

1. **Avoiding delays in diagnosing endometriosis.** Roth AR, Lazris A, PPBH H, James J. Am Fam Physician. 2024;109(3):268–70.

<https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=38574219&site=ehost-live>

2. **Evidence for the role of multidisciplinary team care in people with pelvic pain and endometriosis: A systematic review.** Fang QY, Campbell N, Mooney SS, Holdsworth-Carson SJ, Tyson K. Aust NZ J Obstet Gynaecol. 2024;64(3):181–92.

Background: Endometriosis is a chronic, inflammatory condition characterised by the presence of endometrial-like tissue outside the uterine cavity. Given the multi-system nature of the disease and the potential for significant negative impact on quality of life, there has been a long-standing recognition of the need for multidisciplinary care for people with endometriosis. However, there is paucity to the data supporting this approach, and much of the evidence is anecdotal. Aim: This systematic review aims to describe recent evidence-based models and patient-centred perspectives of multidisciplinary care for endometriosis, to improve understanding of the role of an integrated, multidisciplinary team in effectively addressing patients' care needs. Materials and Methods: PubMed, Medline, Embase and Web of Science were searched for relevant articles published between 1 January 2010 to 7 July 2022. Results: Nineteen studies met the inclusion and exclusion criteria and pinpointed a multidisciplinary team consisting of gynaecologists, pain specialists, nurses, physiotherapists, psychologists, sex therapists, nutritionists, complementary medicine practitioners, and social workers to be most commonly utilised in holistically managing people with pelvic pain and endometriosis. Furthermore, patient perspectives on care highlighted the need for reliable information, respect and validation of experiences or preferences, discussion of long-term treatment plans and social and emotional supports. Conclusion: The trend for multidisciplinary team care for people with endometriosis is growing. Further consumer-driven clinical studies and outcome evaluations need to be conducted to determine the effect of multidisciplinary care on improvements to quality of life for people living with endometriosis and or pelvic pain.

10.1111/ajo.13755 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=178442697&site=ehost-live>

3. **Acceptability of using the raising awareness tool for endometriosis (RATE) in general practice: A mixed methods pilot study.** Frayne J, Milroy T, Rook C, Simonis M, Lam A. Aust NZ J Obstet Gynaecol. 2024;64(3):210–5.

Aims: The Raising Awareness Tool for Endometriosis (RATE) was developed to facilitate discussions with health providers regarding endometriosis-associated symptoms. We aim to evaluate the acceptability of the RATE by general practitioners (GP), including determining the prevalence of symptoms of women presenting to general practice and immediate management of symptoms. Methods: A mixed-methods study was undertaken using a combination of quantitative and qualitative data in Western Australian General Practices from 2021 to 2022. A purposive sample of 12 GPs were included, who recruited women (18–50 years) on attendance for consultation over a one- to two-week period, followed by qualitative interviews exploring GPs' experiences with the tool. The quantitative and qualitative components were integrated during analysis of results. Results: A total of 111 women completed the RATE (mean: 33, standard deviation: 8.6 years) prior to routine consultation. The tool was considered to be acceptable for use in general practice and aided discussions on symptoms and management. Overall, 68.5% of patients experienced pelvic pain or discomfort, with 22.4% rating that this interfered with quality of life. Of those with pelvic pain, 75% had associated chronic pain conditions, and 42.1% reported allodynia. The chronic pain questions provoked GP uncertainty. After symptoms were identified, GPs arranged individualised investigations and follow-up. Conclusions: The RATE was considered to be acceptable for use in the general practice setting. It identified symptoms and initiated discussions on possible diagnosis as well as management of endometriosis. Further GP education on

identifying those women at most risk of developing chronic pain syndromes is needed.

10.1111/ajo.13768 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=178442700&site=ehost-live>

**4. A decade to wait: Update on the average delay to diagnosis for endometriosis in Aotearoa New Zealand.** Ellis K, Wood R. Aust N Z J Obstet Gynaecol. 2024.

Endometriosis is a common condition with varying delays from symptom onset to diagnosis reported internationally. In New Zealand, the previously accepted average delay to diagnosis was 8.6-8.7 years. An online survey completed by the largest cohort of self-reported New Zealand-confirmed endometriosis patients (n = 1024) for the collection of delay to diagnosis was conducted in September and October of 2023. The results revealed an average delay of  $9.7 \pm 7.1$  years overall, with a significantly longer delay in the North Island than in the South. This study identifies potential factors for future research that may influence diagnostic delays in New Zealand. (© 2024 Endometriosis New Zealand and The Authors. Australian and New Zealand Journal of Obstetrics and Gynaecology published by John Wiley & Sons Australia, Ltd on behalf of Royal Australian and New Zealand College of Obstetricians and Gynaecologists.)

10.1111/ajo.13836 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=38775177&site=ehost-live>

**5. Towards reducing diagnostic delay in endometriosis in primary care: A qualitative study.** de Kok L, Schers H, Boersen Z, Braat D, Teunissen D, Nap A. BJGP Open. 2024;8(3):1–10.

Background: Due to a heterogeneity of symptoms, a lack of an adequate diagnostic test, and a lack of awareness, diagnostic delay in endometriosis in primary care on average amounts to 35 months. Aim: To determine which interventions are most feasible to reduce time to diagnosis in primary care, focusing on GPs' preferences, the intervention's content, design, and implementation. Design & setting: We conducted a qualitative study by performing focus groups with GPs and GP trainees between July and October 2021. Method: Data collection was continued until saturation was obtained. Focus groups were transcribed and openly encoded. Themes were formulated by three independent researchers. Results: Divided over five focus groups 22 GPs and 13 GP trainees participated. Three themes were formulated: increasing awareness, combined intervention, and reaching unaware GPs. Suggestions for a combined intervention strategy were adaptation of guidelines, a diagnostic support tool, and compulsory education. To reach unaware GPs, participants felt that education should be offered in regional networks and education for GP trainees should be mandatory. A guideline on menstrual symptoms should be considered and the term endometriosis should be added to the differential diagnosis paragraphs of existing guidelines. A diagnostic support tool should be linked to a guideline and consist of a flowchart with steps starting with the first presentation of symptoms leading to the diagnosis of endometriosis. Conclusion: According to GPs, a combined intervention strategy consisting of an adapted guideline, a diagnostic support tool, and education might be successful interventions in reducing diagnostic delay in endometriosis.

10.3399/BJGPO.2024.0019 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=180814865&site=ehost-live>

**6. Current practice patterns, challenges, and need for education in performing and reporting advanced pelvic US and MRI to investigate endometriosis: A survey by the Canadian association of radiologists endometriosis working group.** Crivellaro PS, Rehman I, Chang S, Duigenan S, Holmes S, Hurrell C, Kielar AZ, Leonardi M, Pang E, Shergill A, Al-Arnawoot B. Can Assoc Radiol J. 2024;75(1):38–46.

Purpose: The Canadian Association of Radiologists (CAR) Endometriosis Working Group developed a national survey to evaluate current practice patterns associated with imaging endometriosis using

advanced pelvic ultrasound and MRI to inform forthcoming clinical practice guidelines for endometriosis imaging. Methods: The anonymous survey consisted of 36 questions and was distributed electronically to CAR members. The survey contained a mix of multiple choice, Likert scale and open-ended questions intended to collect information about training and certification, current practices and protocols associated with imaging endometriosis, opportunities for quality improvement and continuing professional development. Descriptive statistics were used to summarize the results. Results: Canadian radiologists were surveyed about their experience with imaging endometriosis. A total of 89 responses were obtained, mostly from Ontario and Quebec. Most respondents were community radiologists, and almost 33% were in their first five years of practice. Approximately 38% of respondents reported that they or their institution performed advanced pelvic ultrasound for endometriosis, with most having done so for less than 5 years, and most having received training during residency or fellowship. 70% of respondents stated they currently interpret pelvic endometriosis MRI, with most having 1-5 years of experience. Conclusion: Many radiologists in Canada do not perform dedicated imaging for endometriosis. This may be due to a lack of understanding of the benefits and limited access to training. However, dedicated imaging can improve patient outcomes and decrease repeated surgeries. The results highlight the importance of developing guidelines for these imaging techniques and promoting a multidisciplinary approach to endometriosis management.

10.1177/08465371231179292 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=175298992&site=ehost-live>

**7. Prevalence, diagnostic delay and economic burden of endometriosis and its impact on quality of life: Results from an eastern mediterranean population.** Swift B, Taneri B, Becker CM, Basarir H, Naci H, Missmer SA, Zondervan KT, Rahmioglu N. Eur J Public Health. 2024;34(2):244–52.

Background: There are limited data on endometriosis from the Eastern Mediterranean region. This study for the first time estimates the prevalence and impact of endometriosis on women in Northern Cyprus, an underrepresented region in Europe. Methods: Cyprus Women's Health Research Initiative, a cross-sectional study recruited 7646 women aged 18-55 in Northern Cyprus between January 2018 and February 2020. Cases were identified using self-reported and ultrasound data and two control groups were defined, with (n=2922) and without (n=4314) pain. Standardized tools, including the 11-point Numerical Rating Scale and the Short Form 36 Health Survey version 2, were used to assess pain and quality of life, respectively. Results: Prevalence and median diagnostic delay of endometriosis were 5.4% [95% confidence interval (CI): 4.9-5.9%, n=410] and 7 (interquartile range 15.5) years. Endometriosis cases experienced a higher prevalence of bladder pain compared with asymptomatic pain controls (6.3% vs. 1.0%, P<0.001) and irritable bowel syndrome relating to pelvic pain compared with symptomatic (4.6% vs. 2.6%, P=0.027) and asymptomatic (0.3%, P<0.001) controls. The odds of endometriosis cases reporting an anxiety diagnosis was 1.56 (95% CI: 1.03-2.38) higher than the symptomatic and 1.95 (95% CI: 1.30-2.92) times higher than the asymptomatic controls. The physical component score of the health-related quality-of-life instrument suggested a significant difference between the endometriosis cases and the symptomatic controls (46.8 vs. 48.5, P=0.034). Average annual economic cost of endometriosis cases was Int\$9864 (95% CI: \$8811-\$10 917) including healthcare, costs relating to absence and loss of productivity at work. Conclusion: Prevalence was lower than the global 10% estimate, and substantial proportion of women without endometriosis reported moderate/severe pelvic pain hinting at many undiagnosed cases within this population. Coupled with lower quality of life, significant economic burden and underutilized pain management options, the study highlights multiple opportunities to improve care for endometriosis patients and women with pelvic pain.

10.1093/eurpub/ckad216 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=176643605&site=ehost-live>

**8. Understanding diagnostic delay for endometriosis: A scoping review using the social-ecological framework.** Fryer J, Mason-Jones A, Woodward A. Health Care Women Int. 2024:1–17.

Diagnostic delay for endometriosis is a well-established phenomenon. Despite this, little is known about where in the health care system these delays occur or why they occur. Our review is the first attempt to synthesize and analyze this international evidence. A systematic scoping review with a pre-specified protocol incorporated the literature on diagnostic delay for endometriosis using the social-ecological theoretical framework. Four databases (PubMed, MEDLINE, EMBASE, PsychINFO) were searched from inception to September 2023. The search yielded 403 studies, 23 of which met the inclusion criteria. Most were from high-income country researchers. The average diagnostic delay reported across studies was 6.8 years (range 1.5-11.4 years) but this masked the very wide differences reported between countries. Considering the impact on individuals and the health system, addressing diagnostic delay for endometriosis must remain a priority for researchers, health care providers and policy makers.

10.1080/07399332.2024.2413056 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=39418593&site=ehost-live>

**9. Survey of general practitioner perspectives on endometriosis diagnosis, referrals, management and guidelines in New Zealand.** Ellis K, Meador A, Ponnampalam A, Wood R. Health Expectations. 2024;27(5):1–12.

Introduction: There is a growing body of literature concerning endometriosis patients' perspectives on the healthcare system and endometriosis care in New Zealand. However, there is little research available on the perspectives of general practitioners (GPs) internationally, and none currently in New Zealand. The purpose of this study is to address New Zealand GPs' understanding of and approach to endometriosis diagnosis, referrals, management and guidelines. Methods and Materials: An online, anonymous survey was shared with 869 GP clinics and completed by 185 New Zealand-based GPs regarding their awareness and application of the inaugural 2020 'Diagnosis and Management of Endometriosis in New Zealand' guidelines, their perception of their endometriosis knowledge, the diagnostic value they assign to symptoms, the treatments they recommend and the reasons they refer patients to specialist gynaecologists. Differences between groups were conducted using Chi-squared tests, and text answers were assessed thematically using inductive, semantic coding. Results: All 185 GPs had gynaecology consults, and 73% had gynaecology consults every week. Despite 65% being aware of the 2020 guidelines, only 35% overall had read them. Only 52% of GPs considered themselves to know enough about endometriosis for their routine practice. The most common treatment to be considered first line was intrauterine contraceptive devices (IUDs; 96%), whereas the most common alternative treatment recommended was exercise (69%). The most common reason for referral to specialist care was the failure of all attempted treatments (84%). Conclusions: Many of the study's results align with current New Zealand and international endometriosis guidelines, particularly the prioritisation of progestin-only therapies, the reduced emphasis on surgical treatment as the first line and the low rates of alternative treatment recommendations. This study also highlights the need to improve awareness of inappropriate GP recommendations, including long-term treatment with prescription-only pain relief such as codeine and pregnancy for symptomatic relief. Patient or Public Contribution: Two of the authors involved in the design and conduct of the study, data interpretation and manuscript preparation have sought care for endometriosis. Trial Registration: NA

10.1111/hex.70015 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=180520943&site=ehost-live>

**10. Perceived challenges in treatment decision-making for endometriosis: Healthcare professional perspectives.** Fallon L, Lau AYS, Ciccio D, Duckworth TJ, Pereira C, Kopp E, Perica V, Sherman KA. Health Psychol Behav Med. 2024;12(1):2383469.

Background: Endometriosis, a systemic chronic inflammatory condition which has no cure, has a high symptom burden that can negatively impact every facet of life. Given the absence of a gold-standard treatment, the best symptom management regimen in endometriosis is heavily reliant on a patient's values and preferences, making shared decision-making (SDM) vital. However, a comprehensive patient decision aid (PtDA) intervention that could facilitate patient decision-making and promote SDM is lacking in endometriosis, and there is little research on the decisional support needs of individuals with this condition. This qualitative study aimed to explore healthcare professional (HP) perspectives of their clients' decisional support needs when choosing treatments to manage endometriosis symptoms, with a view to evaluating the need for a PtDA.; Methods: Australian HPs identified as specialising in endometriosis care ( N = 13) were invited to participate in a short interview over the Internet by phone. Questions focussed on perceived facilitators and challenges of decision-making when choosing treatments for endometriosis. Transcribed qualitative data were thematically analysed and verified by multiple coders, using the template approach.; Results: Four themes were identified: (1) Identifying and setting priorities; (2) HPs' lack of time and perceived lack of knowledge; (3) Patient-centred care and SDM, including patient capacity; and (4) Decision-making blinded by hope. This is the first known study to explore HPs' perspectives on patient decision-making challenges in endometriosis.; Discussion: Findings draw attention to the difficulties people with endometriosis experience when assessing and choosing treatments, highlighting the need for a comprehensive PtDA intervention to support this decision-making.; Competing Interests: No potential conflict of interest was reported by the author(s).The authors have no conflicts of interest to declare. (© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.)  
10.1080/21642850.2024.2383469 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=39100426&site=ehost-live>

**11. Sensing pain: Embodied knowledge in endometriosis.** Helosvuori E, Oikkonen V. Health (LOND). 2024;28(6):937–52.

The article explores how sensations of pain are turned into embodied knowledge in endometriosis, a chronic gynaecological illness characterized by persistent, possibly paralysing pain. While previous studies have shown how people with endometriosis struggle to achieve accurate diagnosis and effective treatment, we examine the ways in which some of these difficulties are rooted in the complexities of embodied experiences of endometriosis pain and the challenges of translating the sensed patterns and shifts in pain into a language acknowledged within a clinical setting. Building on a phenomenologically inspired approach to chronic pain and drawing on interviews with people diagnosed with endometriosis in Finland, we examine how our interlocutors use their embodied sensations of pain to adapt to the evolving biomedical and lived surroundings in which their pain is evaluated and managed. The analysis shows how living with chronic pain involves constantly attuning to the multitude of symptoms as well as developing personal strategies of communicating sensations of pain to gain medical recognition and care. We argue that while the lived complexities of the body with endometriosis may fall outside the scope of medical practices of measuring, such complexities nevertheless require medical acknowledgment and careful attention.

10.1177/13634593231214938 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=180522450&site=ehost-live>

**12. Adenomyosis—A call for awareness, early detection, and effective treatment strategies: A narrative review.** Kolovos G, Dedes I, Imboden S, Mueller M. Healthcare (2227-9032). 2024;12(16):1641. 10.3390/healthcare12161641 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=179382378&site=ehost-live>

**13. Emotions of endometriosis in clinical encounters: An analysis of women's experiences of health care.** Abraham JM, V. R. *J Eval Clin Pract.* 2024;30(4):575–81.

Background: A large number of illnesses that lack physical visibility are characterised by troubled clinical encounters. Endometriosis is one such condition with very real and often debilitating symptoms that remain invisible to the clinician's eye, but are experienced and lived by the patient. Method: This paper probes into two first person accounts of endometriosis to find out how endometriosis patients experience health care. The *Tiger and the Cage: A Memoir of a Body in Crisis* (2022) by Emma Bolden and *Vagina Problems: Endometriosis, Painful Sex, and Other Taboo Topics* (2020) by Lara Parker are both memoirs that details on the trivialisation and delegitimization of the women's accounts of their own lived reality by a health care system that often privileges medical evidence over lived experiences of the patients. After giving a brief introduction on the condition, the paper goes on to detail on the method and conceptual frameworks chosen for analysis. This is followed by an in-depth analysis into the two texts using thematic analysis proposed by Virginia Braun and Victoria Clarke to identify shared patterns of meanings in the texts. Discussion: The identified themes take the form of emotions repeatedly narrated by the women. The findings indicate instances of disrespect, epistemic invalidation and compromised autonomy, due to which six shared categories of negative emotions are experienced by the patients: self-doubt, shame, fear, powerlessness, self-blame and anger. Conclusion: The paper concludes by indicating the urgency of improved medical training, that better educates and facilitates health care professionals in dealing with conditions with complicated aetiology, difficult diagnosis and no cure.

10.1111/jep.13974 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=177466577&site=ehost-live>

**14. High-quality eHealth websites for information on endometriosis: Systematic search.** Sirohi D, Ng CHM, Bidargaddi N, Slater H, Parker MA, Hull ML, O'Hara R. *J Med Internet Res.* 2024;26:e48243.

Background: eHealth websites are increasingly being used by community members to obtain information about endometriosis. Additionally, clinicians can use these websites to enhance their understanding of the condition and refer patients to these websites. However, poor-quality information can adversely impact users. Therefore, a critical evaluation is needed to assess and recommend high-quality endometriosis websites.; Objective: This study aimed to evaluate the quality and provide recommendations for high-quality endometriosis eHealth websites for the community and clinicians.; Methods: PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2020 guidelines informed 2 Google searches of international and Australian eHealth websites. The first search string used the terms "endometriosis," "adenomyosis," or "pelvic pain," whereas "Australia" was added to the second search string. Only free eHealth websites in English were included. ENLIGHT, a validated tool, was used to assess the quality across 7 domains such as usability, visual design, user engagement, content, therapeutic persuasiveness, therapeutic alliance, and general subjective evaluation. Websites with a total score of 3.5 or more were classified as "good" according to the ENLIGHT scoring system and are recommended as high-quality eHealth websites for information on endometriosis.; Results: In total, 117 eHealth websites were screened, and 80 were included in the quality assessment. Four high-quality eHealth websites (ie, those that scored 3.5 or more) were identified (Endometriosis Australia Facebook Page, Endometriosis UK, National Action Plan for Endometriosis on EndoActive, and Adenomyosis by the Medical Republic). These websites provided easily understood, engaging, and accurate information. Adenomyosis by the Medical Republic can be used as a resource in clinical practice. Most eHealth websites scored well, 3.5 or more in the domains of usability (n=76, 95%), visual design (n=64, 80%), and content (n=63, 79%). However, of the 63 websites, only 25 provided references and 26 provided authorship details. Few eHealth websites scored well on user engagement (n=18, 23%), therapeutic persuasiveness (n=2, 3%), and therapeutic alliance (n=22, 28%). In total, 30 (38%) eHealth websites

scored well on general subjective evaluation.; Conclusions: Although geographical location can influence the search results, we identified 4 high-quality endometriosis eHealth websites that can be recommended to the endometriosis community and clinicians. To improve quality, eHealth websites must provide evidence-based information with appropriate referencing and authorship. Factors that enhance usability, visual design, user engagement, therapeutic persuasiveness, and therapeutic alliance can lead to the successful and long-term uptake of eHealth websites. User engagement, therapeutic persuasiveness, and therapeutic alliance can be strengthened by sharing lived experiences and personal stories and by cocreating meaningful content for both the community and clinicians. Reach and discoverability can be improved by leveraging search engine optimization tools.

10.2196/48243 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=38198205&site=ehost-live>

**15. Assessment of education and management of endometriosis among colorectal surgeons and residents.** Rivera Ortiz G, Poles GC, Foote JA, Gubbels A. J Minim Invasive Gynecol. 2024;31(12):1019–25.

Study Objective: To identify the type of endometriosis education and surgical training colorectal surgery residents are exposed to during training. To determine the current surgical management of endometriosis among recently graduated colorectal surgeons and their level of comfort.; Design: A qualitative cross-sectional study was performed. An anonymous questionnaire was emailed to colorectal surgery residents of 2023 and recent graduates for completion. Data was then extracted and analyzed from REDCap. A chi-square test was performed on the primary outcome variables.; Setting: A REDCap electronic survey was administered through email to each participant.; Patients: All colorectal surgery residents in 2023 and recent graduates from Colon and Rectal Surgery subspecialty from 2012 to 2022.; Interventions: A 17-item anonymous questionnaire was sent via email through REDCap.; Measurements and Main Results: The survey was completed by 70 participants. Most respondents (58.5%) did not receive formal education on bowel endometriosis. Forty percent of participants (28/70) did not feel they received adequate training for surgical management of bowel endometriosis. In terms of surgical exposure, 3.8% (2) responded they had been involved in >15 bowel endometriosis cases and 18 (25.7%) had been exposed to 1-5 cases during colorectal training. Factors that predicted feeling adequately trained in managing endometriosis included formal endometriosis education (OR 4.70, 95% CI 1.37-16.12, p-value .027) and surgical exposure during training (OR 4.38, 95% CI 1.18-16.26, p-value .014). Additionally, the number of cases exposed during training is highly correlated with feeling adequately trained.; Conclusion: More than half of colorectal surgeons did not receive formal education on bowel endometriosis and the majority had only been exposed to 1-5 cases during their colorectal training. An overwhelming majority were interested in further education. This study highlights opportunities for improvement in the exposure to education and surgical management of endometriosis among colorectal surgery trainees. (Copyright © 2024 AAGL. Published by Elsevier Inc. All rights reserved.)

10.1016/j.jmig.2024.08.009 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=39245207&site=ehost-live>

**16. Transgender and gender diverse people with endometriosis: A perspective on affirming gynaecological care.** Jeffrey S, Ashton L, Ferfolja T, Armour M. Women's Health (17455057). 2024:1–7. 10.1177/17455057241251974 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=177241839&site=ehost-live>

**17. "Better late than never but never late is better", especially in young women. A multicenter italian study on diagnostic delay for symptomatic endometriosis.** Pino I, Belloni GM, Barbera V, Solima E, Radice D, Angioni S, Arena S, Bergamini V, Candiani M, Maiorana A, Mattei A, Muzii L, Pagliardini L,

Porpora MG, Remorgida V, Seracchioli R, Vercellini P, Zullo F, Zupi E, Vignali M. Eur J Contracept Reprod Health Care. 2023;28(1):10–6.

**Purpose:** The aim of the study was to assess the length of diagnostic delay of symptomatic endometriosis in Italy and analyse the presence of correlations between the socio-demographic status of patients and the clinical characteristics/type of diagnosis.; **Materials and Methods:** This multicenter cross-sectional questionnaire-based study was conducted in 10 tertiary Italian referral centres for diagnosis and treatment endometriosis. A total of 689 respondents with histologically proven endometriosis and onset of the disease with pain symptoms completed an on-line self-reported questionnaire written in their own language (World Endometriosis Research Foundation-Endometriosis Phenome and Biobanking Harmonisation Project-Endometriosis Patient Questionnaire-Minimum) evaluating endometriosis related symptoms, family history of endometriosis and chronic pelvic pain, demographic data, as well as medical, reproductive, and obstetric history.; **Results:** The mean diagnostic delay found was of 11.4 years. The mean time (14.8 years) from symptoms onset to diagnosis was significantly longer among patients aged 9-19 vs patients aged 20-30 (mean 6.9 years,  $p < 0.001$ ) and patients aged 31-45 (mean 2.9,  $p < 0.001$ ). No significant association were found between a delayed diagnosis and any of the clinically relevant factors such as the number or severity of the reported symptoms, familiarity, hormonal therapy intake or methodology of diagnosis.; **Conclusions:** The mean diagnostic delay of endometriosis in Italy is about 11 years. The delay can be up to 4 years longer in patients with pain symptoms onset under 20 years. Educating clinicians and patients on pathologic nature of endometriosis related pelvic pain is advisable to reduce waiting time to diagnosis, especially for young women.

10.1080/13625187.2022.2128644 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=36287190&site=ehost-live>

**18. Healthcare providers' impact on the care experiences of patients with endometriosis: The value of trust.** Mikesell L, Bontempo AC. Health Commun. 2023;38(10):1981–93.

Endometriosis is a chronic and often painful inflammatory disease affecting one in ten biological females. It has been characterized as enigmatic and the average diagnostic delay is nearly seven years, time which patients experience as tumultuous and uncertain. This paper presents responses to a final open comment question of a large-scale survey documenting patients' experiences with (mis)diagnosis and highlights how patients perceived healthcare providers (HCPs) as barriers and facilitators to care. Drawing on a framework of trust, we observed that most participants, when discussing HCP-related barriers, raised concerns about HCPs' lack of technical competence, insufficient knowledge about endometriosis and inadequate medical training, followed by concerns about fidelity in which patients recounted experiences of their symptoms being trivialized or dismissed. Respondents also described a causal relationship between competence and fidelity, whereby a lack of competence was perceived to lead HCPs to be dismissive or neglectful. Respondents underscored how patient self-advocacy efforts and online patient communities helped them manage mistrust with HCPs. Although less frequently described, respondents also highlighted the value of HCPs as facilitators to care that similarly emphasized these two dimensions of trust and their inter-connectedness. We discuss the importance of HCPs in shaping patients' care experiences and, in particular, the value of trust for patients with endometriosis and likely other patient populations who seek legitimacy from the medical community but often feel unheard.

10.1080/10410236.2022.2048468 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=169783851&site=ehost-live>

**19. Patients' perspectives on how to improve endometriosis care: A large qualitative study within the ComPaRe-endometriosis e-cohort.** Gouesbet S, Kvaskoff M, Riveros C, Diard É, Pane I, Goussé-Breton Z,



Valenti M, Gabillet M, Garoche C, Ravaud P, Tran V. *J Womens Health* (15409996). 2023;32(4):463–70. Background: Endometriosis is a chronic gynecological condition that affects about 10% of women of reproductive age. Despite its prevalence, diagnosis is often delayed, misdiagnosis is common, and treatment options are poor. This study aimed at capturing ideas to improve endometriosis care from the patients' perspectives. Materials and Methods: We analyzed cross-sectional data from 1,000 adult patients in ComPaRe-Endometriosis (a French prospective e-cohort focused on endometriosis) who answered to the open-ended question: "If you had a magic wand, what would you change about your health care?". The free-text responses were analyzed by qualitative thematic analysis using an inductive approach. Results: Patients had a mean age of 34.1 years (standard deviation = 8.1); 56% and 42% had stage IV disease or deep endometriosis, respectively. They elicited 2,487 ideas to improve the management of endometriosis, which were categorized into 61 areas of improvement, further grouped into 14 themes. The top five areas of improvement were mentioned by >10% of the patients and were to (1) train caregivers to develop their knowledge on the disease, (2) provide better management of daily pain and pain attacks, (3) take patient-reported symptoms seriously, (4) standardize diagnostic processes to improve early detection, and (5) have caregivers listen more to the patients. Conclusions: We identified 61 areas for improvement in endometriosis care. These results reflect patients' expectations in terms of management of their disease and will be useful to design a better global care for endometriosis from the patients' perspectives. 10.1089/jwh.2022.0323 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=162915530&site=ehost-live>

**20. Time for global health policy and research leaders to prioritize endometriosis.** Giudice LC, Horne AW, Missmer SA. *Nat Commun*. 2023;14(1):8028. 10.1038/s41467-023-43913-9 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=38049392&site=ehost-live>

**21. Barriers to a timely diagnosis of endometriosis: A qualitative systematic review.** Davenport S, Smith D, Green DJ. *Obstet Gynecol*. 2023;142(3):571–83. Objective: The diagnosis of endometriosis, a common gynecologic condition, is characterized by delays of up to 11 years. During this time, women may experience persistent symptoms that affect their quality of life, productivity, and relationships, and the disease may progress. It is therefore a priority to understand the factors that contribute to this delay to help improve the diagnostic pathway. Our objective was to describe the diagnosis barriers of endometriosis from the patient and health care professional perspectives using a qualitative evidence synthesis.; Data Sources: We searched MEDLINE, PsycINFO, and Cumulative Index to Nursing and Allied Health Literature using combinations of the synonyms of endometriosis, diagnosis, and qualitative research. The search was restricted to English-language articles from database creation until May 2022.; Methods of Study Selection: The initial search yielded 899 articles. Studies were included if they explored the experiences or views of affected women or health care professionals on the diagnosis of endometriosis and used qualitative methods for data collection and data analysis. Risk of bias was assessed with the Critical Appraisal Skills Programme checklist.; Tabulation, Integration, and Results: Thirty-seven articles were considered for full review, with 13 eligible articles identified for inclusion. Thematic synthesis was used to identify four key themes: 1) individual factors (n=6), 2) interpersonal influences (n=6), 3) health system factors (n=13), and 4) factors specific to endometriosis (n=13). These encompassed 12 subthemes that represented barriers to the diagnosis of endometriosis: 1) difficulty establishing pathologic symptoms from normal menstruation and the use of self-care techniques; 2) menstrual stigma and the normalization of menstrual pain; 3) attitudes and lack of training for health care professionals, delayed referrals to specialist services, and poor explanation of oral contraceptive pill use in the diagnostic process; and 4)

variability in presenting symptoms, overlap with other conditions, lack of a noninvasive method of diagnosis, and concerns about the value of a diagnosis.; Conclusion: This review identified barriers to the timely diagnosis of endometriosis from the perspective of affected individuals and health care professionals. It highlights areas for improvement along the diagnostic pathway, which may guide future strategies to reduce delays.; Competing Interests: Financial Disclosure The authors did not report any potential conflicts of interest. (Copyright © 2023 by the American College of Obstetricians and Gynecologists. Published by Wolters Kluwer Health, Inc. All rights reserved.)  
10.1097/AOG.0000000000005255 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=37441792&site=ehost-live>

**22. Reliable evidence-based screening protocol for endometriosis.** King SM, Adams KA, Peterson CE. *Womens Healthc.* 2023;11(1):41–4.  
10.51256/WHC022341 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=161994286&site=ehost-live>

**23. Diagnostic delay of endometriosis in adults and adolescence-current stage of knowledge.** Wróbel M, Wielgoś M, Laudański P. *Adv Med Sci.* 2022;67(1):148–53.  
Purpose: The purpose of this article is to provide a modern perspective on the diagnosis of endometriosis with particular attention to the role of ultrasound examination. In the present study, we highlight the problem of endometriosis in teenage girls and discuss the patients' perspective on the diagnostic process.; Methods: In order to present the most recent reports on the diagnosis of endometriosis, the PubMed database was searched. Articles published within the last 3 years (2019-2021) and those considered relevant during the bibliographic review were analyzed.; Results: The role of ultrasound examination and assessment of patients' perspective related to delayed and incorrect diagnosis were considered to be the most important in the recent reports. Attention was also paid to the problem of endometriosis diagnosis in adolescent girls.; Conclusions: Appropriately constructed and used questionnaires help to determine the risk of endometriosis in a particular patient. The primary method for diagnosis is extended ultrasound examination, which should be performed especially in patients with a high risk of developing the disease. This procedure is applicable to both adult and adolescent women. Awareness of the possibility of developing the disease in a particular patient, combined with appropriate use of ultrasound examination, can contribute to the decrease in diagnostic delay.; Competing Interests: Declaration of competing interest The authors declare no conflict of interests. (Copyright © 2022 Medical University of Bialystok. Published by Elsevier B.V. All rights reserved.)  
10.1016/j.advms.2022.02.003 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=35247745&site=ehost-live>

**24. Endometriosis is undervalued: A call to action.** Ellis K, Munro D, Clarke J. *Front Glob Womens Health.* 2022;3:902371.  
Endometriosis is an inflammatory chronic pain condition caused by uterine tissue growing outside of the uterus that afflicts at least 11% of women (and people assigned female at birth) worldwide. This condition results in a substantial burden to these women, and society at large. Although endometriosis was first identified over 160 years ago, substantial knowledge gaps remain, including confirmation of the disease's etiology. Research funding for endometriosis is limited, with funding from bodies like the National Institutes of Health (NIH) constituting only 0.038% of the 2022 health budget-for a condition that affects 6.5 million women in the US alone and over 190 million worldwide. A major issue is that diagnosis of endometriosis is frequently delayed because surgery is required to histologically confirm the diagnosis. This delay increases symptom intensity, the risk of central and peripheral sensitization

and the costs of the disease for the patient and their nation. Current conservative treatments of presumed endometriosis are pain management and birth control. Both of these methods are flawed and can be entirely ineffective for the reduction of patient suffering or improving ability to work, and neither addresses the severe infertility issues or higher risk of certain cancers. Endometriosis research deserves the funding and attention that befits a disease with its substantial prevalence, effects, and economic costs. This funding could improve patient outcomes by introducing less invasive and more timely methods for diagnosis and treatment, including options such as novel biomarkers, nanomedicine, and microbiome alterations.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2022 Ellis, Munro and Clarke.)

10.3389/fgwh.2022.902371 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=35620300&site=ehost-live>

**25. Navigating possible endometriosis in primary care: A qualitative study of GP perspectives.** Dixon S, McNiven A, Talbot A, Hinton L. *Br J Gen Pract.* 2021;71(710):e668–76.

Background: Endometriosis affects approximately 6-10% of women, with well documented delays between initial presentation with symptoms and diagnosis. In England, women typically seek help first in primary care, making this setting pivotal in women's pathways to diagnosis and treatment. English GP perspectives on managing possible endometriosis have not been previously reported.; Aim: To explore what GPs identify as important considerations when caring for women with symptoms that raise the possibility of endometriosis.; Design and Setting: Qualitative study in English primary care.; Method: Semi-structured scenario-based telephone interviews with 42 GPs from April 2019 to January 2020, based around a fictional scenario of a woman presenting to primary care with symptoms suggesting possible endometriosis. Interviews were thematically coded and analysed.; Results: Managing possible endometriosis in primary care brings challenges. While knowledge and awareness were prerequisites for considering endometriosis, other important considerations were raised. Symptoms suggestive of endometriosis are non-specific, making endometriosis one possible consideration of many. GPs move through a diagnostic hierarchy to exclude sinister causes and utilise trials of treatment as both therapeutic interventions and diagnostic tools; processes which take time. An endometriosis label or diagnosis has advantages and risks. GPs reported sharing decisions about investigation and referral while holding women's priorities as pivotal. These conversations were underpinned by their knowledge of uncertainties and unknowns, including the wide spectrum and unpredictability of endometriosis.; Conclusion: GPs considerations are more complex than simply lacking awareness. The unknowns surrounding endometriosis matter to GPs. Further research and tailored resources for primary care, where women present with undifferentiated symptoms, are needed. (© The Authors.)

10.3399/BJGP.2021.0030 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=33950856&site=ehost-live>

**26. Combating diagnostic delay of endometriosis in adolescents via educational awareness: A systematic review.** Simpson CN, Lomiguen CM, Chin J. *Cureus.* 2021;13(5):e15143.

Endometriosis occurs in approximately 10% of adult women worldwide; however, it is commonly under- or misdiagnosed in adolescents. The purpose of this study was to analyze existing scientific literature for reasons for diagnostic delay of endometriosis and to determine how education regarding endometriosis could be improved. An integrative review was conducted based on articles published between December 1980 and December 2020. Suitable articles were identified from the MEDLINE/PubMed databases, using relevant terms. Eligible studies included discussion on potential causes of diagnostic delay of endometriosis in the adolescent population. Data were extracted from eligible publications and qualitative synthesis was used. The 27 articles included in the study revealed several primary reasons for

the delay, such as a physician and/or patient knowledge gap, normalization by physician and patient, lack of research, and physician resistance. Strategies to lessen diagnostic delay of endometriosis in adolescents must include integrated actions by educators and healthcare providers to improve health literacy and awareness of common causes of pelvic pain in this age group.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2021, Simpson et al.) 10.7759/cureus.15143 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=34164243&site=ehost-live>

**27. Impact of endometriosis in women of Arab ancestry on: Health-related quality of life, work productivity, and diagnostic delay.** Mousa M, Al-Jefout M, Alsafar H, Becker CM, Zondervan KT, Rahmioglu N. *Front Glob Womens Health.* 2021;2:708410.

Introduction: Endometriosis has a negative effect on health-related quality of life (HRQoL), wellbeing and daily functioning. Endometriosis is an under-researched condition within non-western populations. Cultural representations are needed to understand the relative roles of societal norms, traditional factors, and religious sensitivities on the impact of endometriosis on HRQoL in various populations. In particular, there is a lack of emphasis placed in understanding the association of HRQoL on endometriosis in Arab women. Method: In this prospective case-control study, 2,610 Arab ancestry women in the United Arab Emirates were recruited to investigate the impact of endometriosis on HRQoL, diagnostic delay, psychological co-morbidities, work productivity, and physical activity. Participants completed the following standardized, validated questionnaires: Short Form-36 version 2 questionnaire, the World Endometriosis Research Foundation EPHeCT minimum clinical questionnaire version, and Work Productivity and Activity Impairment questionnaire. Translations to the Arabic language, validated using the forward-backward translation method, of the questionnaires were utilized. Results: HRQoL scores were significantly impaired in women with endometriosis, as demonstrated in the Physical Composite Scores and Mental Composite Scores in the symptomatic control group ( $p = 0.001$ ;  $p = 0.003$ , respectively) and the asymptomatic control group ( $p < 0.001$ ;  $p < 0.001$ , respectively). Susceptibility and severity of multiple pain syndromes and infertility in women with endometriosis was the main indicator of lower HRQoL. Anxiety ( $p = 0.007$ ) and depression ( $p = 0.005$ ) were significantly associated with endometriosis, in comparison to symptomatic controls. The average diagnostic delay was 11.61 years, however single women experience 15.81 years of diagnosis delay, with approximately 18% ( $n = 15$ ) of the single women experiencing more than a 20-year delay in diagnosis. The intensity of physical activity was not associated with endometriosis, when compared to symptomatic ( $p = 0.405$ ) or asymptomatic controls ( $p = 0.144$ ). Conclusion: For the first time, we provide evidence from a combined hospital, clinic, and population-based study that Arab women with endometriosis experience significant impacts on HRQoL, substantial diagnostic delay after the onset of symptoms, significant association to psychological disorders (anxiety and depression), and a negative impact on work productivity. Future research must focus on understanding the personal and culturally centered beliefs of Arab women to ensure a positive HRQoL trajectory by improving diagnosis and management strategies.

10.3389/fgwh.2021.708410 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=34816238&site=ehost-live>

**28. Stigma and endometriosis: A brief overview and recommendations to improve psychosocial well-being and diagnostic delay.** Sims OT, Gupta J, Missmer SA, Aninye IO. *Int J Environ Res Public Health.* 2021;18(15).

Endometriosis is a chronic gynecological disease that affects approximately 1 in 10 women of reproductive age. Symptoms of severe pelvic pain, infertility, fatigue, and abnormal menstruation can cause significant negative effects on an individual's physical and mental health, including interactions with their family, friends, and health care providers. Stigma associated with endometriosis has been

under-studied and is rarely discussed in current literature. Herein, this paper aims to provide a brief overview of published literature to explore and establish the plausibility of stigma as a driver of suboptimal psychosocial well-being and diagnostic delay among individuals living with endometriosis. We present the clinical characteristics and physical and mental health consequences associated with endometriosis, highlight several theoretical constructs of stigma, and review the limited studies documenting women's lived experiences of endometriosis-related stigma. To mitigate harmful effects of this phenomenon, we recommend increasing efforts to assess the prevalence of and to characterize endometriosis-related stigma, implementing awareness campaigns, and developing interventions that combat the multidimensional negative effects of stigma on timely care, treatment, and quality of life for individuals living with endometriosis.

10.3390/ijerph18158210 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=34360501&site=ehost-live>

**29. General practitioners and endometriosis: Level of knowledge and the impact of training.** Roullier C, Sanguin S, Parent C, Lombart M, Sergent F, Foulon A. *J Gynecol Obstet Hum Reprod.* 2021;50(10):102227.

Objective: To assess general practitioners' (GPs') knowledge of and practice in the diagnosis and management of endometriosis following the publication of updated French national guidelines in 2017.; Materials and Methods: A descriptive, anonymous, epidemiological survey of 102 GPs in the Picardie region of France.; Results: Only 25% of the GPs considered that they knew enough about endometriosis for their routine clinical practice. This proportion was 58.9% amongst GPs with an university diploma in gynaecology and 31.4% amongst those participating in continuing medical education courses on gynaecology. Only 19.6% of the GPs were aware of the updated French national guidelines. With regard to five main suggestive, localizing signs of endometriosis, dyspareunia, dysmenorrhoea and infertility were mentioned as being of diagnostic value by 55.9%, 37.3% and 43.1% of the GPs, respectively; in contrast, functional urinary tract disorders and painful defecation were not mentioned very often. GPs with a qualification in gynaecology and those participating in continuing medical education in gynaecology knew more about treating endometriosis.; Conclusion: In the Picardie region of France, GPs appear to be only moderately aware of how to manage endometriosis; this probably contributes to the diagnostic delay associated with this condition. GPs with a university diploma in gynaecology and those participating in continuing medical education in gynaecology appeared to have a better grasp of the subject. Continuing medical education on this topic should therefore be promoted and expanded.; Competing Interests: Declaration of Competing Interest The authors state no conflicts of interest. (Copyright © 2021 Elsevier Masson SAS. All rights reserved.)

10.1016/j.jogoh.2021.102227 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=34520875&site=ehost-live>

**30. Racial disparities in access to diagnostic laparoscopy for endometriosis: Diagnostic delay, ED visits, and pre-operative indications.** Li HJ, Song Y, Cho YK. *J Minimally Invasive Gynecol.* 2021;28(11):S134. 10.1016/j.jmig.2021.09.241 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=153028847&site=ehost-live>

**31. Improving clinical care for women with endometriosis: Qualitative analysis of women's and health professionals' views.** Rowe HJ, Hammarberg K, Dwyer S, Camilleri R, Fisher JR. *J Psychosom Obstet Gynaecol.* 2021;42(3):174–80.

Purpose: Endometriosis is a chronic condition where endometrial-like cells proliferate outside the uterus causing pain and disability. Limited treatments are available but symptom management is essential for social and economic participation. The aim was to compare women's and health professionals'

perceptions of quality of endometriosis health care and opportunities for improvements.; Methods: Women participated in closed moderated online discussion groups and health professionals in semi-structured telephone interviews. Discussion group text and interview transcripts were thematically analyzed using the Framework Analysis approach.; Results: Forty-six women, 12 general practitioners (GPs), and 1 gynecologist participated. Endometriosis can have debilitating consequences. However, women reported that healthcare providers may dismiss symptoms, lack essential knowledge and provide inconsistent advice; treatments are seldom successful or without adverse side-effects. Health professionals acknowledged limitations in expertise, persistent myths, and challenges in achieving best practice. Enhancing collaborative care skills, individualized treatment plans, and local referral pathways to multi-disciplinary care may improve satisfaction with endometriosis care-giving and receiving.; Conclusions: This is the first comparison of patient and practitioner perceptions of endometriosis in primary healthcare. Models of multi-disciplinary, collaborative care need to be developed and evaluated against consumer-informed measures of women's wellbeing, quality of life and satisfaction with symptom management and health care.

10.1080/0167482X.2019.1678022 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=31691598&site=ehost-live>

**32. The missed disease? endometriosis as an example of 'undone science'.** Hudson N. *Reprod Biomed Soc Online*. 2021;14:20–7.

Endometriosis is a chronic gynaecological condition which has been referred to as the 'missed disease' due to its unclear aetiology and inconsistencies in its diagnosis and management. Unlike other long-term conditions such as diabetes and asthma, endometriosis has remained largely ignored in government policy and research funding globally. Drawing on scholarship from the growing field of 'ignorance studies', this paper considers how ambiguity around endometriosis is part of a wider constellation of discursive, material and political factors which enrol certain forms of knowledge whilst silencing, ignoring or marginalizing other forms of knowledge. It uses concepts of 'undone science' and 'wilful ignorance' to explore how an absence of knowledge on endometriosis is a result of structural, cultural and political processes and forces which privilege certain voices and communities. This paper suggests that the association of endometriosis with historically specific constructions of menstruation and women's pain has informed contemporary imaginaries around the condition, including ideas about women being somehow accountable for their own illnesses. Applying an ignorance lens demonstrates how the legacy of invisibility of endometriosis shapes its place in the present political and social arena, and is reflective of a process of undone science. The paper concludes by arguing that the social and political significance of endometriosis as a chronic, life-limiting condition which affects millions of women globally continues to need attention, illumination and critique. (© 2021 Published by Elsevier Ltd.)

10.1016/j.rbms.2021.07.003 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=34693042&site=ehost-live>

**33. Impact of endometriosis diagnostic delays on healthcare resource utilization and costs.** Surrey E, Soliman AM, Trenz H, Blauer-Peterson C, Sluis A. *Adv Ther*. 2020;37(3):1087–99.

Introduction: Endometriosis symptoms are nonspecific and overlap with other gynecologic and gastrointestinal diseases, leading to long diagnostic delays. The burden of endometriosis has been documented; however, little is known about the impact of diagnostic delays on healthcare costs leading up to diagnoses. The purpose of this study was to examine the economic impact of diagnostic delays on pre-diagnosis healthcare utilization and costs among patients with endometriosis.; Methods: This was a retrospective database study of adult patients with a diagnosis of endometriosis from 1 January 2004 to 31 July 2016. Patients had continuous health plan enrollment 60 months prior to and 12 months

following the earliest endometriosis diagnosis and  $\geq 1$  pre-diagnosis endometriosis symptom (dyspareunia, generalized pelvic pain, abdominal pain, dysmenorrhea, or infertility). Patients were assigned to short ( $\leq 1$  year), intermediate (1-3 years), or long (3-5 years) delay cohorts based on the length of their diagnostic delay (time from first symptom to diagnosis). Healthcare resource utilization and costs were calculated and compared by cohort in the 60-month pre-diagnosis period.; Results: A total of 11,793 patients were included in the study, of which 37.7% (4446/11,793), 27.0% (3179/11,793), and 35.3% (4168/11,793) had short, intermediate, and long delays, respectively. Patients with intermediate or long diagnostic delays had consistently more all-cause and endometriosis-related emergency visits and inpatient hospitalizations in the pre-diagnosis period than patients with short delays. Pre-diagnosis all-cause healthcare costs were significantly higher among patients with longer diagnostic delays, averaging \$21,489, \$30,030, and \$34,460 among patients with a short, intermediate, and long delay, respectively ( $p < 0.001$  for all pairwise comparisons). Endometriosis-related costs accounted for 12.5% (\$3553/\$28,376) of all-cause costs and followed a similar pattern.; Conclusion: Patients with endometriosis who had longer diagnostic delays had more pre-diagnosis endometriosis-related symptoms and higher pre-diagnosis healthcare utilization and costs compared with patients who were diagnosed earlier after symptom onset, providing evidence in support of earlier diagnosis.

10.1007/s12325-019-01215-

x <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=31960340&site=ehost-live>

**34. Research priorities for endometriosis differ among patients, clinicians, and researchers.** Brady PC, Horne AW, Saunders PTK, Thomas AM, Missmer SA, Farland LV. Am J Obstet Gynecol. 2020;222(6):630–2.

10.1016/j.ajog.2020.02.047 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=143496493&site=ehost-live>

**35. Barriers and facilitators to the timely diagnosis of endometriosis in primary care in the Netherlands.** van der Zanden M, Teunissen DAM, van der Woord IW, Braat DDM, Nelen WLDM, Nap AW. Fam Pract. 2020;37(1):131–6.

Background: Endometriosis is an invalidating gynaecological condition in women of reproductive age, and a frequent cause of infertility. Unfortunately, the condition is characterized by a long interval between onset of symptoms and diagnosis. GPs in the Netherlands are educated to provide basic gynaecological care and serve as gatekeepers for specialist medical care. Therefore, it is of great importance that they recognize signs and symptoms possibly caused by endometriosis to initiate adequate actions.; Objective: The main objective of this study was to identify barriers and facilitators to the timely diagnosis of endometriosis from the GPs' perspective.; Methods: Semi-structured focus group discussions with GPs were organized throughout the Netherlands. The participants were encouraged to brainstorm about their perspective on daily practice regarding endometriosis and suggestions for interventions to enable early diagnosis and treatment. Analysis was based on grounded theory methodology.; Results: Forty-three GPs participated in six focus groups. Analysis of the transcripts revealed relevant determinants of practice in four main themes: professionals' experience and competence, patient characteristics, guideline factors and professional collaboration. A lack of knowledge and awareness appeared to result in a low priority for establishing the diagnosis of endometriosis, especially in young women. Infertility, patient engagement and a recent serious case or training facilitated referral.; Conclusion: Several factors in daily primary health care contribute to the diagnostic delay in endometriosis. Future interventions to reduce this delay may be aimed at increasing awareness by means of education, incorporating the subject into national clinical guidelines and improvements in interdisciplinary collaboration. (© The Author(s) 2019. Published by Oxford University Press.)

10.1093/fampra/cmz041 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=31414120&site=ehost-live>

**36. Partners instead of patients: Women negotiating power and knowledge within medical encounters for endometriosis.** Young K, Fisher J, Kirkman M. *Fem Psychol.* 2020;30(1):22–41.

Endometriosis is currently poorly understood by the medical sciences; contemporary healthcare has been evidenced as failing to meet the diverse needs of the women who live with the condition. This study examined women's experiences of navigating knowledge and power within medical encounters for endometriosis. In-depth interviews were conducted with 26 women who have been diagnosed with endometriosis about their experiences of the condition and associated healthcare. Women valued both their own knowledge and their doctor's clinical expertise; as to which they privileged was situational, but it was essential the woman dictated which it would be. Women were wary of the social status and power of doctors to reduce their wellbeing through medical labels they did not identify with or by inhibiting their access to care. They identified the need for doctors to listen to and believe them as being essential to the provision of healthcare that meets women's needs and addresses the complexities of endometriosis. Our findings suggest that medical education needs to equip doctors with the skills to acknowledge and incorporate women's knowledge of their bodies within the medical encounter, and to understand how their practice affects women's social and economic participation.

10.1177/0959353519826170 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=141395908&site=ehost-live>

**37. "I feel like I'm being stabbed by a thousand tiny men": The challenges of communicating endometriosis pain.** Bullo S. *Health (LOND).* 2020;24(5):476–92.

Endometriosis, as a widespread gynecological condition, affects an estimated 1 in 10 women and yet has a worldwide average diagnosis length of 7.5 years. Causing incapacitating pain, among other associated manifestations, the condition severely impacts on women's lives. This article uses online survey data to investigate how pre-diagnosis endometriosis pain is conceptualized and articulated in order to explore communication challenges reported in early consultations that can potentially be seen to play a role in diagnosis delay. The findings of this study indicate that women feel that they do not have the appropriate tools to describe their pain and, in many instances, feel dismissed therefore prolonging diagnosis. The article finds that the majority of the pain descriptors identified use elaborate metaphorical scenarios to convey the intensity of the pain and concludes with some reflections on the issue of metaphorical language in endometriosis pain communication practices while calling for interdisciplinary work in order to devise appropriate tools for endometriosis pain communication.

10.1177/1363459318817943 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=144617021&site=ehost-live>

**38. Diagnostic delay for superficial and deep endometriosis in the United Kingdom.** Ghai V, Jan H, Shakir F, Haines P, Kent A. *J Obstet Gynaecol.* 2020;40(1):83–9.

A Cross-sectional study was undertaken at a specialist centre in the United Kingdom investigating duration and causes of delay in the diagnosis of endometriosis. One hundred and one women completed a self-reported questionnaire containing 20 items about their psychosocial, symptoms and experiences. The statistical analysis included a Mann-Whitney U test. A p value of .05 was considered statistically significant. The Spearman's rank correlation was also calculated. Overall, there was a median delay of 8 years (Q1-Q3: 3-14) from the onset of symptoms to a diagnosis of endometriosis. Factors such as menstrual cramps in adolescence, presence of rectovaginal endometriosis, normalisation of pain and the attitudes of health professionals contributed to a delayed diagnosis (p values<.05). There was a negative correlation indicating the earlier the onset of symptoms, the greater the delay to diagnosis



(Spearman's Rank Correlation Coefficient -0.63,  $p < .01$ ). The results of this study highlight a considerable diagnostic delay associated with endometriosis and the need for clinician education and public awareness. Impact statement What is already known on this subject? The diagnostic delay of 7-9 years with endometriosis has been reported globally. In an effort to standardise surgical treatment, improve outcomes, and shorten delays specialist endometriosis centres were introduced in 2011. There has been no recent quality improvement assessment since the establishment of such centres. What do the results of this study add? This is the most recent evaluation in the United Kingdom since the introduction of specialist endometriosis centres. There is a considerable diagnostic delay associated endometriosis in the United Kingdom with a median of 8 years. The delays seem not to have improved over the last two decades. We have identified medical and psychosocial factors that may contribute to such delays. These include factors such as menstrual cramps in adolescence, presence of rectovaginal endometriosis, normalisation of pain and attitudes of health professionals contribute to a delayed diagnosis. What are the implications of these findings for clinical practice and/or further research? The results of this study, highlight the need for clinician education and public awareness to decrease the long term-morbidity and complications that result from untreated endometriosis.

10.1080/01443615.2019.1603217 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=140468868&site=ehost-live>

**39. International survey finds majority of gynecologists are not aware of and do not utilize ultrasound techniques to diagnose and map endometriosis.** Leonardi M, Robledo KP, Goldstein SR, Benacerraf BR, Condous G, Leonardi M, Robledo KP, Goldstein SR, Benacerraf BR, Condous G. *Ultrasound Obstet Gynecol.* 2020;56(3):324–8.

10.1002/uog.21996 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=145429862&site=ehost-live>

**40. Assessing research gaps and unmet needs in endometriosis.** As-Sanie S, Black R, Giudice LC, Gray Valbrun T, Gupta J, Jones B, Laufer MR, Milspaw AT, Missmer SA, Norman A, Taylor RN, Wallace K, Williams Z, Yong PJ, Nebel RA. *Am J Obstet Gynecol.* 2019;221(2):86–94.

Endometriosis, a systemic disease that is often painful and chronic, affects ~10% of reproductive-age women. The disease can have a negative impact on a patient's physical and emotional well-being, quality of life, and productivity. Endometriosis also places significant economic and social burden on patients, their families, and society as a whole. Despite its high prevalence and cost, endometriosis remains underfunded and underresearched, greatly limiting our understanding of the disease and slowing much-needed innovation in diagnostic and treatment options. Due in part to the societal normalization of women's pain and stigma around menstrual issues, there is also a lack of disease awareness among patients, health care providers, and the public. The Society for Women's Health Research convened an interdisciplinary group of expert researchers, clinicians, and patients for a roundtable meeting to review the current state of the science on endometriosis and identify areas of need to improve a woman's diagnosis, treatment, and access to quality care. Comprehensive and interdisciplinary approaches to disease management and increased education and disease awareness for patients, health care providers, and the public are needed to remove stigma, increase timely and accurate diagnosis and treatment, and allow for new advancements. (Copyright © 2019 Elsevier Inc. All rights reserved.)

10.1016/j.ajog.2019.02.033 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=30790565&site=ehost-live>

**41. "Do mad people get endo or does endo make you mad?": Clinicians' discursive constructions of medicine and women with endometriosis.** Young K, Fisher J, Kirkman M. *Fem Psychol.* 2019;29(3):337–

56.

Endometriosis, a common disease characterised as a "gynaecological disorder" in the medical literature, has attracted the attention of feminist scholars as a metaphorical meeting point for gender, knowledge and power. Based on interviews conducted with general practitioners and gynaecologists, we examined the language clinicians use to construct Medicine and women with endometriosis. We sought to identify whether these constructions endorsed or challenged historical discourses, and any implications for women with endometriosis. Clinicians endorsed Medicine as the authoritative knowledge on women and their bodies, and constructed Medicine as being about providing answers on, and doing things to, the body. Women with endometriosis were constructed as reproductive bodies with hysterical tendencies. The historical hysteria discourse was most often endorsed when discussing "difficult" women, referring to those for whom treatment was not helpful or who held a perception of their disease alternative to their clinician. The findings of our study are consistent with previous social analyses of medical literature on endometriosis and with women's reported experiences, suggesting these discourses to be prevalent in contemporary healthcare for endometriosis. Medical education needs to address the historical androcentric bias of medical knowledge and equip clinicians with the skills to address women's diverse needs.

10.1177/0959353518815704 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=137928246&site=ehost-live>

**42. Is training sufficient for ultrasound operators to diagnose deep infiltrating endometriosis and bowel involvement by transvaginal ultrasound?** Rosefort A, Huchon C, Estrade S, Paternostre A, Bernard J, Fauconnier A. *J Gynecol Obstet Hum Reprod.* 2019;48(2):109–14.

Objectives: To assess and compare the diagnostic accuracy of transvaginal ultrasonography (TVUS) by trained or untrained ultrasound operators in deep infiltrating endometriosis (DIE) imaging, for diagnosing DIE and bowel involvement.; Methods: This was an observational study of patients with clinically suspected DIE operated in a reference center. TVUS was performed pre-operatively by a trained or/and untrained ultrasound operator to search for DIE and rectal involvement. During surgery, DIE was diagnosed according to macroscopic and histological criteria. Sensitivity (Se), specificity (Sp) and c-index were calculated with 95% confidence intervals for trained and untrained operators, if TVUS results were significantly predictive of DIE and rectal involvement at  $p < 0.05$ .; Results: 115 patients were included: 100 (87%) had DIE and 34 (29.6%) had bowel involvement. TVUS was performed by a trained ultrasound operator for 70 patients and by an untrained one for 56 patients. When performed by a trained operator, TVUS significantly predicted DIE with a Se of 58% (95% CI, 46-70), a Sp of 87.5% (95% CI, 63-100) and a c-index of 0.73 (95% CI, 0.59-0.87). TVUS performed by an untrained operator was not significantly predictive of DIE ( $p = 0.58$ ). Rectal involvement was significantly predicted by TVUS performed by a trained operator with a Se of 40% (95% CI, 23-59), a Sp of 93% (95% CI, 86-100) and a c-index of 0.67 (95% CI, 0.56-0.77). None of the untrained ultrasound operators diagnosed a bowel involvement.; Conclusion: TVUS is not sufficient to diagnose DIE and bowel involvement, in particular when performed by untrained ultrasound operators. (Copyright © 2018. Published by Elsevier Masson SAS.)

10.1016/j.jogoh.2018.04.004 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=29654939&site=ehost-live>

**43. Learning curve for ultrasonographic diagnosis of deep infiltrating endometriosis using structured offline training program.** Guerriero S, Pascual MA, Ajossa S, Rodriguez I, Zajicek M, Rolla M, Rams Llop N, Yulzari V, Bardin R, Buonomo F, Comparetto O, Perniciano M, Saba L, Mais V, Alcazar JL. *Ultrasound Obstet Gynecol.* 2019;54(2):262–9.

Objective: To assess the learning curves of trainees during a structured offline/hands-on training

program for the ultrasonographic diagnosis of deep infiltrating endometriosis (DIE). Methods: Four trainees (all Ob/Gyn postgraduates with at least 5 years' experience in ultrasonography in obstetrics and gynecology, but with no experience of sonographic examination of DIE) participated in the study. They underwent a 2-week training program with a single trainer. Day 1 was devoted to theoretical issues and guided offline analysis of 10 three-dimensional ultrasound volumes. During the following days, four sessions of real-time sonographic examinations were performed in a DIE referral center ultrasound unit. In between these sessions, the trainees analyzed four datasets offline, each containing 25 volumes. At the end of each set, misinterpreted volumes were reassessed with the trainer. Presence or absence of DIE at surgery was considered the gold standard. The trainees' learning process was evaluated by learning-curve cumulative summation (LC-CUSUM) and the deviations of the trainees' level of performance at the control stage was assessed by CUSUM (standard CUSUM), for different locations of DIE. Results: The trainees reached competence after an average of 17 (range, 14-21) evaluations for bladder, 40 (range, 30-60) for rectosigmoid, 25 (range, 14-34) for forniceal, 44 (range, 25-66) for uterosacral ligament (USL) and 21 (range, 14-43) for rectovaginal septum (RVS) locations of DIE, and then kept the process under control, with error levels of less than 4.5% until the end of the test. The overall accuracy for each trainee in diagnosis of DIE at the different locations ranged from 0.91 to 0.98 for bladder DIE, from 0.80 to 0.94 for rectosigmoid DIE, from 0.90 to 0.94 for forniceal DIE, from 0.79 to 0.82 for USL DIE and from 0.89 to 0.98 for RVS DIE. Conclusions: The suggested 2-week training program, based on a mixture of offline and live scanning sessions, is feasible and apparently provides effective training for the ultrasonographic diagnosis of DIE. Copyright © 2018 ISUOG. Published by John Wiley & Sons Ltd.

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**44. Gynaecologists' view on diagnostic delay and care performance in endometriosis in the netherlands.** van der Zanden M, Arens MWJ, Braat DDM, Nelen WLM, Nap AW. *Reprod Biomed Online*. 2018;37(6):761–8.

Research Question: To evaluate implementation of the key recommendations of the European Society of Human Reproduction and Embryology (ESHRE) guidelines on endometriosis, and to assess factors influencing diagnostic delay of endometriosis from Dutch gynaecologists' point of view.; Design: Questionnaire study among gynaecologists from all hospitals in the Netherlands. The questionnaire consisted of 56 questions relating to implementation of the ESHRE guidelines, organization of endometriosis care and diagnostic delay.; Results: Gynaecologists from 67 out of 85 hospitals completed the questionnaire. A total of 99-100% of respondents agree with, and 91-100% adhere to, the diagnosis-related recommendations in the guidelines. Diagnostic delay is estimated at 42 months. Main factors contributing to diagnostic delay according to gynaecologists are lack of knowledge and awareness of endometriosis in both patients and medical professionals, as well as limitations in diagnostics and late referral. Suggested interventions to reduce diagnostic delay are aimed at improving knowledge and awareness in both patients and medical professionals, as well as improving collaborations between medical professionals.; Conclusions: Overall familiarity with, and use of, the 2014 ESHRE guidelines among Dutch gynaecologists is high. Dutch gynaecologists agree with the recommendations relating to diagnosis and adhere to them closely. Diagnostic delay, however, is still considerable; therefore, efforts to reduce diagnostic delay of endometriosis should be aimed at improving knowledge and awareness in both patients and medical professionals, as well as improving collaboration. (Copyright © 2018 Reproductive Healthcare Ltd. Published by Elsevier Ltd. All rights reserved.)

10.1016/j.rbmo.2018.09.006 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=30366841&site=ehost-live>

**45. Factors associated with time to endometriosis diagnosis in the United States.** Soliman AM, Fuldeore M, Snabes MC. *J Womens Health (Larchmt)*. 2017;26(7):788–97.

Background: We aimed to quantify the time to diagnosis among women with endometriosis in the United States (US) and to identify patient- and physician-related factors affecting diagnostic delay.; Patients and Methods: An online cross-sectional survey was conducted from August 6, 2012, through November 14, 2012. Respondents aged 18-49 years who reported a physician's diagnosis/suspicion of endometriosis within the previous 10 years were included. Endometriosis-related symptoms and diagnostic history were captured and summarized. Univariate analyses identified factors associated with time from symptom onset to first consultation and from first consultation to diagnosis.; Results: Of 638 respondents included, most (56%) reported seeking care for at least one of the following symptoms: menstrual pain (31.6%), nonmenstrual pain (27.3%), and pain during sex (7.5%). Most diagnoses (84%) were made by obstetricians/gynecologists; 49% of diagnoses were surgical versus 51% nonsurgical. Mean time from symptom onset to diagnosis was 4.4 years. Mean time to first consultation was shorter among women aged 40-49 years versus those aged <18 years (14.2 vs. 43.5 months;  $p < 0.0001$ ) and those consulting for symptoms versus routine/other care (27.9, 24.9, and 28.4 months for menstrual pain, nonmenstrual pain, and pain during sex, respectively, vs. 61.4 months; all  $p < 0.01$ ). Mean time from first consultation to diagnosis was shorter among women aged 40-49 years versus those aged <18 years (12.4 vs. 34.5 months;  $p = 0.0009$ ) and those diagnosed by obstetricians/gynecologists versus nonobstetricians/gynecologists (21.5 vs. 40.3 months;  $p = 0.041$ ).; Conclusions: Time to endometriosis diagnosis appears to have shortened in the US. Better patient and physician education regarding symptomatology may contribute to further gains.

10.1089/jwh.2016.6003 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=28440744&site=ehost-live>

**46. Diagnostic delay of endometriosis in the Netherlands.** Staal AH, van der Zanden M, Nap AW. *Gynecol Obstet Invest*. 2016;81(4):321–4.

Background/aims: Endometriosis has a long diagnostic delay that is influenced by varying socio-economic and healthcare factors. In the Dutch situation, these factors are not yet identified. The aim of this study is to determine the length of the diagnostic delay of endometriosis in the Netherlands and to identify which variables affect this delay.; Methods: A retrospective study among 139 patients diagnosed with endometriosis in a secondary care hospital with a specialized multidisciplinary endometriosis team. The diagnostic process was evaluated using a questionnaire-guided telephonic interview.; Results: The median time interval from the onset of symptoms to diagnosis was 89 months or 7.4 years, divided in 7 months patient delay, 35 months general practitioner (GP) delay and 5 months gynecologist delay. Determinants for a longer diagnostic delay were young age at onset of symptoms, use of oral contraceptives or analgesics prescribed by GP, alternative diagnoses considered by the GP, and cyclic symptoms. Subfertility as presenting symptom resulted in faster diagnosis.; Conclusion: This study shows that the time interval to the diagnosis of endometriosis is long and mainly consists of the period of time the woman consults her first line medical professional. (© 2016 S. Karger AG, Basel.)

10.1159/000441911 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=26742108&site=ehost-live>

**47. Knowledge of, and treatment strategies for, endometriosis among general practitioners.** van der Zanden M, Nap AW. *Reprod Biomed Online*. 2016;32(5):527–31.

Endometriosis is the most common benign gynaecological disorder. The general practitioner (GP) plays an important role in identifying women at early stages of the disease. This study was conducted to acquire information about awareness and knowledge of endometriosis among Dutch GPs, and clinical strategies taken. A total of 101 GPs completed a questionnaire either by email or at a local education

meeting. The GPs annually encounter 2.8 women they suspect of having endometriosis. The estimated time to diagnosis was 65.7 months (39.1 months patient delay and 26.6 months doctors delay); 56.7% of GPs primarily refer to a gynaecologist for consultation or diagnostic tests. The GPs answered on average 16.6 out of 28 knowledge questions correctly. Seventy-six out of 87 GPs stated that they needed further education. The results of this study indicate that if a GP considers endometriosis as a diagnosis, adequate action is undertaken. As only limited numbers of women with endometriosis are encountered in their practice, GPs do not recognize immediately the symptoms that may be caused by endometriosis, leading to diagnostic delay. Our findings may help to set up teaching programmes and awareness strategies for first-line medical professionals to enhance timely diagnosis and treatment of endometriosis. (Copyright © 2016 Reproductive Healthcare Ltd. Published by Elsevier Ltd. All rights reserved.)

10.1016/j.rbmo.2016.02.003 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=26947452&site=ehost-live>

**48. "A challenge" – healthcare professionals' experiences when meeting women with symptoms that might indicate endometriosis.** Grundström H, Kjølhede P, Berterö C, Alehagen S. *Sex Reprod Healthc.* 2016;7:65–9.

**Objective** The aim of the study was to identify and describe the experiences of healthcare professionals when meeting women with symptoms that might indicate endometriosis. **Methods** Semi-structured interviews were conducted with 10 gynecologists, six general practitioners and nine midwives working at one university hospital, one central hospital, one private gynecology clinic and five healthcare centers in south-east Sweden. The interviews were recorded and transcribed verbatim and analyzed using qualitative conventional content analysis. **Results** Three clusters were identified: the corroborating encounter, the normal variation of menstruation cycles, and the suspicion of endometriosis. The healthcare professionals tried to make a corroborating encounter by acknowledging the woman, taking time to listen, and giving an explanation for the problems. Healthcare professionals had different ways to determine what was normal as regards menstrual pain, ovulation pain and dyspareunia. They also needed to have the competence to act and react when the symptoms indicated endometriosis.

**Conclusions** Meeting women with symptoms that might indicate endometriosis is challenging and demands a certain level of competence from healthcare professionals. Sometimes the symptoms are camouflaged as "normal" menstruation pain, making it hard to satisfy the needs of this patient group.

10.1016/j.srhc.2015.11.003 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=112472942&site=ehost-live>

**49. Endometriosis treatment delays cause undue suffering to thousands. Endometriosis treatment delays cause undue suffering to thousands.** *Community Pract.* 2014;87(3):7.

<https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=102832063&site=ehost-live>

**50. The patient-centeredness of endometriosis care and targets for improvement: A systematic review.** Dancet EA, Apers S, Kremer JA, Nelen WL, Sermeus W, D'Hooghe TM. *Gynecol Obstet Invest.* 2014;78(2):69–80.

**Background:** Endometriosis is a prevalent condition compromising physical and psychosocial health and thus requiring patient-centered care, which is guided by patients' values. This study aimed to find out what the patient's perspective on endometriosis care is and how the patient-centeredness of endometriosis care can be improved.; **Methods:** Electronic databases were searched systematically, and study selection was based on eligibility and quality. Study methodology was examined. Specific care aspects valued by patients were organized according to 10 dimensions of patient-centered endometriosis care. Based on patients' assessments of service quality, patient-centered improvement

targets and strengths were identified.; Results: Twelve of 20 eligible studies had sufficient quality to be included. Endometriosis patients valued all 10 dimensions of patient-centered endometriosis care. Problematic service quality was reported for all dimensions but 'coordination and integration' and 'involvement of significant others'. Two patient-centered strengths and 29 patient-centered improvement targets were identified. The most frequently reported improvement targets on which studies agreed were 'timely diagnosis' and 'being believed and respected by staff'.; Conclusion: Endometriosis patients value patient-centeredness in addition to effectiveness and safety of care, and its 10 dimensions require attention in clinical practice. Research into the assessment and improvement of patient-centered endometriosis care is required. (© 2014 S. Karger AG, Basel.)

10.1159/000358392 <https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=24863284&site=ehost-live>

**51. Endometriosis for the primary care physician.** Youngster M, Laufer MR, Divasta AD. *Curr Opin Pediatr.* 2013;25(4):454–62.

**PURPOSE OF REVIEW:** This review will empower the primary care provider (PCP) to evaluate, manage, and refer as needed adolescents with dysmenorrhea and/or chronic pelvic pain (CPP) who are suspected to have endometriosis. **RECENT FINDINGS:** Endometriosis is a common cause of CPP in adolescents who do not respond to primary medical treatment. The presentation in adolescents is unique, causing high rates of misdiagnosis or delayed treatment. Endometriosis-related pain has a marked negative impact on social and mental health. Simple treatments that are available in the primary care setting can alleviate pain and improve quality of life for these young women if initiated in a timely fashion.

**SUMMARY:** Adolescents usually turn to their PCP for evaluation of dysmenorrhea and CPP. By maintaining a high index of suspicion, initiating treatment, and referring when needed, the PCP can have a tremendous effect on the patient's present and future quality of life.

10.1097/MOP.0b013e3283628092 <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=107907416&site=ehost-live>