



## Marital adjustment and quality of life among endometriotic patients a comparative study at Aswan university hospital

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### Abstract

**Introduction:** Endometriosis (E) is a chronic, benign, estrogen-dependent inflammatory disease. A debilitating disease with symptoms of dysmenorrhea, dyspareunia, and chronic pain in the pelvis (CPP). It is estimated to occur in roughly 6–10% of females. It is most common in those in their thirties and forties; however, can begin in girls as early as 8 years. Given the range of factors triggered by (E.), it must examine the quality of life (QOL) of the women affected, how the symptoms of the disease have impacted their daily life. Because of the great repercussion of (E) on different aspects of life and health of women, it is necessary to understand the confrontation mechanisms of the disease for patients as well as the impact on the quality of their lives. This can determine the improvement of care and the quality of humanization addressed to women from diagnosis to management

**Methods:** This study was conducted at Aswan university hospital between Jan 2018- Dec 2018. This comparative study was carried out with two groups. The first group consisted of 80 women between the ages 25 and 45 years and had endometriosis. The comparison control group consisted of 80 healthy women with age ranged between 23-44 years. Each patient completed a questionnaire Short-Form 36 (SF- 36) Quality of Life Scale And assessment of pain by pain scale using visual analog scale.

**Results:** No significant difference was found between age, marital status, education level, number of coitus (weekly) between two groups. Pain levels among group (1) 9 patients with no pain representing 11.25 %, 63 (78.75%) with mild pain and 8 (10%) Moderate pain. The result of this study indicated that women with endometriosis show low quality of life compared with healthy, control subjects. P value <0.01 (statistically significant).

**Conclusion:** endometriosis is associated with diagnostic delay, reduced quality of life, and loss of work productivity and most of endometriotic patients suffering pain.

**Keywords:** endometriosis, chronic pelvic pain, quality of life and scale

### Introduction

Endometriosis (E) is a chronic, benign, estrogen-dependent inflammatory disease<sup>[1]</sup>.

A debilitating disease with symptoms of dysmenorrhea, dyspareunia, and chronic pain in the pelvis (CPP)<sup>[2]</sup>.

It is defined as the presence of endometrial like tissue (glands and stroma) outside the uterus<sup>[3]</sup>.

This associated symptoms can impact the patient's general physical, mental, and social well-being<sup>[3]</sup>.

It is estimated to occur in roughly 6–10% of females<sup>[4]</sup>.

It is most common in those in their thirties and forties; however, can begin in girls as early as 8 years<sup>[5]</sup>.

The repeated hemorrhaging can produce extensive fibrosis surrounding the endometrial tissue, which can result in adhesions to adnexal structures or to bowel and can obliterate cul-de-sac of the pelvis<sup>[6]</sup>.

Association between (E) and (CPP) is suggested by the observation that among women who undergo laparoscopy, (E) is found in 1/3 who undergo surgery for (CPP)<sup>[7]</sup>.

Typical (E) is triad (dyspareunia, dysmenorrhea and infertility) has a direct impact on the lives of women in different areas, whether social, physical or psychological impact<sup>[8]</sup>.

Given the range of factors triggered by (E.), it must examine the quality of life (QOL) of the women affected, how the symptoms of the disease have impacted their daily life. Because of the great repercussion of (E) on different aspects of life and health of women, it is necessary to understand the confrontation mechanisms of the disease for patients as well as the impact on the quality of their lives. This can determine the improvement of care and the quality of humanization addressed to women from diagnosis to management<sup>[9, 10]</sup>.

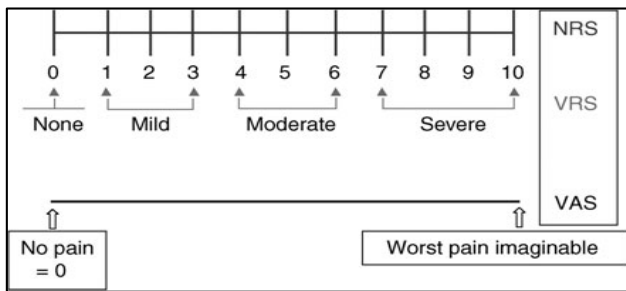
Definition of Chronic pelvic pain may be more specified and some authors exclude severe dysmenorrhea and deep dyspareunia, but other experts recommend a wider definition that includes severe dysmenorrhea, deep dyspareunia and all other painful symptoms. Difficulty lies not only in the definition of the type of pain related to (E) but also in the evaluation of this pain<sup>[11]</sup>.

All these pain symptoms and their chronicity, patterns in relation to the menstrual cycle and association with other types of visceral pain, ultimately reflect changing actions of the central nervous system<sup>[12]</sup>.

The definitive criteria determining which, if any, (E) lesions cause pain symptoms are lacking. In carefully documented studies, location and extent of lesions bear little relation to location or amount of pain a woman experiences [13]. Clinicians are often perplexed when setting up a trial on (E) as to how to adequately assess (E)-related pain. In order to clarify this point the objective is to identify pain used in clinical (E) studies, for follow up treatment of (E) related pain. The purpose of this study, is to evaluate level of pain among patients with endometriosis, quality of life and self-esteem therefore, is to summarize the translational research that has recently exploded on this issue (E) pain and (QOL) also effect on social relations and psychological well-being and to identify future directions.

**Methods**

This study was conducted at at Aswan university hospital between Jan 2018- Dec 2018. The study was approved by the Ethical Committee of University Hospital, and written informed consent was obtained from all the participants. This comparative study was carried out with two groups. The first group consisted of 80 women between the ages 25 and 45 years and had endometriosis. The comparison control group consisted of 80 healthy women with age ranged between 23-44 years. Those who had other gynecological complaints such as abnormal bleeding etc., positive malignancy, psychotic disorders and used antidepressants and mood stabilizers were excluded from the study. Each patient completed a questionnaire and all women underwent a careful examination of Widely used, reliable and valid clinical health rating scales were used in this study followed below: • Short-Form 36 (SF- 36) Quality of Life Scale, And assessment of pain by pain scale using visual analog scale. The visual analog scale was used most frequently, with a total of 167 publications identified. The visual analog scale consists of a 10 cm long horizontal line with its extremes marked as ‘no pain’ and ‘worst pain imaginable’ [14].



**Fig 1**

SF-36 Quality of Life Scale is the most widely used scale in order to measure the quality of life. The scale was designed by Rand Corporation in 1992 and validity and reliability tests of the Turkish version were performed by Kocyigit *et al.* [15]

The validity and reliability of this instrument are well documented, and it has previously been used to compare patient groups and to determine the effect of an

intervention on the patient’s sense of subjective wellbeing.

The analysis of the data was performed with SPSS software. For all analyses, statistical significance was defined by a probability level of P <0.05.

**Results**

The main characteristics of the study groups were described in table (1) no significant difference was found between age, marital status, education level, number of coitus (weekly)

**Table 1:** Basic characteristics of study and control groups.

a) Age

Item	Group 1	Group 2	P value
Age	25-45 with mean 35	23-44 with mean 33.5	0.20

This table shows that there is no statistically significant difference between group 1 and group 2 as regard patient age P value 0.20

b) Marital status

Item	Group 1 Number and incidence	Group 2 Number and incidence	P value
Married	77 (96.25%)	78 (97.5 %)	0.86
Not currently married	3 (3.75%)	2 (2.50%)	

This table shows that there is no statistically significant difference between group 1 and group 2 as regard Marital status P value 0.86



**Fig 2**

c) Education level

Item	Group 1 Number	Group 1 incidence	Group 2 Number	Group 2 incidence	P value
Primary -High school	54	67.8%	51	63.75%	0.32
University	26	32.5%	29	36.25%	

This table shows that there is no statistically significant difference between group 1 and group 2 as regard education level P value 0.32

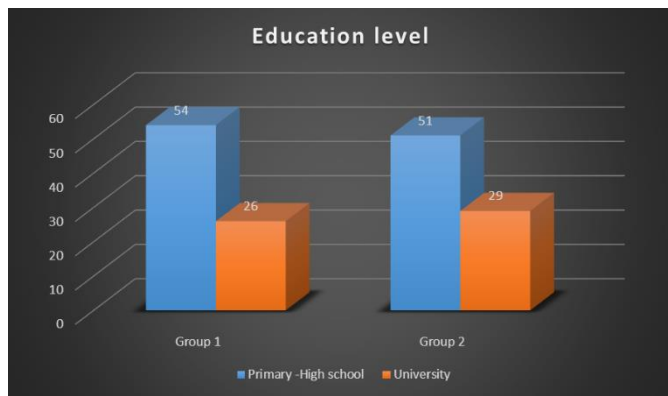


Fig 3

d) Number of coitus

Item	Group 1	Group 2	P value
Number of Coitus (weekly)	3 (0-4)	2 (0-4)	0.17

This table shows that there is no statistically significant difference between group 1 and group 2 as regard Number of coitus/ week P value 0.17

Table 2: Pain levels among group 1

Pain levels	Number	incidence
No pain	9	11.25 %
Mild pain	63	78.75%
Moderate pain	8	10%

Regarding pain levels among group <sup>[1]</sup> 9 patients with no pain representing 11.25 %, 63 (78.75%) with mild pain and 8 (10%) Moderate pain.

Table 3: Short Form 36 Quality of life scale: SF-36

Item	Group 1	Group 2	P value
Physical functioning (PF)	74.5±7.4	82.1±7.4	<0.01
physical role function (PRF)	77.9±7.4	83.6±11.2	<0.01
General health (GH)	71.1±5.6	76.9±4.3	<0.01
Vitality	64.8±5.9	72.0±5.3	<0.01
social functioning (SF)	84.3±9.7	88.3±5.8	<0.01
Emotional well-being (EWB)	69.6±6.1	73.8±4.4	<0.01

The result of this study indicated that women with endometriosis show low quality of life compared with healthy, control subjects P value <0.01 (statistically significant).

**Discussion**

Recently, there has been growing interest on the effect of (E) in health related quality of life (HRQL). Women are increasingly willing to be informed of the treatment options and decide on how best to adapt to their requirements. The qualitative studies have shown that symptoms of (E) have substantial impact on the physical, emotional and social well-being of patients that were affected during the most their productive years <sup>[16]</sup>.

Pain can be cyclical or chronic, and often disabling, presenting itself as the most pronounced complaint having an impact on every aspect of daily life, like sleeping, eating or moving. Evaluate the complaint isolated pain in patients with (E) is difficult to assess in women with (E), as the site of the disease and the type of pain are variable and generate numerous questions and daily graded recitations of how trustworthy are in the final <sup>[17, 18]</sup>.

50% of the women reported continue to suffer from dyspareunia, with significant effect on QOL <sup>[16]</sup>.

The existence of symptomatic (E) has physical, mental and adverse impact on the social well-being and thus has a negative effect on HRQL. The impact includes the areas on fertility, sexuality, ability to work and maintain personal relationships intact <sup>[19]</sup>.

The reduction in QOL in this population may be explained by the complexity of the etiology and manifestations of the disease; non-responsiveness of some patients to interventions; pain as a major complain <sup>[20]</sup>.

The result of this study indicated that women with endometriosis show low quality of life compared with healthy, control subjects. This results in agree with Kelechi E. *et al.* <sup>[21]</sup> who found that patient groups have advocated that endometriosis is associated with diagnostic delay, reduced quality of life, and loss of work productivity.

The result of this study indicated that 78.75% of women with endometriosis suffer from mild pain and 10% of them suffer from moderate pain while 11.25 % of them with no pain. This results in comparison with other studies, these studies found that 65% of women ultimately diagnosed with endometriosis originally presented with pain symptoms, a third of whom also complained of infertility, whereas 14% sought resolution of infertility only. Fourteen percent of women requesting tubal sterilization were found to have asymptomatic endometriosis. <sup>[22]</sup>

In this study there is no statistically significant difference between group 1 and group 2 as regard number of coitus/ week P value 0.17 the accurate diagnosis of the existence of dyspareunia and causes of sexual dysfunction can be a challenge in women who find it difficult to disclose personal and intimate information. Representatives from the World Endometriosis Society have called for the assessment of dyspareunia from a broad clinical perspective, considering its profound psychological and interpersonal consequences <sup>[23]</sup>.

Rates have been reported recently in other studies. In a questionnaire-based survey of 21,746 women in eight countries, 50% of women responded that the effect of pain on their sex lives was the single most important impact of endometriosis over the previous 12 months <sup>[24]</sup>.

In a 15-year follow up study, more than half of the women interviewed reported that the symptoms of endometriosis had negatively impacted their intimate relationships in some cases precipitating infidelity and divorce. Among the most severely debilitating pain symptoms is dyspareunia, which can deprive women and their partners of their sexual and reproductive rights, and focus on this specific symptoms is a high priority for the World Endometriosis Society <sup>[23]</sup>.

### Conclusion

Endometriosis is associated with diagnostic delay, reduced quality of life, and loss of work productivity and most of them suffering pain Endometriosis significantly affects women and societies world-wide, but substantial delays in diagnosis exist. Heightened awareness of the disease in primary care should lead to earlier diagnosis, less suffering, and improved work productivity.

### Recommendation

Future research should address the underlying pain mechanisms in endometriosis and identify symptom control strategies that target those pathways to improve the outlook for affected women, From A Research perspective, it is becoming increasingly important to recognize and identify specific characteristics and Symptoms associated with endometriosis-related pain and not to Lump All presentations together as an undifferentiated syndrome.

Important distinctions among sub-groups with specific symptoms suggest different mechanisms; only by elucidating these are we likely to derive successful therapeutic strategies for the millions who struggle with painful symptoms on a daily basis.

### Conflict of Interest

The authors have no conflicts in relation to this manuscript

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