

# A CLOSER LOOK AT ENDOMETRIOSIS PAIN

Endometriosis is a chronic, progressive disease that should be treated with urgency to manage day-to-day pain.<sup>1-3</sup> Your patients may experience different levels and/or frequencies of pain symptoms—dysmenorrhea, non-menstrual pelvic pain, and dyspareunia—and cycle through multiple treatments over time, as pain often continues.<sup>4,5</sup>



endometriosis patients experience unresolved pain despite management.5\*

\*Based on a cross-sectional questionnaire-based survey among 931 women with endometriosis treated in 12 tertiary care centers in 10 countries.4

Results of a US market research study of patients diagnosed with endometriosis (N=336) revealed that



~1 out of 3 endometriosis patients has a hard time expressing just how much pain they're in.6



# IDENTIFY THE EXTENT OF YOUR PATIENTS' ENDOMETRIOSIS PAIN

More than

### 4,000,000 WOMEN

of reproductive age have diagnosed endometriosis in the United States.<sup>3</sup>

Of the 2922 women diagnosed with endometriosis, out of 48,020 women (ages 18-49) who responded to a cross-sectional survey in the US<sup>4</sup>:

~50% had MODERATE pain,

~40% had SEVERE pain.

while ~10% had mild pain.

Because the signs and symptoms of each condition/disease can be numerous and vary by patient, this tool is not intended to be used as a substitute for a healthcare professional's clinical expertise and judgment to diagnose, treat, or care for any particular patient.



#### ASK specific questions at every visit:

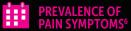
- How easy or difficult is it to go about your day?
- Do you feel that your pain is disrupting events in your life?
- Do you have pain with sex?
- How would you describe your own pain?

The following page shows an example of a numeric rating scale that describes the various ways pain can manifest itself in your patients.<sup>7</sup>



#### **IDENTIFY THE EXTENT OF YOUR PATIENTS' ENDOMETRIOSIS PAIN (cont'd)**













NONF

Manageable pain that doesn't interfere with daily activities

- Mild discomfort and pain
- Doesn't usually prevent daily activity: work, school, or home life
- Symptoms may be rare or sporadic (≤6 times a month); not limited to period
- Pain levels may vary

Possibly surgerynaïve, or may have undergone 1 laparoscopy

Possibly surgery-

have undergone 1

naïve, or may

laparoscopy

 High degree of pain relief with first-line oral contraceptives (OCs) and/or OTC pain medications

"It's manageable" "Not that bad" "Bothers me a little"



## MODERATE

Somewhat bothersome pain that interferes with daily activities and remains unresolved with medication

Moderate pain, pressure, and cramping

 $\bigcirc$  6

 $Q_0$ 

 $\bigcirc$  1

 $\bigcirc$  3

- Can impact daily activity and focus, requiring breaks in activity
- Makes daily activities difficult or impossible
- Can't participate in activities with friends and family

- Occurs regularly throughout month (≥7 times a month)
- May vary in intensity or duration

Occurs frequently

throughout month

(≥15 times a month)

May vary in duration;

often intense

Pain that persists despite taking OCs and OTC/Rx pain medications

Rx pain medications,

second-line options

and traditional

Visits to the ER

"I push through" "I deal with it" "I cope with my period"

Extremely bothersome pain that makes daily activity difficult/impossible, 🗘 🮐 can incapacitate, and is temporarily or not at all relieved with medication

- Severe pain, pressure, cramping, and lower back pain

- Possibly surgerynaïve, or may have undergone 1 or more laparoscopies
- "Atrocious pain" Temporary or no pain relief after "Disrupts my everyday life" cycling through "Stuck in bed" many treatments, such as OCs. OTC/





References: **1.** American College of Obstetricians and Gynecologists. Practice bulletin no. 114: management of endometriosis. *Obstet Gynecol.* 2010: 116(1):223-236. **2.** Practice Committee of the American Society for Reproductive Medicine. Treatment of pelvic pain associated with endometriosis: a committee opinion [published correction appears in *Fertil Steril.* 2014;104(2):498]. *Fertil Steril.* 2014;101(4):927-935. **3.** Agarwal SK, Chapron C, Giudice LC, et al. Clinical diagnosis of endometriosis: a call to action. *Am J Obstet Gynecol.* 2019;220(4):354.e1-354.e12. **4.** Fuldeore MJ, Soliman AM. Prevalence and symptomatic burden of diagnosed endometriosis in the United States: national estimates from a cross-sectional survey of 59, 411 women. *Gynecol Obstet Invest.* 2017;82(5):453-461. **5.** De Graaff AA, D'Hooghe TM, Dunselman GAJ, Dirksen CD, Hummelshoj L; WERF EndoCost Consortium, Simoens S. The significant effect of endometriosis on physical, mental, and social wellbeing: results from an international cross-sectional survey. *Hum Reprod.* 2013;28(10):2677-2685. **6.** Data on file. Diagnosed Endometriosis Consumer Segmentation; September 2015. **7.** Bourdel N, Alves J, Pickering G, Ramilo I, Roman H, Canis M. Systematic review of endometriosis apin assessment: how to choose a scale? *Hum Reprod Update.* 2015;21(1):136-152. **8.** Fauconnier A, Staraci S, Huchon C, Roman H, Panel P, Descamps P. Comparison of patient- and physician-based descriptions of symptoms of endometriosis: a qualitative study. *Hum Reprod.* 2013;28(10):2686-2694. **9.** Moradi M, Parker M, Sneddon A, Lopez V, Ellwood D. The Endometriosis Impact Questionnaire (EIQ): a tool to measure the long-term impact of endometriosis on different aspects of women's lives. *BMC Womens Health.* 2019;19(1):64.

