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Knowledge of, and treatment strategies for, endometriosis among general practitioners


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Moniek van der Zanden studied medicine in Nijmegen, the Netherlands, and graduated in 2007. She is currently a resident in Obstetrics and Gynaecology, with special interest in reproductive medicine. Alongside her residency, Moniek is studying for her PhD at the Radboud University Medical Center. Her research focuses on reducing diagnostic delay in endometriosis.

Abstract Endometriosis is the most common benign gynaecological disorder. The general practitioner (GP) plays an important role in identifying women at early stages of the disease. This study was conducted to acquire information about awareness and knowledge of endometriosis among Dutch GPs, and clinical strategies taken. A total of 101 GPs completed a questionnaire either by email or at a local education meeting. The GPs annually encounter 2.8 women they suspect of having endometriosis. The estimated time to diagnosis was 65.7 months (39.1 months patient delay and 26.6 months doctors delay); 56.7% of GPs primarily refer to a gynaecologist for consultation or diagnostic tests. The GPs answered on average 16.6 out of 28 knowledge questions correctly. Seventy-six out of 87 GPs stated that they needed further education. The results of this study indicate that if a GP considers endometriosis as a diagnosis, adequate action is undertaken. As only limited numbers of women with endometriosis are encountered in their practice, GPs do not recognize immediately the symptoms that may be caused by endometriosis, leading to diagnostic delay. Our findings may help to set up teaching programmes and awareness strategies for first-line medical professionals to enhance timely diagnosis and treatment of endometriosis. 

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KEYWORDS: endometriosis, diagnostic delay, clinical strategies, general practitioners

Introduction

Endometriosis is defined as the presence of functioning endometrial-like tissue outside the uterus, which induces a chronic, inflammatory reaction (Kennedy et al., 2005). It is

a progressive condition affecting women in their reproductive life span. Endometriosis is the most common benign gynaecological disorder, with a reported prevalence of 2-10%, although it is difficult to estimate because laparoscopic visualization, histology, magnetic resonance imaging, or both,

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are required for definite diagnosis (Eskenazi and Warner, 1997). In addition, many women experience only mild symptoms or respond well to treatment and do not receive a full diagnostic work-up.

As endometriosis is a progressive disease, which in many patients deteriorates over time, timely diagnosis and treatment are of major importance. The clinical presentation can be highly variable. Classic symptoms of endometriosis include dysmenorrhoea, cyclic pelvic pain and dyspareunia. A wide variety of symptoms, however, may be presented, with many of them highly prevalent among young women, non-specific and overlapping with other conditions. This leads to difficulties in identifying those at risk for endometriosis, resulting in many women receiving either delayed or suboptimal care (Kennedy et al., 2005; Youngster et al., 2013). A diagnostic delay of up to 10.7 years has been reported, and reflects both a delay in the patient attending primary care and a delay by the GP in reaching a diagnosis (Ballard et al., 2006; Hudelist et al., 2012; Nnoaham et al., 2011; Pugsley and Ballard, 2007).

General practitioners (GPs) and other first-line medical professionals play a pivotal role in identifying patients at an early stage of the disease. To be able to interpret the often cyclic and sometimes aspecific symptoms presented by these women correctly, awareness and knowledge of endometriosis is of major importance. The aim of this study was to explore the level of knowledge of endometriosis among GPs in the Netherlands and to evaluate their diagnostic and treatment strategies. The information gathered in this study will be used to formulate strategies to increase awareness of endometriosis among first-line medical professionals and to develop skills to reduce diagnostic delay.

Materials and methods

Questionnaire

A 51-item questionnaire was developed by AN in cooperation with local GPs, and was tested in a pilot study among 10 GPs (Supplementary Table S1). Ten questions related to the GPs' working practice, e.g. GPs' experience, and number of patients with complaints suggestive of endometriosis according to the GP. Twenty-eight questions tested the actual knowledge of endometriosis, six questions explored diagnostic and treatment strategies and six questions related to GPs' self-assessment of their knowledge of endometriosis and need for education. The remaining questions were miscellaneous. The knowledge questions were multiple choice, and the strategy questions were both open-ended and multiple choice. Answers to the open-ended questions were categorized by MZ. To compose the categories, the answers most alike were clustered. Correction for guessing was applied (website Statistics Netherlands). The final score on knowledge was applied only if at least 90% of questions were completed (26 or more). The questionnaire could not be validated because of the informative nature of the study and because no comparable studies were undertaken previously.

The diagnostic delay represents the time from start of symptoms until diagnosis and comprises the time until first medical consultation at the GP office (patient delay) and the time from first GP consultation to diagnosis. In this study, the

diagnostic delay reflects the GP's interpretation of these time intervals.

Data collection

The study population consisted of GPs located in practices in the region of Arnhem, the Netherlands. GPs were recruited at the beginning of the annual education meeting on gynaecology for GPs at the Rijnstate Hospital in Arnhem, or by email. This referral centre is specialized in the diagnosis and multidisciplinary treatment of endometriosis and is recommended by the Dutch Endometriosis Society, the endometriosis patient interest group. For GPs who answered the questionnaire on both occasions, only the answers given on the first occasion (at the start of the education meeting) were taken into account. This study was considered exempt from institutional review board or ethics committee approval because no individual patient data are involved as indicated by the Central Committee on Research Involving Human Subjects, The Hague (<http://www.ccmo.nl/en/questionnaire-research>).

Analysis

Statistical analysis was carried out using IBM SPSS Statistics version 22.0 (IBM Corp, Armonk, NY, USA). Descriptives, T-Test and Pearson Correlation were used for analysis. Data are presented as mean with standard deviation unless stated otherwise. $P < 0.05$ was considered statistically significant.

Results

All of the 60 GPs at the education meeting completed the questionnaire. A total of 233 GPs were addressed by email, of which 53 responded (22.7%). In total, 101 GPs completed 113 questionnaires. Twelve GPs returned the questionnaire on both occasions, so their second questionnaire was not taken into account. In total, 101 questionnaires remained for analysis. Of these, 87 GPs answered at least 26 knowledge questions, and their scores were included for analysis (see Table 1 for baseline characteristics).

The GPs encounter on average 2.8 ± 2.5 (range 0–20) women per year who they suspect of having endometriosis and 2.1 ± 3.1 (range 0–20) women who think they have endometriosis themselves. According to the GPs, when women come

Table 1 Baseline characteristics of the general practitioners.

Sex	n (%)
Male	29 (28.7)
Female	57 (56.4)
Unknown	15 (14.9)
Full time equivalent	0.70 ± 0.19
Practice experience (years)	14.2 ± 9.7

Mean \pm SD.

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