



Analysis of psychopathological comorbidity behind the common symptoms and signs of endometriosis



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ABSTRACT

Objective: The present study was aimed to investigate quality of life, negative emotions, such as anger, anxiety and depression, and possible psychopathological comorbidity in patients affected by endometriosis.

Study design: We undertook a prospective, cohort study between October 2013 and February 2014. We selected patients with histologically confirmed ovarian endometriosis (Endometriosis Group) and with other benign adnexal diseases (Control Group) who underwent laparoscopic surgery. Participants underwent a psychometric assessment using the following self-report instruments: Symptom Checklist-90-R, State-Trait Anger Expression Inventory-2, Self-Rating Anxiety Scale, Self-Rating Depression Scale, Quality of Life Index.

Results: The Endometriosis Group was formed by 166 patients (mean age: 36 ± 6 yrs) matched with 48 controls (mean age: 38.4 ± 12.8 yrs). Somatization ($p = 0.02$), depression ($p = 0.01$), sensitivity ($p = 0.04$) and phobic anxiety ($p = 0.04$) were higher in Endometriosis Group than in Control Group. Endometriosis Group was further characterized by significantly higher levels of anxiety than Control Group ($p = 0.03$) as assessed by Self-Rating Anxiety Scale. Regarding Quality of Life Index, a significant health decline in Endometriosis Group compared with Control Group ($p = 0.008$) was found.

Conclusion: Higher levels of somatization, depression, sensitivity and anxiety were found in Endometriosis Group compared with Control Group.

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Introduction

Endometriosis is an estrogen-dependent disease defined by the ectopic presence and growth of functional endometrial tissue, glands and stroma, outside the uterine cavity [1]. The etiopathogenesis of endometriosis still remains controversial: immune, hormonal, genetic, and environmental factors may be all involved, and several theories have been proposed to explain it. Accumulating evidence suggests that during postpubertal age, under the influence of different stimuli, these misplaced and quiescent ectopic endometrial cells could acquire new phenotype, biological

functions, and immunogenicity. So, these kinds of cells may differentiate, specializing in epithelium, glands, and stroma to form a functional ectopic endometrial tissue [2]. This may provoke a breakdown in the peritoneal cavity homeostasis, with the consequent processes of immune alteration, documented by peripheral mononuclear cells recruitment and secretion of inflammatory cytokines in early phases and of angiogenic and fibrogenic cytokines in the late stages of the disease [3,4]. Endometriosis most often affects the ovaries (up to 88% of all cases), peritoneal surface, uterine ligaments, fallopian tubes, rectum, and the cervical–vaginal region [5]. According to the most recent data, 2–10% of women of reproductive age are affected by the disease and 50% of women with fertility problems have endometriosis [6]. Endometriosis may cause pelvic pain, abnormal bleeding, infertility/sterility and, consequently, significant emotional distress and even psychopathological symptoms. The impact of endometriosis on mental health and emotional wellbeing was

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Table 1

Frequencies of scores > cut-offs in SCL-90-R subscales and comparison between endometriosis and controls groups.

Psychopathological variables SCL-90-R	Scores > cut-offs		χ^2	p
	Endometriosis	Controls		
Somatization	137 (82.53%)	26 (54.17%)	75	0.02*
Obsessive-compulsive disorder	110 (66.27%)	27 (56.25%)	29.77	0.75
Interpersonal sensitivity	94 (56.63%)	26 (54.17%)	59.77	0.04*
Depression	134 (80.72%)	28 (58.33%)	93.49	0.01*
Anxiety	93 (56.02%)	23 (47.92%)	38.68	0.22
Hostility	65 (39.16%)	12 (25.00%)	31.38	0.25
Phobic anxiety	39 (23.49%)	8 (16.67%)	40.86	0.04*
Paranoid ideation	82 (49.40%)	23 (47.92%)	38.58	0.11
Psychoticism	66 (39.76%)	14 (29.17%)	32.69	0.33

* Identifies the values that showed statistical significance.

investigated in several papers, although a certain heterogeneity in samples and research methodology does not allow to draw firm conclusion on this topic [7]. Quantitative studies evidenced that women with endometriosis reported higher levels of perceived stress compared with controls [8]. As highlighted by Petrelluzzi et al. [9], women with endometriosis and chronic pelvic pain of moderate intensity showed higher perceived levels of stress than controls, and lower quality of life (QoL) relating to mental health. Considering the paucity of published papers on this topic, and the even greater attention that it currently deserves due to lack of clear evidence, the aim of the present study was to investigate the impairment of QoL, negative emotions, such as anger, anxiety and depression, and possible psychopathological comorbidity.

Patients and methods

The present study was a prospective, cohort study conducted at the University Hospital “Gaetano Martino” (Messina, Italy), in collaboration between the Department of Gynecology and Obstetrics and of Neurosciences. The accidental sampling method was used to recruit the participants in the current study. The study was carried out on an open set of patients who voluntarily joined filling in an online questionnaire between October 2013 and February 2014, in collaboration with the Italian Association of Endometriosis (www.endoassoc.it), that advertised the ongoing research. Italian women with histologically confirmed monolateral ovarian endometriosis (Endometriosis Group, EG) and with other benign monolateral adnexal diseases (Control Group, CG) were recruited. All the patients underwent laparoscopic management of the diseases (stripping of ovarian cysts, tubal surgeries), performed by the same surgeon, and the post-surgical specimens were analyzed by the same pathologist. Each patient who participated in this study was well informed regarding the procedures that they would undergo and signed a consent form for data collection for research purposes. During the recruitment period, 166 EG patients (mean age: 36 ± 6 yrs), and 48 CG patients (mean age: 38.4 ± 12.8 yrs) were included in the study.

The study design is in accordance with the Helsinki Declaration, conforms the Committee on Publication Ethics (COPE) guidelines (<http://publicationethics.org/>) and was approved by the Institutional Review Board (IRB) of the university hospital in which it was carried out. All the design, analyses, interpretation of data, drafting and revisions followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies, available through the EQUATOR (Enhancing the QUALity and Transparency Of health Research) network (<http://www.equator-network.org/>).

The online questionnaire investigated socio-demographic and clinical features such as educational level, marital status, number of children, desire for offspring, substance use, presence/absence of dysmenorrhea, presence/absence of dyspareunia, presence/absence

of chronic pelvic pain, presence/absence of vaginal bleeding between periods, delay in diagnosis, presence/absence of gynecological medical treatment before the surgery, presence/absence of previous psychiatric disorders, and use of psychotropic drugs. Moreover, every patient underwent psychodiagnostic assessment with the following self-rating scales: Symptom Checklist-90-R (SCL-90-R) [10], State-Trait Anger Expression Inventory-2 (STAXI-2) [11], Self-Rating Anxiety Scale (SAS) [12], Self-Rating Depression Scale (SDS) [13], Quality of Life Index (QoL) [14]. All the patients completed the online questionnaire within 30 days from the surgery and histological confirmation (the latter usually was ready after 10 days from the surgery).

Data analysis was performed using SPSS (Statistical Product and Service Solutions). The χ^2 test was used to compare differences in categorical and ordinal variables between EG and CG. In addition, we performed descriptive statistical analysis Pearson's correlation test (r) for the variables in patients with endometriosis.

Results

The EG and the CG groups did not show significant differences for age and educational level. As reported in Table 1, SCL-90-R showed significantly higher frequency of somatization ($\chi^2 = 75$; $p = 0.02$), depression ($\chi^2 = 93.49$; $p = 0.01$), sensitivity ($\chi^2 = 59.77$; $p = 0.04$) and phobic anxiety ($\chi^2 = 40.86$; $p = 0.04$) in EG than in CG. Similarly, we evidenced higher frequencies of obsessive-compulsive symptoms ($\chi^2 = 29.77$; $p = 0.75$), anxiety ($\chi^2 = 38.68$; $p = 0.22$), hostility ($\chi^2 = 31.38$; $p = 0.25$), paranoid ideation ($\chi^2 = 38.58$; $p = 0.11$) and psychoticism in EG than in CG, although these tendencies did not reach statistical significance. As shown in Table 2, three main dimensions of anger were analyzed by STAXI-2: state anger, trait

Table 2

Frequencies of scores > cut-offs in STAXI-2, SAS and SDS and comparison between endometriosis and controls groups.

Psychopathological variables	Scores > cut-offs		χ^2	p
	Endometriosis	Controls		
STAXI-2				
State anger	78 (46.99%)	26 (54.17%)	36.83	0.15
Trait anger	57 (34.3%)	16 (33.3%)	32.76	0.24
Expression of anger	51 (30.72%)	17 (35.42%)	9.9	0.99
SAS				
Mild anxiety	77 (46.39%)	14 (29.17%)	–	–
Moderate anxiety	58 (34.94%)	10 (20.83%)	–	–
Severe anxiety	14 (8.43%)	2 (4.17%)	–	–
Total	149 (89.76%)	26 (54.17%)	78.9	0.03*
SDS				
Mild depression	43 (25.90%)	6 (12.50%)	–	–
Moderate depression	46 (27.71%)	6 (12.50%)	–	–
Severe depression	37 (22.29%)	6 (12.50%)	–	–
Total	126 (75.90%)	18 (37.50%)	73.74	0.32

* Identifies the values that showed statistical significance.

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