

Clinical Brief

Endometriosis

Among women, endometriosis is associated with a significant adverse impact on employee absence and performance, along with increased healthcare utilization. Significant challenges for women with endometriosis include diagnostic delays, suboptimally controlled symptoms, and finding a clinician who provides effective treatment.

What is endometriosis?

Endometriosis is a chronic, debilitating disease in women. The condition occurs when tissue lining the uterus grows elsewhere in the body, and continues to grow and bleed as it normally does during the menstrual cycle. Scar tissue and inflammation can result, causing pain and other complications, including fertility problems.

Symptoms:

Women with endometriosis often experience chronic and intense pelvic pain during and outside of menstruation, as well as heavy menstrual bleeding. Painful sex may also be a symptom of endometriosis. In a study of 638 participants who reported overall symptom severity at diagnosis, the majority reported severe symptoms, with an additional 37% reporting moderate symptoms.

Comorbidities and complications include infertility; **38% of women with infertility have endometriosis.** Additionally, breast cancer, ovarian cancer, depression, and pregnancy complications are more prevalent among those with endometriosis.

Prevalence rates and demographic distribution:

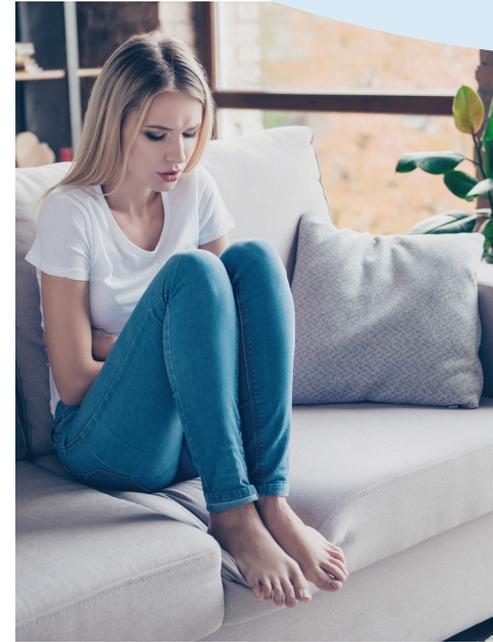
Endometriosis affects about 1 in 10 women during their reproductive years. In addition to female employees with endometriosis, some employees may have family members, including wives or daughters, with the disease. In total, an estimated 4.1 million women age 18–49 years in the United States are estimated to have been diagnosed with endometriosis, most often affecting those in their 30s and 40s. Additional women may have symptoms but have not yet been diagnosed.

There may also be a genetic component to endometriosis: A woman who has a first-degree relative with endometriosis may be seven to ten times more likely to develop the condition.

Diagnostic challenges:

The usual time from onset of symptoms to diagnosis of endometriosis may be 6–10 years or longer.

Women with endometriosis often see numerous clinicians and spend years in the healthcare system searching for relief due to the challenges of diagnosing the disease. During the year before and after diagnosis, women with endometriosis



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experience a doubling of their hospitalization rate and a 72% increase in emergency department visits. Awareness of the condition and earlier diagnosis can facilitate more timely treatment.

Treatment options and challenges:

Both medical and surgical treatments are available for endometriosis, as shown in the following table. Symptomatic treatment largely involves use of analgesics and opioids, while hormonal therapies, including oral contraceptives and agents affecting gonadotropin releasing hormone (GnRH), help to minimize hormone-related symptom exacerbations.

Yet, women in search of pain relief often seek multiple medical and surgical treatments. According to a survey of 1160 women with surgically diagnosed endometriosis, 45.5% reported 3 or more medical treatments during their lifetime.

Medical therapy:

- ▶ The number of treatments received ranged from 1 to 11
- ▶ Medications used most often and for the longest duration were analgesics and oral contraceptives

- ▶ More than 75% of affected women have used opioids based on a retrospective claims analysis.

Surgical treatments:

- ▶ 41.5% reported 3 or more surgical procedures during their lifetime
- ▶ The number of surgical procedures performed ranged from 1 to 17, with 75.4% receiving laparoscopy

Extent of disease control:

Even with treatment, women diagnosed with endometriosis may experience persistent and significant symptoms. Over 70% of patients with endometriosis are unable to relieve their pain even with long-term use of opioids and analgesics. In an international, multicenter, cross-sectional study of 931 women with endometriosis, **women reported an average of 6.4 to 10.8 hours of work lost (both absenteeism and presenteeism) per week due to endometriosis**, and 50% reported their relationships being affected.

Importance to employers:

Among working-age women, endometriosis contributes to impaired employee performance and higher

healthcare costs. Efforts to manage symptoms may include opioids and repeated surgeries. Employers may benefit from using their claims data to identify care gaps and opportunities for improvement, such as patients with endometriosis and persistent pain requiring long-term analgesics and/or opioid use. Increased awareness of this condition may help women experiencing symptoms to pursue effective treatment. Employers, particularly those with a high prevalence of women in their workforce, can help their employees and members understand more about endometriosis and available treatments, and provide resource support for them and their managers, as well.

Resources:

- <https://www.acog.org/Patients/FAQs/Endometriosis>
- <https://www.speakendo.com/>
- <https://www.speakendo.com/endometriosis-resources/videos>
- <https://www.womenshealth.gov/files/documents/fact-sheet-endometriosis.pdf>
- <https://www.asrm.org/topics/topics-index/endometriosis/>



TREATMENT CONSIDERATIONS FOR ENDOMETRIOSIS

MEDICAL (symptom control)		SURGICAL (removal of endometriosis tissue)
LESS INVASIVE	MORE INVASIVE	MOST INVASIVE
<ul style="list-style-type: none"> ▶ Non-steroidal analgesics ▶ Opioids ▶ Combined hormonal contraceptives ▶ Danazol ▶ Oral GnRH Antagonist* 	<ul style="list-style-type: none"> ▶ Injectable GnRH Receptor Agonist ▶ Progestin IUD 	<ul style="list-style-type: none"> ▶ Laparoscopy (diagnostic confirmation and/or treatment) ▶ Laparotomy ▶ Hysterectomy and oophorectomy

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*Newer disease-specific, medical management options (e.g., oral GnRH antagonist) are now available for symptom control.