant information pertains to the patient's body mass index (typically low), mood disorder, fatigue, family history of endometriosis, and adolescence history related to dysmenorrhea and school absence. A thorough history should also include associated comorbidities such as migraines and autoimmune diseases.[1,2]

Other components of a clinical-based diagnosis include physical examination and imaging.[1,2] Potential examination findings may include but are not limited to tender nodules along the uterosacral ligaments, palpable nodules on rectovaginal examination, and adnexal mass (ie, endometrioma), although patients with endometriosis may have a normal examination.[1,2] As for imaging, transvaginal ultrasound and pelvic MRI can evaluate for the presence of endometriomas, adenomyosis (which can frequently coexist with endometriosis), uterine fibroids, or other adnexal masses.[1] It is important to emphasize that negative findings on physical examination and imaging do not rule out endometriosis.[1,2,23] Imaging can, however, exclude other etiologies of pain.[1,2]

Partnering with a patient can encourage her to communicate more openly about her journey.[24,25] As patient-centered care is paramount, listening to patients and understanding their disease can lead to early diagnosis and prompt, effective management.[1,2] That is why enhancing your disease awareness and education can empower you to play a greater role in diagnosing endometriosis-associated pain.

To learn more and explore disease state videos and resources for endometriosis and uterine fibroids, visit our educational website.

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