



# 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>

7  
out  
of 10

endometriosis patients **experience unresolved pain despite management.**<sup>5\*</sup>

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

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.**<sup>6</sup>

# 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)

**IMPACT ON DAILY ACTIVITIES<sup>6</sup>**

**PREVALENCE OF PAIN SYMPTOMS<sup>6</sup>**

**SURGICAL HISTORY<sup>6</sup>**

**MEDICAL HISTORY/ RESULTS<sup>6</sup>**

**KEY WORDS PATIENTS MAY SAY<sup>9,9</sup>**

NONE

0



**MILD PAIN<sup>6</sup>**

Manageable pain that doesn't interfere with daily activities

1

2

3

- Mild discomfort and pain
- Doesn't usually prevent daily activity: work, school, or home life

- Symptoms may be rare or sporadic ( $\leq 6$  times a month); not limited to period
- Pain levels may vary

- Possibly surgery-naïve, or may have undergone 1 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 PAIN<sup>6</sup>**

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

4

5

6



- Moderate pain, pressure, and cramping
- Can impact daily activity and focus, requiring breaks in activity

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

- Possibly surgery-naïve, or may have undergone 1 laparoscopy

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

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

**SEVERE PAIN<sup>6</sup>**

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

7

8

9

10



- Severe pain, pressure, cramping, and lower back pain
- Makes daily activities difficult or impossible
- Can't participate in activities with friends and family

- Occurs frequently throughout month ( $\geq 15$  times a month)
- May vary in duration; often intense

- Possibly surgery-naïve, or may have undergone 1 or more laparoscopies

- Temporary or no pain relief after cycling through many treatments, such as OCs, OTC/Rx pain medications, and traditional second-line options
- Visits to the ER

"Atrocious pain"  
"Disrupts my everyday life"  
"Stuck in bed"



Visit [HerEndometriosisReality.com](https://www.HerEndometriosisReality.com) for more resources to help you move the conversation forward.

**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, Simoons 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 pain 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.