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Editorial

Endometriosis, Mental Health and Quality of Life

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Abstract

This article explores links between endometriosis, mental health, and quality of life. It reviews symptom burden, comorbidity patterns, and multidisciplinary care approaches.

Keywords:
chronic pelvic pain; infertility; psychiatric symptoms; depression; anxiety disorders; mental stress

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Introduction

Endometriosis is associated with a multitude of symptoms such as chronic pelvic pain, painful intercourse and infertility. Their impact on the psychology and social life of women suffering from the disease is often significant [1,2]. This makes sense if one considers the negative impact of chronic pain on the social and professional life of patients.

Pope et al. demonstrated that endometriosis is associated with a multitude of psychiatric symptoms, mainly depression, anxiety disorders and mental stress [3]. However, the proportion of patients with psychiatric symptoms varies from study to study. In the study by Sepulcri and Do Amaral [4], almost 9 out of 10 women with endometriosis developed depression or anxiety disorders, in contrast to that of Friedl et al. [5], where less than 1/3 of patients developed these symptoms. The stage of the disease does not seem to be related to the likelihood of psychiatric symptoms; however, the patient's age is positively related to the likelihood of depression [4]. Also, the presence of depression, per se, appears to be associated with worsening chronic pain reported by women with endometriosis. Since our understanding of the etiology of chronic pain remains incomplete, the coexistence of chronic pain and depression can create problems in distinguishing between cause and effect.

As we mentioned, endometriosis is a major cause of infertility and infertility can have a negative effect on mental health. In a study by Berqvist and Theorell [6], which compared the mental health of women with infertility and endometriosis with that of women with endometriosis without infertility, 50% of the first group sought (or expressed a desire for) psychological help.

Successful treatment of endometriosis (pharmacological or surgical) can reverse the negative impact of the disease on the mental health and overall quality of life of patients [2]. However, long-term medication seems to have a negative effect, overall, on the quality of life of these women [4]. Of particular interest is the study by Garry et al. [7], regarding the role of radical surgical removal of endometriosis foci: the authors demonstrated that this is associated with a significant improvement in patients' quality of life.

Based on the above, it is recommended to assess the emotional profile and the overall quality of life as part of the holistic treatment of patients with endometriosis, both before the onset and during the treatment of the disease, as another indicator of its effectiveness. The successful treatment of endometriosis and its symptoms by health professionals with corresponding specialization is related to an improvement in the quality of life and mental health of patients with the disease.

Competing Interests

The authors have declared that no competing interests exist.

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