Specific Symptoms Point to Endometriosis Dx

**BY MIRIAM E. TUCKER**

Washington — The constellation of symptoms characterizing endometriosis may be more specific than currently thought, Karen D. Ballard, Ph.D., said at the annual meeting of the AAGL.

There is often a long delay in the diagnosis of endometriosis, in large part because the symptoms—primarily pelvic pain and dysmenorrhea—are nonspecific and can overlap with other conditions. But now, a case-control study from a primary care database in the United Kingdom suggests that women with a combination of gynecologic, urologic, and bowel symptoms are likely to have the condition.

“Specific, unrelenting symptoms should raise a high suspicion of endometriosis,” said Dr. Ballard of the University of Surrey, Guildford, England.

Data were collected from the General Practice Research Database, the largest computerized database in the world containing longitudinal medical records from primary care. It currently comprises more than 1 million active patients from about 450 primary care practices, the setting in which all nonemergency patients in the United Kingdom are first seen.

During 1992-2002, 5,540 cases of endometriosis were identified from a total of 1,276,100 women aged 15-55 years. The average age at diagnosis was 35 years. The incidence of diagnosed endometriosis was 0.97 per 1,000 women-years, and the prevalence—calculated from the incidence rate and the average disease duration—was 1.5%. This proportion is lower than what has been reported in the literature, probably because it comes from general medical practice rather than a gynecology-based setting, Dr. Ballard noted.

There were 21,239 matched controls. The women with endometriosis were significantly thinner, with 49.3% having a body mass index less than 25 kg/m², compared with 42.1% of the controls. They were also 20% less likely than were the controls to have had a previous pregnancy.

As expected, the women with endometriosis had high rates of pelvic pain (16.6%) and dysmenorrhea (24.6%). But somewhat surprising was how low those rates were in the controls—1.5% and 3.4%, respectively—suggesting that “these symptoms are actually more specific than previously acknowledged,” Dr. Ballard said.

Other menstrual/pain symptoms reported significantly more often by the endometriosis patients than the controls were dyspareunia (9% vs. 1%, respectively), abdominal pain (43% vs. 13%), menorrhagia (23% vs. 6%), and menstrual problems (27% vs. 13%).

Gastrointestinal symptoms were also more common in the endometriosis group than in the control group, including constipation (9.2% vs. 4.4%) and rectal bleeding (2.0% vs. 1.1%), as were the urologic symptoms cystitis (8.8% vs. 5.3%) and dysuria (6.1% vs. 2.7%). Postcoital bleeding was reported by 2.9% vs. 0.7%.

“Women are looking for safe and natural alternatives to hormones to relieve menstrual and fertility or subfertility,” Dr. Ballard said.

The data also suggest there is opportunity for intervention: Nearly all (98%) of the women who were ultimately diagnosed with endometriosis had at least one visit to a physician in the year before the diagnosis, compared with 81% of the controls.

In fact, 62% had visited the physician at least six times in that year, compared with 27% of those not diagnosed with endometriosis, she reported.

**Rhubarb Extract May Soothe Menopausal Hot Flashes**

**BY FRAN LOWRY**

An extract derived from the roots of the rhubarb plant has been shown in a randomized, placebo-controlled trial to provide relief of vasomotor symptoms in peri- and postmenopausal women, Dr. David S. Riley of the University of New Mexico, Albuquerque, explained in a telephone interview. As a consultant to the German researchers, he thought it would be interesting to present their data to clinicians in the United States.

“This is a substance that has been on the market in Germany since 1993, and the research was done in order to reregister it as an herbal medication,” said Dr. Riley, also editor-in-chief of Explore, The Journal of Science and Healing.

Hormone therapy, the standard for relieving vasomotor symptoms of menopause, can have unwanted side effects; other therapies, which do not have troublesome side effects, are of questionable efficacy, he said.

In this study, 112 perimenopausal women were randomized to 4 mg per day of ER731 or to placebo for 12 weeks. At the beginning of the trial, all of the women had a menopause rating scale (MRS) score of at least 18, which meant that their menopausal symptoms were moderate to severe.

Factors rated in the MRS score included hot flashes and sweats, heart complaints, sleep disturbances, depressive mood, irritability, anxiety, physical and mental exhaustion, sexual problems, urinary tract complaints, vaginal dryness, and joint and muscle complaints.

The women rated their symptoms on a scale from 0 (no symptoms) to 4 (very severe symptoms). The maximum attainable MRS score was 44 points, Dr. Riley explained.

After 12 weeks of treatment, there was a significant reduction in MRS score in the women taking the extract; 46 of the 56 (82%) women randomized to ER731 had a decrease of at least 10 points in their MRS score, compared with 2 of 28 (4%) of the women randomized to placebo.

ER731 was associated with a significant reduction in hot flashes, compared with placebo, from 11 per day at baseline, to 4 per day at 12 weeks, Dr. Riley said.

The compound was safe and was associated with no breast tenderness or increase in endometrial thickness. There were no changes on ultrasound and biopsies, no changes in liver enzymes, no changes in blood pressure, no changes in weight, no increase in estradiol or progesterone, and no enhanced bone turnover, he added.

Although ER731 has been available in Germany for several years, it is still relatively unknown on this side of the Atlantic. Dr. Riley of the University of New Mexico, Albuquerque, explained in a telephone interview. As a consultant to the German researchers, he thought it would be interesting to present their data to clinicians in the United States.