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Capturing the Impact of Endometriosis on Health-Related QoL: The Role of Patient Questionnaires

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Shulman:

This is CME on ReachMD and I'm Dr. Lee Schulman. It's my great pleasure to introduce my guest today, Dr. Ayman Al-Hendy from the University of Chicago. Ayman, it's great to have you here today.

Dr. Al-Hendy:

It's great to be here, Lee.

Dr. Shulman:

Let's begin, Ayman. Can you discuss for us the value of patient questionnaires in the diagnosis of endometriosis?

Dr. Al-Hendy:

Yeah, absolutely. There are several endometriosis-related questionnaires out there validated of high value in both clinical research and also in regular clinical practice. If you look at the Bourdel and colleagues systematic review from 2019 about the quality of life questionnaires, they really did a good job summarizing most of the different tools out there. I would like to highlight 2 specific ones: the SF-36, SF means short form, 36, which basically have 36 questions; and the EHP-30, Endometriosis Health Profile 30, because, again, it has 30 items. There are several others, also reasonable, highly validated tools, but I would say those 2 are the most important tools out there.

And now I would like to go through those in some details. So both SF-36 and EHP-30 appears to be well balanced in terms of strength and weakness. They are very reliable tools, highly validated in multiple studies, precise, and sensitive to the change in the patient's clinical profile. And also available in the frequently spoken language, so they're easy to use and administer. Keep in mind, these questionnaires will be completed by the patients, so they are self-administered tools.

So let's start with the SF-36. As I said, SF means Short Form-36. It has 36 items. Thirty-five of those really cover all the common questions we think about when we think of endometriosis, things like physical functioning, roles and limitation related to physical pain, bodily pain in general, general body pain, general health perception, vitality, social functioning, limitation related to mental health, and also other questions related to mental health. They are easy to use, easy to score, and again, can be self-administered by the patient herself. There's a very strong use of this questionnaire in endometriosis, both in clinical research and also in clinical practice, and we'll come back to that.

Now, if we go to the other questionnaire that I mentioned earlier, the EHP-30, Endometriosis Health Profile-30, this one has been developed specifically for endometriosis. And this particular one, actually, I like to use in most of my clinical research. There's several categories.

It's a 5-scale category, so from 1 to 5 the patient needs to judge her symptom on a scale from 1 to 5, and it covers different categories all relevant to endometriosis. Things like pain, control and sense of powerlessness, social support, emotional well-being, self-image. And it has many strengths. It's very reliable and thoroughly validated, especially for the disease of endometriosis and the research related to endometriosis.

It's also recommended by the 2 main societies in this space, the ASRM, the American Society for Reproductive Medicine, and ESHRE, the European Society of Human Reproduction and Embryology. And it's validated in many countries and available in different languages, so it's a very reliable and versatile tool.

And it really has probably no weaknesses.

Dr. Shulman:

Ayman, you are well known to our audience as being incredibly well published in this area, and the value of the questionnaires for your research and the research of others is unquestioned. It essentially provides you with inclusion and exclusion criteria for your studies. But speak a little bit on how the clinician in a busy women's healthcare practice can incorporate these questionnaires into their care of their patients.

Dr. Al-Hendy:

Absolutely. I agree with you, Lee. These are very good clinical research tools. When we do studies, let's say, globally in different countries, we want to make sure – with diverse populations, we want to make sure we are comparing apples to apples and orange to oranges. But I also strongly believe these can be very good tools in regular daily clinical practice, especially in clinics that see a large volume of patients with pelvic pain and potentially endometriosis. Because right away, while the patient is in the waiting room, or even before they arrive to the clinic, they can self-administer these questionnaires and right away identify the most important symptoms and issues that bother them, that affect their daily life. So once they go into the room and the direct encounter with their healthcare provider, the healthcare provider can identify right away what's the most important issues and symptoms for the patient, and then the encounter can focus on this and get the patient where she needs to be.

Dr. Shulman:

Ayman, this has been a great discussion. I can't thank you enough for being here with us today.

Dr. Al-Hendy:

Thank you.

Dr. Shulman:

We hope this discussion has provided insight into the use of patient questionnaires in the diagnostic and therapeutic management of women with endometriosis. Our time is up, unfortunately, and I want to thank all of you for being with us here today.

Announcer:

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