**Treatment of endometriosis – focus on improving quality of life**

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The whole world community of gynecologists is concerned about the problem of endometriosis, and the question of the etiopathogenesis of the disease remains open. According to the UBP‑WRS study, 67% of women with endometriosis have impaired quality of life, i.e. they need long-term therapy. Gestagens are most often used in medical practice in the territory of the Russian Federation, which in the clinical recommendations of RSOG (2024) are referred to as first-line therapy for endometriosis Not all gestagens are the same. Differences in chemical structure led to differences in their receptor binding selectivity, efficacy, and bioavailability. Many progestogens act on androgenic, glucocorticoid, estrogenic and mineralocorticoid receptors. The use of progestogens with affinity for receptors other than progesterone can lead to the development of side effects. The patient's refusal of hormone therapy due to undesirable effects and/ or misunderstanding of the importance of the stage of drug treatment after surgery may lead to a recurrence of endometriosis. 39.3% of women with endometriosis independently canceled dienogest due to undesirable effects or ineffective therapy.

Among patients with endometriosis (approximately 1 million Russian women) who need hormone therapy, only about 25% of the total number receive it. One of the factors of refusal of therapy is the fear of patients of hormone therapy and its side effects in the form of depressive states, mood swings, weight gain, decreased libido, etc. In this regard, patients independently refuse the prescribed treatment, which contributes to the recurrence of endometriosis. According to the ESHRE consensus on endometriosis therapy, modern therapeutic approaches to treatment should consider the effectiveness, safety, and personalization of therapy. Initial comorbid conditions, the duration and severity of endometriosis, as well as a woman's desire to maintain hormonal balance have a direct or indirect effect on the development of side effects from taking Dienogest.

**Introduction/Background**

In a group of women who underwent surgery for endometriosis and took dienogest, to retrospectively analyze several factors leading to early abandonment of therapy and possible schemes for correction of therapy. The relationship between the disease, the therapy and the mental health of patients with endometriosis is discussed.

**Materials and Methods**

Observation, retrospective analysis. 48 women who underwent surgery for endometriosis and were prescribed dienogest 6-month therapy course. The age of the studied patients 35-50 years. Two groups were identified: Group I - 38 (79.17%) completed course and did not have any side effects, and Group II - 10 (20.83%) patients who developed side effects, due to which it became necessary to discontinue the therapy. The change in QoL was assessed according to the Short Form-20 and VAS.

**Results**

In the study groups, among the patients in Group II, the highest percentage of all side effects was attributed to depressive episodes (30%), followed by metrorrhagia (60%) and migraine (50%). However, no statistically significant differences were found between the two study groups in other categories. Еhe presence of concomitant diseases was not a determining factor influencing the need to discontinue dienogest therapy.

**Conclusion**

Endometriosis therapy with dienogest is associated with depressive and anxiety symptoms, as well as with impaired quality of life. In the presence of risks of endometriosis-associated complications, switching to dydrogesterone is recommended, since the presence of only a continuous regimen in dienogest limits its capabilities in terms of overcoming several undesirable effects. Group 2 patients were more likely to have endocrine and neurological diseases, which could possibly have influenced the occurrence of side effects and the need for early discontinuation of dienogest therapy.

**Key words**

Endometriosis, dienogest, dydrogesterone