

General Practitioners' Understanding of Endometriosis and the Impact of Training

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Abstract

Endometriosis is a chronic inflammatory illness that has just lately been well understood, but it affects approximately 10% of women of reproductive age. Chronic pelvic discomfort, extreme dysmenorrhoea, severe and sometimes invalidating dyspareunia, infertility, cat menial digestive or urinary issues, and other signs and symptoms whose frequency varies with the menstrual cycle are all manifestations of the condition. These indications and symptoms have significant functional and psychological consequences for a person's quality of life in the personal, social, sexual, and occupational domains. Furthermore, the direct and indirect healthcare expenditures associated with endometriosis are enormous, generally tens of thousands of euros per patient each year. Qualitative investigations of patients' endometriosis experiences have revealed that they.

Keywords: General practitioners • Endometriosis • Chronic pelvic discomfort

Introduction

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Endometriosis is a condition defined by the presence of tissue resembling endometrial (uterine lining) outside the uterus. It creates a chronic inflammatory response, which can lead to the production of scar tissue (adhesions, fibrosis) in the pelvis and other regions of the body. Several forms of lesions have been described: Cystic ovarian endometriosis (endometrioma) found in the ovaries superficial endometriosis found primarily on the pelvic peritoneum. In rare situations, deep endometriosis has been identified in the recto-vaginal septum, bladder, and colon. Endometriosis has also been found outside the pelvis [2].

Endometriosis symptoms can be a combination of the following:

- painful intervals
- pain during and/or after sexual intercourse with chronic pelvic pain
- bowel movements that are excruciating

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- urinating pain fatigue
- Anxiety or depression?

Nausea and abdominal bloating In December 2017, the French National College of Gynaecologists and Obstetricians and the French High Authority for Health (CNGOF-HAS) collaborated to revise the French national endometriosis guidelines. The guidelines are primarily aimed at primary care physicians and private-sector midwives who provide first-line treatment. (the French Health Minister at the time) proposed a variety of steps aimed at improving endometriosis management, including earlier detection, better assistance for affected women, and increased knowledge of the disease. The major goal of this study in France was to examine GPs' knowledge and practise in endometriosis diagnosis and management. The secondary goals were to examine the effect of increased gynaecology training on. A descriptive, anonymous epidemiological survey was conducted using a study questionnaire e-mailed to 493 GPs in the Picardie region of northern France. The general practitioners were added to an e-mail list at the Amiens Faculty of Medicine (Amiens, France). The questionnaire focused on GPs' knowledge and practise in endometriosis diagnosis and management. It was created by a general practitioner and two gynaecologists [3].

Description

Endometriosis is caused by what?

Endometriosis is a complex condition that affects some women all over the world, from the start of their first period (menarche) to menopause, regardless of ethnicity or social background. Endometriosis is assumed to have multifactorial origins, which means that many different causes contribute to its development. To explain the origins of endometriosis, several explanations have been offered. Retrograde menstruation occurs when menstrual blood including endometrial cells travels back via the fallopian tubes and into the pelvic cavity during periods, while blood is flowing out of the body through the cervix and vagina. Endometrial-like cells can be deposited outside the uterus as a result of retrograde menstruation [4].

The final section concentrated on disease management. The findings were represented as a percentage of the total number of respondents. To compare the groups on qualitative characteristics, a non-parametric chi-squared test (or, for limited sample sizes, Fisher's exact test) was utilised. The current study of GPs in the Picardie region provided us with an overview of their endometriosis expertise. The research was carried out following the 2017 modification of the French national guidelines, some of which were explicitly aimed at general practitioners. The study questionnaire was e-mailed to 105

GPs, with a respectable response rate of 21.5%. The moderate non-response rate could be attributed to a lack of interest in endometriosis and/or GPs' lack of knowledge. In addition to the aforementioned issues, endometriosis can lead to infertility. Endometriosis can cause infertility by affecting the pelvic cavity, ovaries, fallopian tubes, or uterus. There is no relationship between the size of endometrial lesions and the severity and length of symptoms: some people with large lesions have minor symptoms, while others with few lesions have severe symptoms. Symptoms usually lessen following menopause, however painful symptoms can continue in some circumstances. Chronic pain may be caused by pain centres in the brain becoming hyper-responsive over time (central sensitisation), which can occur at any point during the endometriosis life cycle, including treated, inadequately treated, and untreated endometriosis, and may persist even when endometriosis lesions are no longer visible. Endometriosis can be fatal in some situations [5].

Endometriosis can have a significant detrimental impact on the lives of people who have it, affecting their quality of life, involvement in everyday and social activities, physical and sexual functioning, relationships, educational and work productivity, mental health, and well-being. These daily challenges may translate into limitations in achieving life goals such as pursuing or completing educational opportunities; making career choices or advancing in a chosen career; forming stable, fulfilling relationships; or starting a family over the course of a lifetime, all of which ultimately alter one's life trajectory. Endometriosis has the ability to significantly alter the life course since symptom start often comes at a point in life (menarche through menopause, adolescent through middle age) when several life-changing and trajectory-defining decisions are made. Using a life-course approach, we investigate how the known impacts of endometriosis on life-domain satisfaction may impact health and well-being of affected persons throughout their lives. We present a quasi-systematic, narrative overview of the literature, as well as expert advice on clinical management recommendations and future research initiatives.

Conclusion

Other variables may potentially play a role in the development or persistence of ectopic endometrial tissue. Endometriosis, for example, is known to be estrogen-dependent, which enhances the disease's inflammation, development, and pain. However, the estrogen-endometriosis association is complicated since the absence of oestrogen does not always rule out the presence of endometriosis. Endometriosis lesions are hypothesised to originate, expand, and persist due to a variety of different reasons. Changed or weakened immunity localised complicated hormonal factors, genetics,

and potentially environmental pollutants are among them. Endometriosis has serious social, public health, and economic consequences. Because of extreme pain, exhaustion, sadness, anxiety, and infertility, it might reduce quality of life. Some endometriosis patients have debilitating endometriosis-related pain that prohibits them from going to work or school. In some cases, treating endometriosis can reduce school absences or boost an individual's capacity to contribute to the labour force. Endometriosis-related pain in sex can cause cessation or avoidance of intercourse, affecting the sexual health of affected persons and/or their partners. Endometriosis treatment will empower persons affected by it by upholding their human right to the best sexual and reproductive health, quality of life, and general well-being.

Acknowledgement

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Conflict of Interest

None.

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