

8 THINGS TO KNOW ABOUT

Endometriosis

With March being endometriosis month, we look at the condition that affects one in 10 women of reproductive age in the UK, and how to get help.

IT'S A CHRONIC PAIN CONDITION

'Endometriosis is defined by the presence of tissue similar to the lining of the womb occurring outside of the womb,' explains Andrew Horne, Professor of Gynaecology at the University of Edinburgh and co-author of *Endometriosis: an experts' guide to treat, manage and live well with your symptoms* (£14.99, Vermillion). There are three ways it can present itself. 'The most common is peritoneal disease, which is on the lining of the pelvis,' he says. 'There's also ovarian endometriosis, which results in cysts on the ovaries, and deep endometriosis, which often presents as nodules, commonly near the bowel and the bladder.' Diagnosis is ultimately made following a laparoscopy (keyhole surgery), although the ovarian and deep forms can sometimes be diagnosed by an ultrasound or MRI.

IT CAN OCCUR AT ANY AGE

'It used to be thought that endometriosis was only experienced by women in their 30s and 40s, but we now know it can happen throughout reproductive age up until menopause,' says Professor Horne. Most women find symptoms stop or ease significantly after menopause, when ovaries stop producing as much oestrogen. Although, Professor Horne notes, a very small number of women can still experience symptoms after this.

SYMPTOMS ARE VARIED

Some women can have endometriosis and not realise it as they have no symptoms. For the majority, however, several key signs indicate the condition. 'The most common is pelvic pain,' says Prof Horne. 'This can be during or outside of menstruation, during sex, and when urinating or opening the bowels.' Very heavy periods are another key symptom, while others include prolonged period bleeding and fatigue. And, Professor Horne notes, 'In some cases, it's associated with difficulty in getting pregnant.'

CAUSES ARE UNKNOWN

There are several theories as to why endometriosis occurs. 'The most well-known theory is that it is thought to be due to retrograde menstruation, when blood flows back into the body during menstruation,' says Professor Horne. 'But this phenomenon happens in 80-90 per cent of women, and it's unknown why this leads to the formation of endometriosis lesions in some and not others.'

'We've done a lot of work looking at the cells that line the pelvis in women with endometriosis, and this has shown that the cells have a different metabolism, which we think then predisposes women to forming endometriosis lesions.'

Other theories revolve around the morphing of cells, changes in the lymphatic system, and genetics. 'For example, we know endometriosis is more common in twins,' adds Professor Horne adds.

HOLISTIC THERAPIES CAN HELP

To offer patients optimum relief from symptoms, Professor Horne reveals that pairing surgery and/or drug treatments with more holistic approaches can often prove successful – particularly in relation to pain management. 'A lot of women with endometriosis have a tight pelvic floor, and physiotherapy can help relax this. Acupuncture and psychological approaches such as mindfulness can also help.'

In the UK, it's estimated the same number of women have endometriosis as diabetes.

THERE ARE SEVERAL TREATMENT OPTIONS

While there is currently no cure, there are a number of approaches for managing the condition. Surgery is the most common and involves cutting out or burning the endometriosis. However, while this can prove successful for many, 'up to 40-50 per cent of women with endometriosis, five years after their primary surgery, will have a recurrence of symptoms,' says Professor Horne.

Medication is an option: non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, and drugs that stop the ovaries producing oestrogen, such as the combined pill or progestogen may be used. 'We also sometimes prescribe drugs that work on the nervous system, such as those used in other chronic pain conditions – like amitriptyline,' says Professor Horne.



Endometriosis is the second most common gynaecological condition in the UK.

YOUR DIET COULD HELP

While some conditions are influenced by particular foods or supplements, the jury is out on whether this is the case for endometriosis. 'There are a lot of suggestions online for special endometriosis diets, but none are evidence-based,' says Professor Horne. 'However, I always say that it doesn't do any harm to look at your diet as you might be able to identify foods that make symptoms worse, and then eliminate them.'

And, although there's no definitive evidence that a particular supplement is effective in combating symptoms, a trial has just finished in Edinburgh looking at fish oils – omega-3 fatty acids in particular. 'They're anti-inflammatory and thought to perhaps have an impact on endometriosis,' says Professor Horne. 'A number of women take these and find them helpful.'

IT CAN IMPACT FERTILITY

This is an area around which there is often confusion, with many believing those with the condition are infertile or will struggle to conceive. This is far from the case. 'Two-thirds of women with endometriosis will have no problem getting pregnant, although the remaining third may need some help,' says Professor Horne. This assistance may be via surgery, although IVF is also an approach that can work. 'Most women with endometriosis will get pregnant, whether naturally or with treatment; it might just take a bit longer.'

For more information, visit **Endometriosis UK** at endometriosis-uk.org where you'll also find details on their helpline and local and online support groups. 📞