



Identify her pain and understand its impact

Unless specifically asked, your patient may not effectively communicate how her pain is affecting her life. Pelvic pain is often normalized by family—particularly mothers who had a similar experience—or peers.^{2,3*}

Don't leave it to her—ask about the nature and history of her pain, and how it impacts her daily activities.

*Based on a qualitative, interview-based study of 32 women in England aged 16 to 47, 28 of whom were subsequently diagnosed with endometriosis, and qualitative, in-depth interviews of 20 Australian women aged 24 to 55 with endometriosis.



Endometriosis is commonly overlooked.⁶⁻⁸

Assess her symptoms.

SAY ENDOMETRIOSIS and follow the signs.



References: 1. Mounsey AL, Wilgus A, Slawson DC. Diagnosis and management of endometriosis. *Am Fam Physician*. 2006;74(4):594-600. 2. Ballard K, Lowton K, Wright J. What's the delay? A qualitative study of women's experiences of reaching a diagnosis of endometriosis. *Fertil Steril*. 2006;86(5):1296-1301. 3. Seear K. The etiquette of endometriosis: stigmatisation, menstrual concealment and the diagnostic delay. *Soc Sci Med*. 2009;69(8):1220-1227. 4. Taylor MM. Endometriosis—a missed malady. *AORN J*. 2003;77(2):298, 301-309, 312-313. 5. Data on file, AbbVie Inc. US Diagnosed Endometriosis Consumer/Patient Research, 2014. Undiagnosed Uterine Fibroid/Endometriosis Consumer Segmentation, 2016. 6. Bernuit D, Ebert AD, Halis G, et al. Female perspectives on endometriosis: findings from the uterine bleeding and pain women's research study. *J Endometr*. 2011;3(2):73-85. 7. Greene R, Stratton P, Cleary SD, Ballweg ML, Sinaii N. Diagnostic experience among 4,334 women reporting surgically diagnosed endometriosis. *Fertil Steril*. 2009;91(1):32-39. 8. Nnoaham KE, Hummelshoj L, Webster P, et al; World Endometriosis Research Foundation Global Study of Women's Health consortium. Impact of endometriosis on quality of life and work productivity: a multicenter study across ten countries. *Fertil Steril*. 2011;96(2):366-373.e8.

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DISCUSSION GUIDE

RECOGNIZING ENDOMETRIOSIS STARTS WITH THE RIGHT CONVERSATION

See inside for **3** key areas to explore

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1

What is the nature and extent of her symptoms?

- Does she experience dysmenorrhea, non-menstrual pelvic pain, and/or dyspareunia?
- Has a pelvic exam or ultrasound yielded any other findings associated with endometriosis?

2

Is her pain being normalized?

- Has she come to accept her symptoms as “normal”?
- Did her mother set expectations for her based on her own pain experience?
- Has she had pain and other symptoms of endometriosis from the start of her periods?
- Is there a family history of these symptoms?

3

How is her pain affecting her life?

- Does her pain interfere with work, school, or home life? What about sleep, exercise, or social activities?
- Does her pain interfere with sex?
- How would she rate her pain on a scale of 1 to 10?
- Have analgesics or oral contraceptives failed to control her pain?



Based on clinical suspicion and presentation, diagnosis of endometriosis prior to laparoscopy is reasonable.¹¹

¹¹Patients with persistent symptoms after empiric treatment should be referred for laparoscopy, the preferred method for diagnosis of endometriosis.



Women may downplay their pain symptoms for a number of reasons:

- Most women with undiagnosed endometriosis become accustomed to painful menstrual cycles at an early age⁴
- In a US market research survey of ~300 women aged 18 to 50 with diagnosed endometriosis, nearly half of women (45%) did not mention their symptoms to their doctor because other people told them that they were “normal”⁵



There are many techniques you can use to foster more productive dialogue with your patients. To learn more, visit HerEndometriosisReality.com/materials-for-your-practice.

For an Endometriosis Pain and Impact Questionnaire that you and your patients can use together, visit SpeakEndo.com/materials-for-your-patients.