

Endometriosis and psychosymptomatology: the impacts of a challenging disease

Endometriose e psicossintomatologia: os impactos de uma doença desafiadora

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Abstract

Introduction: Endometriosis is a benign and chronic estrogen-dependent gynecological disease. Due to the numerous symptoms it can cause, it has a significant impact on the quality of life of women affected in different areas: in mental health, in their interpersonal relationships and at work. **Objective:** This study seeks to understand how endometriosis can affect the quality of life of affected women and what can be done so that the disease and its repercussions can become more bearable for the patient. **Methodology:** This is an integrative literature review through articles published in the PubMed, Scielo database and in scientific journals between 2006 and 2021. **Results:** Endometriosis has already been associated with a wide range of symptoms with high intensity including pain, pelvic pain and infertility and, therefore, can lead to a decrease in the patient's quality of life. This loss can include physical pain, psychological and economic impacts, social isolation, depression, anxiety and mood swings, pressure and irritability. Therefore, that improving their autonomy and body awareness, reducing stress and performing physical exercises improve the physical quality of the patient with the disease. In addition to the diagnosis, in addition to the symptomatic and physical treatment, psychological and multiprofessional help for patients is important. **Conclusion:** Therefore, it is clear that the condition of endometriosis has a negative impact on the quality of life of the affected woman. In addition, it is essential to reiterate the individualized and multidisciplinary follow-up of this patient.

Keywords: Endometriosis; Quality-adjusted life years; Interdisciplinary communication; Pelvic pain.

Resumo

Introdução: A endometriose é uma doença ginecológica estrogênio-dependente benigna e crônica. Devido aos inúmeros sintomas que pode causar, tem um impacto significativo na qualidade de vida das mulheres afetadas em diferentes áreas: na saúde mental, nas suas relações interpessoais e no trabalho. **Objetivo:** Este estudo busca compreender como a endometriose pode afetar a qualidade de vida das mulheres acometidas e o que pode ser feito para que a doença e suas repercussões se tornem mais suportáveis para a paciente. **Metodologia:** Trata-se de uma revisão integrativa da literatura por meio de artigos publicados na base PubMed, Scielo e em revistas científicas entre 2006 e 2021. **Resultados:** A endometriose já foi associada a uma ampla gama de sintomas de alta intensidade incluindo dor, dor pélvica e infertilidade e, portanto, pode levar a uma diminuição da qualidade de vida do paciente. Essa perda pode incluir dor física, impactos psicológicos e econômicos, isolamento social, depressão, ansiedade e alterações de humor, pressão e irritabilidade. Portanto, que melhorar sua autonomia e consciência corporal, reduzir o estresse e realizar exercícios físicos melhoram a qualidade física do paciente com a doença. Além do diagnóstico, além do tratamento sintomático e físico, é importante a ajuda psicológica e multiprofissional aos pacientes. **Conclusão:** Portanto, fica claro que a condição de endometriose tem impacto negativo na qualidade de vida da mulher acometida. Além disso, é fundamental reiterar o acompanhamento individualizado e multidisciplinar desse paciente.

Palavras-chave: Endometriose; Qualidade de vida; Comunicação interdisciplinar; Dor pélvica.

Resumen

Introducción: La endometriosis es una enfermedad ginecológica benigna y crónica dependiente de estrógenos. Debido a los numerosos síntomas que puede provocar, tiene un impacto significativo en la calidad de vida de las mujeres afectadas en diferentes ámbitos: en la salud mental, en sus relaciones interpersonales y en el trabajo. **Objetivo:** Este estudio busca comprender cómo la endometriosis puede afectar la calidad de vida de las mujeres afectadas y qué se puede hacer para que la enfermedad y sus repercusiones sean más llevaderas para la paciente. **Metodología:** Esta es una revisión integradora de la literatura a través de artículos publicados en PubMed, base de datos Scielo y en revistas científicas entre 2006 y 2021. **Resultados:** La endometriosis ya se ha asociado con una amplia gama de síntomas con alta intensidad que incluyen dolor, dolor pélvico e infertilidad y, por lo tanto, puede conducir a una disminución en la calidad de vida del paciente. Esta pérdida puede incluir dolor físico, impactos psicológicos y económicos, aislamiento social, depresión, ansiedad y cambios de humor, presión e irritabilidad. Por tanto, que mejorando su autonomía y conciencia corporal, reduciendo el estrés y realizando ejercicio físico mejoran la calidad física del paciente con la enfermedad. Además del diagnóstico, además del tratamiento sintomático y físico, es importante la ayuda psicológica y multiprofesional a los pacientes. **Conclusión:** Por lo tanto, es claro que la condición de endometriosis tiene un impacto negativo en la calidad de vida de la mujer afectada. Además, es fundamental reiterar el seguimiento individualizado y multidisciplinar de esta paciente.

Palabras clave: Endometriosis; Años de vida ajustados por calidad de vida; Comunicación interdisciplinaria; Dolor pélvico.

1. Introduction

Endometriosis is a benign and chronic gynecological disease, described by the Brazilian Federation of Gynecology and Obstetrics Associations (FEBRASGO) as an estrogen-dependent, inflammatory and multifactorial disease that is present in women of childbearing age. Some theories are accepted to explain its cause and analyze the best treatment, however, they still do not have a definitive cause (Pereira et al., 2021).

This pathology is one of the most prevalent gynecological comorbidities in women of more reproductive age and has a significant repercussion in terms of mental health, activities of daily living and in the many that are committed by this comorbidity (Pipa, 2019).

It is women with chronic symptoms who present an increase in the disease, such as infertility, which contributes significantly to the life of 15% of the life of 15% to an increase in quality. When chronic pain is associated with endometriosis, there is a greater chance of worsening the prognosis of women, this diagnosis because it directly affects the family environment, work, social isolation and the evolution of the disease to other organs and systems (Pereira et al., 2021).

For many women, the journey to the diagnosis of endometriosis is long and fraught with barriers and misdiagnoses, so it is important, for example, that the signs, symptoms and clinical findings of endometriosis become the main drivers of clinical diagnosis and early intervention of this disease (Agarwal, et al., 2019).

It is suggestive that medical education needs to provide physicians with the skills to discern and integrate women's knowledge with their bodies, which can favor the full social and economic participation of these women in their treatment (Young et al., 2020).

2. Methodology

This is an integrative literature review and study through articles published in the PubMed, Scielo database and in scientific journals between 2006 and 2021, whose topics covered emphasize the investigation of the well-being of women with endometriosis and the difficulties faced by them. The present study allows to gather, synthesize and critically analyze previously produced and published knowledge about the impacts of endometriosis in women. The present study seeks to understand how the possible symptoms of endometriosis can affect, directly or indirectly, the quality of life of women affected by this diagnosis and what can be done to make living with this disease more bearable for the patient.

3. Results and Discussion

Endometriosis was defined by the SBE (Brazilian Society of Endometriosis and Minimally Invasive Gynecology) as a disease characterized by the presence of endometrium outside the uterus. The endometrium is the layer that lines the inside of the uterine cavity and is renewed monthly through shedding during menstrual flow. In some situations, this tissue, in addition to being eliminated in the form of menstruation, returns through the tubes, reaches and settles in the pelvic and abdominal cavity, forming the disease that is sometimes chronic and progressive.

Endometriosis has already been described in a wide variety of organs, even in extra-pelvic locations such as the liver, diaphragm, abdominal wall and thorax, associated with a wide variety of symptoms, sometimes with high intensity and requiring surgical interventions. which can, concomitantly, with the disease itself, cause significant emotional disturbances and psychopathological symptoms (Pipa, 2019).

It is known that endometriosis can manifest itself in the most diverse ways, from an asymptomatic presentation to one with severe pelvic pain capable of generating a significant reduction in the quality of life of those who have it. However, although pelvic pain is one of the main symptoms of this disease, it is frequently associated with infertility, as well as with cyclical urinary or digestive symptoms, chronic fatigue, headaches and menstrual abnormalities (Pipa, 2019). The incidence of endometriosis in women with infertility is 20-50% and in women with pelvic pain it is 30-80% (Baetas et al., 2021).

Quality of life is a concept that, from a health point of view, can encompass physical, psychological and social aspects related to a particular disease or treatment (Silva & Marqui, 2014). The patient's quality of life is affected in several ways: in the physical sphere, the woman is harmed with the various symptoms that the disease can cause, especially pelvic pain and dyspareunia. In the emotional part, the patient suffers psychological impacts due to her chronic pain and, also, recurrent infertility, the reduction of her activities, the interference in her affective relationships, the social isolation and the economic impact that the disease causes (Baetas et al., 2021). Thus, patients report depression and anxiety as the most present psychological disorders, in addition to mood swings, pressure and irritability (Baetas et al., 2021).

In their study, Baetas et al reported several aspects related to the quality of life of women with endometriosis. In it, it was found that 66.43% of the participants had negative impacts on quality of life due to endometriosis. Due to dyspareunia, 32.26% of women reported avoiding sexual intercourse (Baetas et al., 2021), because, associated with depression and anxiety, it reduces libido and self-esteem, decreasing sexual frequency and interest, also generating a feeling of guilt (da Matta & Muller, 2006). In addition, 40% had some type of disability in carrying out their social activities (Baetas et al., 2021). Even in

cases where the consequences of endometriosis have little influence and the aspect evaluated does not interrupt their daily lives, endometriosis always leaves physical, psychological and social deficits (Rodrigues, et al., 2022).

Due to its invisible character, pain remains within the scope of subjectivity and, consequently, the medical diagnosis of endometriosis cannot concretely clarify this reality (Bento & Moreira, 2018). It is clear, therefore, that the patient with endometriosis has limitations in work, study, social, sexual and economic life (Baetas et al., 2021). Obtaining improvements in their autonomy, body awareness and stress reduction are excellent ways to relieve pain and anxiety in women with endometriosis and can be obtained through physical exercises guided by professionals in the area, corroborating to obtain a better quality of life. of these (Madeiro & Araújo, 2021). Reiterating the importance of physical exercise as a strategy to improve the quality of life of patients, Toledo (2016) states that physical activity inhibits the pituitary gland, decreasing the levels of FSH - a hormone that helps in the development of the endometrium - which slows down tissue growth. intruder (Toledo, 2016). In addition, a study by Awad et al showed that an 8-week exercise program was quite effective in improving pain and posture in women with endometriosis.

So, at diagnosis and during treatment, interventions must be proposed to fight these symptoms and one of the main goals must be to improve the patient's quality of life. Although endometriosis-related symptoms negatively affect the subjective well-being (SWB) of these patients, there is a paucity of research on this subject (Rush, et al., 2019).

4. Conclusion

According to the studies analyzed, it is evident that living with endometriosis, its consequences and the obstacles to its diagnosis and treatment, both before and after the discovery of the disease, interferes in several aspects of the social, sexual, emotional and professional life of the patient. Thus, such a condition can negatively impact the quality of life of the affected Woman (de Morais et al., 2021). Accordingly, the public authorities must invest in studies, both to have a more accurate diagnosis, without imposing invasive procedures, and to provide treatments that bring comfort to patients (Araújo & Schmidt, 2020).

Therefore, it is necessary to raise awareness among health professionals, so that they are aware of the possibility of endometriosis when in the presence of characteristic symptoms (de Morais et al., 2021) in view of the late diagnosis of the disease, which often, generates anxiety and fear in patients. Coping strategies, metacognitive beliefs and worry traits can modulate the experience of pain and psychological suffering of these patients (Zarbo, et al., 2022).

In addition, the frequent presence of depression in women with endometriosis may be due to the fact that some pain complaints are similar to depressive complaints, which can exacerbate the diagnosis of depression in people with chronic pain (Lorenatto et al., 2007). Therefore, psychological assessment is indicated to identify women at risk of some psychiatric disorders, such as anxiety and depressive symptoms resulting from endometriosis, and to provide them with appropriate psychological support, with the aim of minimizing the impact of this disease on the quality of life of these women. patients (Laganà, et al., 2017).

It is also notable that endometriosis has been affecting thousands of women of childbearing age in Brazil, and that is why it is important, in addition to demonstrating advances in technology, to be within everyone's reach, the clarification of endometriosis to the public and to the organs of public health, to obtain a quick diagnosis, allowing smaller interventions with adequate clinical results, maintaining women's quality of life through disease awareness (Gomes & Alves, 2018).

Health professionals need to be aware of the disease as a disease and be more careful for the pattern of women among women. The starting point for the initial care of the patient with endometriosis begins with primary care, and the transfer from

general care to the power to deliver positive change (Pettersson & Berterö, 2020). As endometriosis affects the sexual relationship and pleasure of the woman and the spouse, the partner must be included during treatment (Pinheiro, 2022).

Therefore, it is essential that individualized and multidisciplinary follow-up be encouraged, with professional nutritionists, fertile workers, physiotherapists, psychologists, phytotherapists and specialized doctors who work on the organs affected by the disease. Because, in view of the recurrent and commonly intense pain, the probability of infertility, the psychological, sexual insecurities and all the symptoms that the pathology carries, the woman with endometriosis needs a team with specialized care to restore quality of life and safety.

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