

P253. Quality of life in women with deep endometriosis

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Context: Endometriosis is characterized by the presence of endometriotic tissue beyond the uterine cavity, mainly in the ovaries and other pelvic organs. Some studies have shown that endometriosis has a negative impact on quality of life. These studies did not evaluate women according to disease stage.

Objectives: To describe clinical and sociodemographic characteristics of women with deep infiltrating endometriosis (DIE) and assess their quality of life (QOL) within six months of medical treatment.

Methods: A cross-sectional study of 60 women receiving follow-up in the University of Campinas, UNICAMP with DIE diagnosed by surgery or image methods (ultrasound or magnetic resonance), under clinical treatment for at least 6 months. To assess quality of life, two questionnaires were used: the Endometriosis Health Profile Questionnaire (EHP -30) and the Short Form-36 (SF-36). On statistical analysis, absolute and relative frequencies were used for categorical variables and descriptive measures were used for quantitative variables.

Patients: women with DIE

Intervention: To assess quality of life, two questionnaires were used: the Endometriosis Health Profile Questionnaire (EHP -30) and the Short Form-36 (SF-36).

Main outcome measure: quality of life

Results: The mean age of the patients was 37.5 ± 6.0 years; 53% of these women were nulliparous and 75% of cases had already undergone a previous surgery. Concerning clinical manifestations: 52% had dysmenorrhea, 56% had dyspareunia, 50% had chronic pelvic pain, and 88% were under progestin treatment. SF-36 revealed impaired quality of life, especially concerning psychological aspects. EHP-30 also showed quality of life impairment, psychological aspects in particular, in addition to women's reproductive health.

Conclusions: Quality of life is a term that should encompass the three main dimensions: mental health, physical role functioning and social role functioning. Both questionnaires used in this study addressed these issues and had similar results with deterioration in quality of life. Therefore, although medical treatment improved some domains in quality of life, it is not effective at obtaining a good quality of life in women with DIE.

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