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Friday, June 8, 2018
19:30 - 21:00  Endometriosis NZ Symposium
Early Intervention for dysmenorrhoea and why it matters

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Dysmenorrhoea:
painful periods or menstrual cramps
prevalence estimates vary from 45% to 95%.

• the most common gynaecological condition in women regardless of age and nationality
• usual onset occurs around the time that menstruation begins
• symptoms typically last less than three days
• pain is usually in the pelvis or lower abdomen
• associated with a restriction of activity and absence from school or work (5% to 51% women)
• few women with dysmenorrhoea seek treatment as they believe it would not help

doi: 10.1136/bmj.332.7550.1134
Proctor M, Farquhar C.
Primary dysmenorrhoea

Onset shortly after menarche

Lower pelvic or abdominal pain is usually associated with onset of menstrual flow and lasts 8-72 hours

Back and thigh pain, headache, diarrhoea, nausea, and vomiting may be present

No abnormal findings on examination

Secondary dysmenorrhoea

Onset can occur at any time after menarche (typically after 25 years of age)

Women may complain of change in time of pain onset during menstrual cycle or in intensity of pain

Other gynaecological symptoms (such as dyspareunia, menorrhagia) may be present

Pelvic abnormality on physical examination

Differential diagnosis of primary & secondary dysmenorrhoea

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Salient points

- Prevalence of dysmenorrhea reported 25 – 93%
- School absence due to dysmenorrhea 20 – 31%
- 5 – 33% seek GP advice

10. Parker et al. (2009) The menstrual disorder of teenagers (MDOT) study: determining typical menstrual patterns and menstrual disturbance in a large population-based study of Australian teenagers. BJOG (1471-0528)
11. The New Zealand me program research
abdominal pain  
mental health  
bloating  
diarrhoea  
bowel pain  
dyspareunia  
PMS  
subfertility  
cramps  
tiredness  
infertility  
headaches  
bladder troubles  
abnormal  
menstrual  
bleeding  

PANDORA’S BOX

Prevalence v incidence
misdiagnosis  
underreporting  
sterotyped  
diagnostic  
delay  
unresolved  
aetiology  
investigation
hit and miss  
treatments  
the scale of  
the problem  
not being believed  
taboo  
myth  
repeat visits to  
doctors  
bad surgery  
multiple surgeries  
only about surgery
The young patient with dysmenorrhoea’s role

This is a part she never auditioned for

She faces grave consequences should she get her part wrong
Triage – classifications – diagnosis – referrals – characteristics – endo profiling

She is encouraged to take control and responsibility regarding an incurable complex disease of uncertain aetiology. WHAT?

Access and variances in care.
Endometriosis doesn’t discriminate

1-in-10 girls and women all around the world

176 million girls and women from all races and cultures

120,000 New Zealanders

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Why early intervention?

• age onset of symptoms
• diagnostic delay
• fertility
• down stream costs (fiscal, personal, human)
• current evidence
• potential to develop into chronic pelvic pain
• now recommended in the literature

- OBLIGATION TO PROVIDE A DUTY OF CARE

- Adolescent endometriosis J Sanfilippo June 2003 +
- MDOT Study Parker, ACT 2005
- Consensus on the Management of Endometrosis (2013)
- NICE guideline
Adolescent females with severe dysmenorrhoea (period pain)

➢ Disrupted cognitive development
➢ Interrupted education and academic performance
➢ Missed career opportunities
➢ Poor emotional, psychosocial, physical and mental health outcomes

Parker, et al. (2009). The menstrual disorder of teenagers (MDOT) study: determining typical menstrual patterns and menstrual disturbance in a large population-based study of Australian teenagers. BJOG.
NICE guideline 2017
The ‘me’ programme

Menstrual Health and Endometriosis

An overview
What we know...

Quality education:

- an effective and acceptable tool to raise awareness of endometriosis in young people
- empower a population and improve health seeking behaviours
- avoids potential compromised fertility / quality of life downstream
- minimises the chances of a complex persistent pain condition developing

- Early recognition of symptoms and timely intervention is crucial
- Education is the best screening tool available
- Multi-disciplinary treatment

GLOBALLY school absence due to dysmenorrhoea 20 – 31%

MDOT

25% marked menstrual disturbance

‘me’

27% of girls often / always miss school due to dysmenorrhoea
Has this translated to the clinical setting?

Are we seeing young women presenting earlier?

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96% went to laparoscopic review
98% diagnosed with endometriosis
49% stage I endometriosis

Presenting symptoms?
dysmenorrhea, lower back pain, bowel symptoms, bloating, fatigue
Stage of endometriosis diagnosed in patients under 20 years (2006)

Endometriosis and Pelvic Pain Clinic, Oxford Clinic Women’s Health, Christchurch, NZ.

Treatment
- laparoscopic excision of endometriosis
- +/- Mirena placement and/or other management
- multi-disciplinary holistic approach
- specific management for this age group

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Stage of endometriosis diagnosed in patients 30-35 years (2006)

EPP Clinic, Oxford Clinic Women’s Health, Christchurch, NZ.

More women with stage III and IV endometriosis and infertility
We need to:

**listen** does the story and the history stack up?

**treat appropriately in primary care focusing on outcomes which really matter to her**
- address relevance and encourage patient involvement
- what treatment is preferred?
- inter-disciplinary management
- follow up at intervals if she’s doing well
- watch for new clinical pathways

**educate**
- CME  PHO  DHB
- Patient resources from ENZ? Free downloadable eBook
- Communities

**Refer**
Gynaecologist with special interest and expertise.
Stage I endometriosis 15 yrs old

Presentation?
dysmenorrhoea

Can we stop this......
Stage IV endometriosis
33 year old
Infertility & CPP

becoming this?
YOU BET WE CAN!

Early intervention is crucial to STOP the harm and significant impact

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Particularly:
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