European Society of Human Reproduction and Embryology

Reviewer comments form

Guideline: Management of women with endometriosis

Review period: 15/02/2013 01/04/2013

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Comments	to	the	guideline
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The guidance appears to lack reference to patients' partners, and to how healthcare might be more inclusive of partners and of the couple unit. All chronic illnesses are likely	Chapter, Section	Page, Line	Comment
inclusive of partners and of the couple unit. All chronic illnesses are likely	I	I	
			chronic illnesses are likely
to some extent. However, given the absence of an			to some extent. However, given the absence of an
obvious cause or cure, the likelihood of chronic,			obvious cause or cure, the likelihood of chronic,

Throughout Throughout guidance guidance

	their specific staging and circumstances, as opposed
	to general or speculative information.
	Considerable guidance is offered relating to
	endometriosis-associated pain and endometriosis
	associated- infertility. However, other symptoms, such
	as fatigue, heavy menstrual bleeding and bowel and
Throughout	bladder irregularities appear to be neglected. The
guidance	Endopart study and other research (e.g. Jones et al.,
	2004; Gao et al., 2006) suggests that these symptoms
	can have a significant impact on quality of life, and
	as such we propose they are considered more fully
	within this guideline.
•	Linked to the above point, the Endopart study
	suggests that a number of factors, not only
	dyspareunia, impact on sex and intimacy for couples,
	but that couples may not raise such impacts in
Throughout	clinical encounters. We recommend that the
C C	guideline advises healthcare practitioners to initiate
guidance	discussions about the impact of endometriosis on
	sex, being mindful that factors other than
	dyspareunia may have an 4()4(that)-3fW11.0 Tfes07 Tx
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		experiences with healthcare professionals (e.g. Jones
		et al., 2004) and limited effectiveness of treatment
		(e.g. Denny, 2004; Jones et al., 2004; Denny, 2009).
		Therefore, we suggest that the research
		recommendations should highlight the need for the
		development and testing of patient-centred self-
		management interventions, with a psycho-social
		element and a multidisciplinary approach, to enable
		women with endometriosis to more effectively
		manage the condition and the impact it has upon
		their daily lives.
		Furthermore, the guidance lacks recommendations
		relating to the use of couple-centred interventions
		throughout. As stated above, evidence from the
		Endopart study shows that endometriosis can have a
Appendix 4:		significant impact not only on women but on their
Research	109	partners, and can cause significant distress and strain
recommendations		for the couple unit. Therefore, we suggest that the
		research recommendations should also highlight the
		need for the development and testing of couple-
		centred interventions, with a psycho-social element
		and a multidisciplinary approach.
		References

Denny E. Women's experience of endometriosis. J Adv Nurs 2004:6;641-8.

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