

QUALITY OF LIFE IN PATIENTS WITH ENDOMETRIOSIS: A REVIEW STUDY

Qualidade de vida em pacientes com endometriose: um estudo de revisão

Calidad de vida de pacientes con endometriosis: un estudio de revisión

Review Article

ABSTRACT

Objective: This study aims to assess the quality of life (QoL) in patients with endometriosis. **Methods:** We conducted a literature review searching for articles published in the last 10 years in the PubMed database, using the descriptors ‘quality of life’ and ‘endometriosis’ and the following filters: in human female, articles with abstract available, English/Portuguese language, and containing the terms in the title/abstract. The search retrieved 147 articles, of which 12 remained for reading, according to the inclusion criteria. **Results:** All the articles pointed out that women with endometriosis showed a reduction in QoL, and five studies have linked socioeconomic status, severity of pain and healthy habits as factors that influence QoL. However, neither of the studies suggests strategies for the improvement of QoL. This review shows the benefits of the physiotherapeutic and psychological approach, and physical activity practice in raising QoL as a way to minimize the symptoms of endometriosis, especially pain and psychological symptoms. The assessment of QoL in endometriosis could be used as a prognostic indicator of clinical improvement. **Conclusion:** Women with endometriosis exhibit a significant reduction in their QoL, influenced by physical and psychological aspects, among others.

Descriptors: Endometriosis; Quality of Life; Health Promotion; Chronic Disease.

RESUMO

Objetivo: Avaliar a qualidade de vida (QV) em pacientes com endometriose. **Métodos:** Realizou-se uma revisão bibliográfica na base de dados PubMed buscando artigos publicados nos últimos 10 anos utilizando os descritores *quality of life and endometriosis* e os seguintes filtros: artigos com abstract disponível, em humanos do sexo feminino, idioma inglês/português e cujos termos constavam no título/abstract. A busca resultou em 147 artigos, dos quais, de acordo com os critérios de inclusão, restaram 12 para leitura. **Resultados:** Todos os artigos evidenciaram que as mulheres com endometriose apresentaram uma redução na QV, e cinco estudos associaram nível socioeconômico, intensidade da dor e hábitos saudáveis como fatores que influenciam a QV. No entanto, nenhum estudo propôs estratégias para a melhora da QV. A presente revisão evidencia os benefícios da abordagem fisioterapêutica, psicológica e da prática de atividade física em elevar a QV, como uma maneira de minimizar os sintomas da endometriose, em especial, a dor e os sintomas psicológicos. A avaliação da QV em endometriose poderia ser utilizada como um indicador prognóstico da melhora clínica. **Conclusão:** Mulheres com endometriose apresentam significativa redução em sua qualidade de vida, influenciada pelos aspectos físicos e psicológicos, entre outros.

Descritores: Endometriose; Qualidade de Vida; Promoção da Saúde; Doença Crônica.

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RESUMEN

Objetivo: Evaluar la calidad de vida (CV) de pacientes con endometriosis. **Métodos:** Se realizó una revisión bibliográfica en la base de datos PubMed con búsqueda de artículos publicados en los últimos 10 años utilizándose de los descriptores *quality of life and endometriosis* y los siguientes filtros: artículos con abstract disponible, en humanos del sexo femenino, idioma inglés/portugués y cuyos términos estaban en el título/abstract. La búsqueda resultó en 147 artículos, de los cuales, según los criterios de inclusión, restaron 12 para la lectura. **Resultados:** Todos los artículos evidenciaron que las mujeres con endometriosis presentaron reducción en la CV y cinco estudios asociaron el nivel socioeconómico, la intensidad del dolor y hábitos saludables como factores que influyen en la CV. Sin embargo, ningún estudio ha propuesto estrategias para mejorar la CV. Esta revisión evidencia los beneficios del abordaje fisioterapéutico, psicológico y de la práctica de actividad física en mejorar la CV, como una manera de minimizar los síntomas de la endometriosis, en especial, el dolor y los síntomas psicológicos. La evaluación de la CV en endometriosis podría ser utilizada como un indicador pronóstico de la mejora clínica. **Conclusión:** Mujeres con endometriosis presentan reducción significativa de la calidad de vida debido, entre otros aspectos, a los físicos y psicológicos.

Descriptores: Endometriosis; Calidad de Vida; Promoción de la Salud; Enfermedad Crónica.

INTRODUCTION

Endometriosis is a complex gynecologic condition characterized by the presence of endometrial tissue in extrauterine sites. Its symptoms include chronic pelvic pain (CPP), dysmenorrhea, dyspareunia, dyschezia, dysuria and infertility⁽¹⁾. Because it is a chronic disease, patients with endometriosis present reduced quality of life (QoL). According to the World Health Organization (WHO), QoL is the individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns⁽²⁾. Health-related QoL is a multidimensional concept that encompasses physical, psychological and social aspects associated with a specific disease or its treatment⁽³⁾. Therefore, the concept of QoL is characterized by its subjectivity and multidimensionality.

Regarding treatment, diagnosis, consultations, exams and surgical procedures, a recent study showed that the economic impact of endometriosis was considerable. The few studies that assessed the direct and indirect costs of this disease were not conducted in Brazil⁽⁴⁾. The chronicity of this condition and its interference in women's QoL should also be considered as a chronic disease can cause changes in the physical capacity (67.6%), work/studies/

household chores (64.8%) and in the self-esteem (53.5%) of individuals⁽⁵⁾.

This disease significantly interferes in professional, social and marital life of women, affecting their QoL⁽⁶⁾. Therefore, it is important to analyze it in order to develop strategies of health promotion.

Thus, the present study aims to assess Quality of life (QoL) in patients with endometriosis.

METHODS

A literature review was carried out searching scientific articles on the relationship between endometriosis and QoL.

The review included articles published over the past 10 years in PubMed database using the descriptors *quality of life and endometriosis* and the following filters: articles with abstract available, conducted with human females, published in English/Portuguese and with these terms in the title/abstract.

The search was conducted in December 2013 and resulted in 147 articles. It included only the articles that were closely related to the subject and did not assess the contribution of the treatment to QoL. Articles were selected according to the titles and/or abstracts. Review articles, case reports, letters to the editor, articles published before 2004, written in a language other than English or Portuguese that discussed the influence of treatment on women's QoL, and those that were not related to the subject of the present review were excluded.

Thus, only 12 articles met the eligibility criteria.

RESULTS AND DISCUSSION

The present review included 12 publications on quality of life (QoL) in patients with endometriosis⁽⁷⁻¹⁸⁾, a third of which were conducted in Brazil^(8,10,12,15).

The assessment of QoL involves multidimensional aspects as it is not characterized by the absence of disease, but by the biopsychosocial well-being, the way people live, feel and understand their lives. Feelings, culture and the environment in which an individual lives are taken into account.

This chapter will be divided into three topics: 1) QoL in endometriosis; 2) Factors interfering with QoL and health promotion strategies; and 3) Brazil's public policies for the care of patients with endometriosis.

QoL in endometriosis

Three studies used the WHOQOL-bref (World Health Organization Quality of Life Assessment – Short version) for the analysis of QoL⁽⁷⁻⁹⁾. This instrument assesses four

domains: physical, psychological, social relationships and environment.

The results of a research⁽⁷⁾ revealed that women rated their QoL as average in the psychological and social domains (median score: 50). The scoring for the physical domain was slightly below the average (median score: 48.2), whereas environment was slightly above the average (median score: 54.7). Regarding the physical domain, the most affected one, authors showed that the duration of the treatment and the intensity of pain were correlated to QoL. Added to this is the low socioeconomic level of the women assessed who were assisted by the public health system⁽⁷⁾.

Another study⁽⁸⁾ showed that QoL scores were similar between the groups with (n=32) and without (n=25) endometriosis (physical domain: 54.2 ± 12.8 and 51.1 ± 13.8 , $P = 0.504$; psychological domain: 56.2 ± 14.4 and 62.8 ± 12.4 , $P = 0.182$; social domain: 55.6 ± 18.2 and 62.1 ± 19.1 , $P = 0.325$ and environment domain: 59.2 ± 11.7 and 61.2 ± 10.8 , $P = 0.608$, respectively). Patients with high scores of pain presented a reduced QoL in psychological and environment domains, highlighting a negative influence of pain on QoL⁽⁸⁾.

QoL was also assessed in 134 women divided into three groups: Group I – 49 patients with CPP and endometriosis; Group II – 35 patients with CPP and without endometriosis; Group III – 50 healthy patients without gynecologic diseases⁽⁹⁾. The scoring of the physical domain was 52.91; 44.71 and 68.68, $p < 0.001$, for the groups I, II and III, respectively. The scorings of the other domains in the three groups were as follows: psychological – 57.14; 54.57 and 63.50, $p = 0.032$; social relationships – 61.22; 60.00 and 65.00, $p = 0.276$ and environment – 51.21; 47.14 and 52.13, $p = 0.279$. The overall WHOQOL-bref scores of the groups I, II and III were 55.64; 51.61 and 62.45, $p = 0.001$, respectively.

There were significant differences between the two groups of symptomatic patients and the control group in the physical ($p < 0.001$) and psychological ($p = 0.032$) domains. There was also a significant difference in the overall WHOQOL-bref score of groups I and II when compared to the control group ($p = 0.001$). No significant differences were found between the groups when assessing social and environment domains. This may be explained by the fact that these domains are not specifically related to the disease or the symptom, but to the socioeconomic and cultural status of the population assessed, which was assisted by a public health service in Brazil.

Concerning the health status of patients, it was observed that in groups I and II approximately 35% of the patients reported their health as poor or very poor versus only 2% of the ones in the control group ($p < 0.001$). This result was

expected given that groups I and II are formed by patients with CPP.

Two studies showed that patients with endometriosis presented significant impairment in physical and psychological domains^(7,9). Issues relating to these areas were: - physical domain: 1) Pain and discomfort, 2) energy and fatigue, 3) Sleep and rest, 9) Mobility, 10) Activities of daily living, 11) Dependence on medicinal substances and medical aids and 12) Work capacity; - Psychological Domain: 4) Positive feelings, 5) Thinking, learning, memory and concentration, 6) Self-esteem, 7) Body image and appearance, 8) Negative feelings and 24) Spirituality/religion/personal beliefs.

Seven studies used the SF-36 (Medical Outcomes Study 36 - Item Short-Form Health Survey) to assess QoL⁽¹⁰⁻¹⁶⁾. The scores for the eight individual categories of the SF-36 are shown in Table I. A more detailed analysis showed that the areas “pain”, “vitality” and “mental health” had the lowest scores. The first domain assesses the degree of limitation caused by pain; the vitality refers to the degree of energy and willingness; and mental health assesses how the individual feels most of the time with regard to feelings of nervousness, depression, happiness and peace. In general, regardless of the instrument used to measure QoL, psychic and physical abilities were the most compromised ones. The dimensions “physical aspects” (median score 25) and “emotional aspects” (median score 33.3) were affected significantly. No correlation was found between QoL parameters and the degree of pain⁽¹⁰⁾.

In another study⁽¹²⁾, women in the control group (n=82) showed a score greater than or equal to 60 for all the eight individual domains of the SF-36, indicating a good QoL (Table I). However, patients with endometriosis (n=93) showed scores higher than 60 only for the “physical functioning” (70) and “emotional aspects” (67) domains – for the others, the scores were lower than 60 (Table I). The score of the PCS (Physical Component Summary) was 52.4 (50.3-53.6) in the control group and 40.3 (37.9-41.5) in the group with endometriosis. As for MCS (Mental Component Summary), the scores were 47.5 (43.3-47.6) and 33.3 (32.4-38.0) for the control group and the group with endometriosis, respectively. Differences between PCS and MCS were significant ($p < 0.0001$)⁽¹²⁾.

A reduction in mental QoL (MCS) of the SF-36 was evidenced in women with advanced endometriosis⁽¹³⁾. This reduction in the MCS affects the psychic component of the patient, and this would be expected due to the high prevalence of anxiety and depression in women with endometriosis^(7,19).

Another study⁽¹⁵⁾ showed that the “vitality” domain presented the lowest score (mean 51) and “functional

Table I - Comparison of SF-36 scores among women with diagnosis of endometriosis.

Domains	Marques et al., (2004) ⁽¹⁰⁾		Laursen et al., (2005) ⁽¹¹⁾		Petrelluzzi et al., (2008) ⁽¹²⁾		Minson et al., (2012) ⁽¹⁵⁾		Nnoaham et al., (2011) ⁽¹⁴⁾		
					Control (n=82)		Endometriosis (n=93)				
	Median	Variation (25-75 perc.*)	Median	Variation	Median	Variation (25-75 perc.)	Median	Variation (25-75 perc.)	Mean	SD*	Mean
Functional capacity	70	55 - 85	62	17 - 95	90	85 - 91	70	55 - 84	80.5	25.7	84.5
Physical aspects	25	0 - 75	50	0 - 100	100	67 - 82	50	25 - 100	65.9	40.9	73
Pain	41	22 - 52	31	0 - 52	74	67 - 77	41	26 - 62	58.7	25.5	62.7
Social aspects	62.5	50 - 100	62	25 - 100	75	71 - 80	50	25 - 75	63.2	28.8	68.8
Emotional aspects	33.3	0 - 100	67	0 - 100	83	58 - 75	67	33 - 100	59.3	42.7	71.9
Mental health	44	32 - 56	70	44 - 88	72	65 - 72	40	24 - 60	55.9	20.4	62.3
General health	55	40 - 77	31	5 - 72	82	75 - 82	52	32 - 72	66.1	16.1	62.2
Vitality	45	30 - 55	42	10 - 70	60	55 - 63	35	25 - 52	51.2	18.7	53.7

*perc.=percentile; SD.=standard deviation

capacity” domain presented the highest score (mean 80) (Table I). An arithmetic mean of the scores of the eight dimensions of the SF-36 score indicated a total score of 62.6. The authors reported that the QoL scores were slightly higher than those of other studies and attributed this finding to the high socioeconomic level of the study population. The fact that this population has a higher income allows the access to more efficient medicines and medical treatment. Although these aspects do not ensure the cure or total remission of symptoms, they can certainly contribute to improving QoL. This study also showed that pain intensity was associated with lower scores in some scales of the SF-36 (e.g., functional capacity, physical aspects, pain, social aspects). In contrast, another study⁽¹⁶⁾ reported a SF-36 total mean score of 50.68 ± 21.09 ⁽¹⁶⁾, which is lower than that presented previously⁽¹⁵⁾.

Two studies investigated the impact of endometriosis on QoL and productivity at work and demonstrated significant disability in PCS and MCS^(14,17). One them, a multicenter study, assessed QoL in 1418 women (745 with endometriosis, 587 symptomatic patients and 86 who underwent laparoscopic sterilization) (Table I) whose PCS and MCS scores in the endometriosis group were 45.1 and 42.2, respectively. The other study⁽¹⁷⁾ used the SF-12 and EHP-5 (Endometriosis Health Profile), and the PCS and MCS scores of the SF-12 were 38.4 ± 6.7 and 39.5 ± 6.2 , respectively. Regarding the EHP-5 results, circa 40% of the patients reported that pain controls their lives, causing physical damage or influencing their work. Patients also showed alterations in emotional health: about 70% showed changes in mood, 60% said that people do not understand their feelings and 48% noticed changes in their physical appearance. Childcare was irrelevant, given that 64% of patients reported being childless and 56% of them reported feeling depressed about it. About 40% reported impact on sexual life and frustration about inefficacy of treatments available. Regarding the “relationship with doctor,” only 13% commented that they minimize the symptoms associated with the disease⁽¹⁷⁾.

As for infertility, it brings the couple a physical, psychological, emotional and financial burden, and has a greater impact on women because it interferes with motherhood⁽²⁰⁾. Another factor that can cause psychological changes in women with endometriosis is the delay in diagnosis, usually obtained through a surgical procedure called videolaparoscopy. Due to the high costs of laparoscopy in private institutions, many women with endometriosis seek public hospitals, resulting in long waiting lists for scheduled appointments in specialized centers and contributing directly to the delay in diagnosis^(21,22). The delay in the indication of laparoscopy can lead to late diagnosis and the impairment of the reproductive future of

these women; therefore, the early detection of this condition is necessary, especially in young women⁽⁴⁾.

Another multicenter study assessed QoL in 909 women with endometriosis treated at 12 tertiary health centers from ten countries (18). It used the generic instrument EuroQoL-5D, which assesses five dimensions that, together, represent the health state. These problems assessed were: Mobility (16%), self-care (3%), daily activities (29%), pain/discomfort (56%) and anxiety/depression (36%)⁽¹⁸⁾. Women with endometriosis showed an average of 0.809 quality-adjusted life years - QALYs over the course of one year, which represents reduction in QoL of 19% when compared with a person with the best possible health state. The approximate value of 0.81 was worse than the 0.85-0.94 QALYs per year observed in the general population. Only 24% of women generated a QALYs of 1.0, indicating that they had the same QoV as a person with the best possible health state. Two women presented negative QALYs values, showing that they considered their current health state to be worse than death. Mathematically, the QALY accounts for the sum of the product of years of life and QoL in each of these years⁽¹⁸⁾.

The studies presented showed that patients with endometriosis have a reduction in QoL; however, they do not suggest strategies for the improvement of this variable. The search for health promotion meets the following statement: “to provide QoL is not only adding years to the lives of individuals, but adding life to the years”⁽²³⁾.

Factors interfering with QoL and health promotion strategies

The scope of QoL involves health, education, work, social interaction and emotional well-being. Thus, some factors may be contributing to the improvement of women’s QoL, like the better access to health care, higher socioeconomic level, high educational level, healthy habits, professional fulfillment and satisfaction, physical and psychological balance. Other factors that negatively influence quality of life include competitive job market, lower economic privilege, lifestyle, health state, etc.

The QoL assessment must take into account that there are factors that affect positively or negatively this variable and that they should be assessed. Of the 12 articles, only five of them correlated QoL to socioeconomic status, pain and healthy habits^(7-10,15). Four studies^(7,9,10,15) commented on the influence of socioeconomic status on QoL of patients assessed by them. In three of them, the patients were from public health services and had low socioeconomic status^(7,9,10). In another study⁽¹⁵⁾, patients presented a high socioeconomic status, which positively contributed to an increase in QoL.

One possible explanation for this may be the level of education presented by the patients, as 87% had a complete higher education. With regard to different economic levels, low-income women have worse health, work and leisure conditions. However, those with higher purchasing power are often placed in highly competitive labor markets that increasingly demand qualification; therefore, they deal with the stressful task of growing professionally and economically without neglecting their personal life. Regarding the latter aspect, it was observed that 75% of women are married; therefore, they have family responsibilities in addition to professional career⁽¹⁵⁾.

Four studies assessed the association between pain and QoL^(7,8,10,15) and two showed that patients with high scores of pain presented a reduction in QoL^(7,8). In endometriosis, pain is a frequent and troubling symptom. A decrease in pain symptoms contribute to an increase in QoL, as this is related to the degree of pain. In this sense, it is appropriate and necessary to develop approaches to pain management. A study conducted in 2010 showed that acupuncture promoted a statistically significant reduction in pain associated with endometriosis, with consequent improvement in patients' QoL⁽²⁴⁾. Another method would be the cognitive behavioral therapy, defined as a psychological approach that aims to reduce pain⁽²⁵⁾.

A case report⁽²⁶⁾ showed that a multidisciplinary treatment including drug use, inactivation of trigger points (infiltration of anesthetics, dry needling, acupuncture), physiotherapy, postural re-education and psychosocial support provided significant improvements in pain and QoL of a 45-year-old patient who had suffered from CPP for six years. These studies^(24,25,26) have shown the importance of physiotherapy and psychology professionals to the treatment of patients with endometriosis. Besides the CPP, pain during sexual intercourse also affects the sexuality of patients. Human sexuality is considered by the WHO as one of the dimensions of QoL. In this sense, the sexual activity must provide the patient with endometriosis with a physical and psychological well-being⁽¹⁷⁾.

Another factor contributing to the increase in QoL is the practice of physical activity. Only 22.8% of women with endometriosis practiced physical activity and presented higher scores in the mental health dimension when compared to those who did not practice physical activity ($p < 0.001$)⁽¹⁰⁾. The high level of physical activity was associated with better perception of QoL in the elderly, apparently healthy adults or in different health conditions⁽²⁷⁾; the individual domains of the SF-36 - "physical functioning", "vitality" and "mental health" - presented agreement of 100% and 80%, showing a positive association between physical activity and QoL, i.e., the practice of physical activity was associated with significant improvement in these domains⁽²⁷⁾.

In general, the studies presented in Table 1 show that the "pain," "vitality" and "mental health" domains had lower scores. In this sense, it would be appropriate to include physical activity in the treatment of endometriosis in order to improve these specific domains of the SF-36. However, the scientific literature is inconclusive about the benefits of physical activity for patients with endometriosis⁽²⁸⁾. Studies in the United States indicated that the systematic practice of physical activity was associated with no or few depressive symptoms or anxiety⁽²⁹⁾. Depressive symptoms caused by the lack of children and anxiety/depression were observed in 56% and 36%, respectively, of the women with endometriosis assessed^(17,18). Psychological disorders can affect the QoL of patients; therefore, the practice of physical activity is recommended. Physical activity was also able to reduce pain and other symptoms of fibromyalgia, characterized by chronic widespread pain⁽³⁰⁾. Thus, physical activity is a cost-effective intervention and should be indicated in the treatment of patients with endometriosis since it promotes an improvement in psychological aspects and chronic pain relief, effectively contributing to increasing QoL of patients with this gynecological disease.

However, the act of working out needs to be incorporated not only into everyday life but also into popular culture, medical treatment, family planning and child education. These data reinforce the need for having public policies stimulate programs to encourage physical activity⁽³¹⁾.

According to the literature⁽³²⁾, physical activity can be practiced in public spaces for leisure. These are appropriate spaces for health promotion since they have the role to revitalize and promote well-being in urban areas, allowing people to acquire healthy habits, contributing to the emotional, social, physical and cultural aspects of individuals. Physical activity has been considered a first-line treatment for many chronic diseases such as type 2 diabetes, hypertension, osteoarthritis, osteoporosis, obesity and cancer⁽³³⁾. It is considered a powerful health promotion factor and it is up to the Physical Education professional to (re) insert it in people's lives as it is cheap, safe and able to significantly reduce the need for medications.

A survey conducted in Pelotas, Rio Grande do Sul, showed that regular physical activity promoted a significant reduction in health expenditures of the *Sistema Único de Saúde - SUS* (Brazil's Unified Health System) for the treatment of chronic diseases. The authors suggest that it be offered more consistently to the Brazilian population and recommend greater participation of physical education professionals in SUS and in the *Núcleos de Apoio a Saúde da Família - NASFs* (Family Health Support Centers) as well as an increase in the number of programs to promote physical activity⁽³⁴⁾. Unfortunately, in the current review, there are no studies on physical activity and its effects on

endometriosis in relation to symptom control, psychological aspects and its influence on QoL.

In short, endometriosis is a chronic gynecological disease characterized by significant pain conditions and with symptoms that considerably compromise the daily lives of women who suffer from this condition. Therefore, it is important to search for strategies for health promotion. This, according to the Ottawa Charter, should be understood as the empowerment of people and communities to modify the determinants of health for the benefit of their own QoL, resulting in a natural expertise for the control of this process⁽³⁵⁾. This meets the definition of health, which is not only characterized as a state of absence of disease in individuals, but a balance in the different aspects and systems that characterize the biological, psychological, social, emotional, mental and intellectual individual that results in well-being⁽³¹⁾.

Brazil's public policies for the care of patients with endometriosis

In Brazil, according to the Ministry of Health, it is estimated that 7 to 10 million women have endometriosis. Given its high prevalence, uncertain etiology, chronicity and morbidity, it is considered a public health problem. For this reason, in 2006, the Ministry of Health of Brazil established the Clinical Protocol and Therapeutic Guidelines for the Treatment of Endometriosis by Ordinance SCTIE/MS No. 69, of November 6, 2006⁽³⁶⁾, which was revised and updated by Ordinance SAS/MS No. 144 of March 31, 2010⁽³⁷⁾. However, the drug or surgical treatment proposed in this protocol aims at reducing pain and removing endometrial implants, treating physical symptoms. However, there is still the need for psychological support for the treatment of anxiety and depression shown by women in order to reestablish their QoL.

Given that endometriosis is a problem that affects women's health, it is worth commenting on public policies for this population in Brazil. The Ministry of Health implemented in 1984 and 2004, the *Programa de Atenção Integral à Saúde da Mulher – PAISM*⁽³⁸⁾ (Program for Comprehensive Assistance to Women's Health) and the *Política Nacional de Atenção Integral à Saúde da Mulher – PNAISM*⁽³⁹⁾ (National Policy for Comprehensive Assistance to Women's Health), respectively. The PAISM, in addition to providing an improved service to the pregnancy and puerperal period, draws attention to other women's health needs, such as sexually transmitted diseases and gynecological malignancies, taking women's health focus off of reproduction and motherhood only. As for PNAISM, it aimed to better meet the issues already proposed by PAISM and provide services to groups previously excluded from society and areas previously underserved.

The specific number 1 objective of PNAISM is to expand and qualify the clinical and gynecological care, including patients with HIV and other STDs. Furthermore, there are the following goals: 1) to reduce the morbidity and mortality from chronic diseases in the female population, especially cardiovascular disease and diabetes mellitus; 2) reduce morbidity and mortality from AIDS in the female population; and 3) implement qualified care for women with clinical and gynecological complaints. Although the care of women with chronic diseases and clinical and gynecological complaints is established in PNAISM (2004), there is no reference to endometriosis⁽³⁸⁻⁴⁰⁾. Given that endometriosis is a complex and prevalent disease it would be appropriate to provide holistic care to patients through a multidisciplinary treatment.

Therefore, the doctor, along with a psychologist or mental health professional, nurse, sex therapist, physiotherapist and physical educator, could, together, guide and develop short, medium and long-term strategies for the control of the symptoms of the disease. Thus, the assessment of QoL in patients with endometriosis could be used as a prognostic indicator of clinical improvement.

CONCLUSION

Women with endometriosis present a significant reduction in their quality of life influenced by physical and psychological aspects, and others.

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