Advance Journal of Pharmaceutical Research & Review
Volume 2, Issue 5, May 2025, PP: 29-38, ISSN No: 3048-491X

A Non-Interventional Clinical Study on the Impact of Endometriosis on the Menstrual Cycle

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Date of Submission: 10-05-2025 Date of Acceptance: 21-05-2025

1.Introduction:

A woman's uterus is lined with endometrial tissue. This lining is called the endometrium. Your body grows a new endometrium with each menstrual cycle to prepare for a fertilized egg. Endometriosis is a condition in which endometrial tissue grows outside the uterus.[1]

What is endometriosis?

Endometriosis affects up to 10% of women between the ages of 15 and 44. It most often occurs on or around reproductive organs in the pelvis or abdomen, including:

- Fallopian tubes
- Ligaments around the uterus (uterosacral ligaments)
- Lining of the pelvic cavity
- Ovaries
- Outside surface of the uterus
- Space between the uterus and the rectum or bladder

More rarely, it can also grow on and around the:

- Bladder
- Cervix
- Intestines
- Rectum
- Stomach (abdomen)
- Vagina or vulva

Endometrial tissue growing in these areas does not shed during a menstrual cycle like healthy endometrial tissue inside the uterus does. The buildup of abnormal tissue outside the uterus can lead to inflammation, scarring and painful cysts. It can also lead to buildup of fibrous tissues between reproductive organs that causes them to "stick" together.[1]

The symptoms of endometriosis vary. Some people experience mild symptoms, but others can have moderate to severe symptoms.[2]

The severity of your pain does not indicate the degree or stage of the condition. You may have a mild form of the disease yet experience agonizing pain. It's also possible to have a severe form and have very little discomfort.[2]

Endometriosis is a complex disease that affects a large number of women worldwide and may cause pain and infertility.

To systematically review published studies evaluating the relationship between menstrual cycle length and risk of endometriosis.[3]

2.Aim:

The aim of the non-interventional clinical study on the impact of endometriosis on the menstrual cycle is to Investigate the effects of endometriosis on the menstrual cycle, including cycle length, flow, pain, Assess the severity and frequency of menstrual-related pain (dysmenorrhea) and other symptoms (e.g., bloating, fatigue, emotional changes).

Provide insights into the natural course of the disease and its impact on the reproductive and overall health of women living with endometriosis.

Ultimately, the study seeks to increase understanding of how endometriosis affects menstruation, which can lead to improved clinical management and support for women with this condition.

3.Objective:

To investigate the impact of endometriosis on the menstrual cycle, including the length, flow, and symptoms associated with menstruation.

To understand how endometriosis influences factors like pain, bleeding, ovulation, and overall cycle regularity.

4.Methodology:

4.1.Study Design:

Observational Study: Participants will be observed over a specified period, typically several menstrual cycles, with no medical intervention or treatment.

Cohort Design: Participants with endometriosis will be compared to a control group without endometriosis to identify significant differences in menstrual cycle characteristics.

4.2. Eligibility Criteria:

Inclusion Criteria:

- Women diagnosed with endometriosis (by

and other associated symptoms, in order to better understand the natural progression of the disease and its impact on menstrual health without any medical intervention."

This study aims to:

Characterize menstrual cycle disturbances in women with endometriosis.

Compare menstrual cycle parameters (such as cycle length, menstrual flow, and associated symptoms) between women with endometriosis and healthy controls.

Any changes in the emotional or psychological well-being (e.g., mood swings, depression) associated with the menstrual cycle.

The occurrence of other related symptoms like fatigue, gastrointestinal issues, or urinary symptoms.

5.Statistical Analysis:

Descriptive statistics will summarize the data (e.g., mean, median, range, and standard deviation for cycle length and symptoms).

Regression analysis may be used to evaluate the association between endometriosis severity (e.g., stage of disease) and menstrual cycle characteristics.

6.Ethical Considerations:

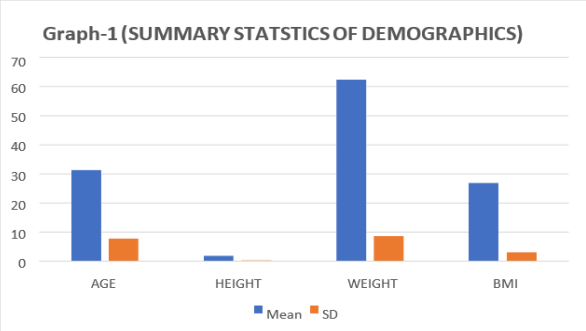
Informed consent must be obtained from all participants.

The study must be conducted in compliance with ethical guidelines and approved by an Institutional Review Board (IRB).

Confidentiality and privacy of participant data must be maintained at all times.[5]

7.Results:

TABLE-1SUMMARYSTATSTICSOFDEMOGRAPHICS



S.no	Parameter	Mean±SD
1	Age	31.15±7.68
2	Height	1.66 ±0.04
3	Weight	62.23±8.67
4	BMI	26.70±2.94

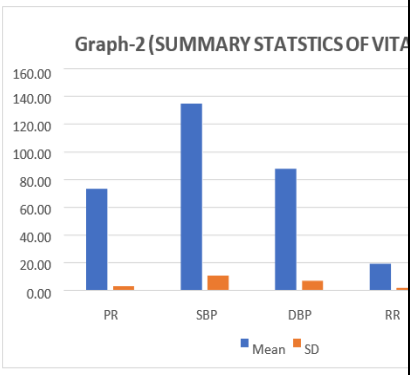
From Table 1 it as evident that the average age of participants is 31.15 years, with a standard deviation (SD) of 7.68 years, indicating a relatively young sample with some variability in age. Height: Theaverageheightis1.66meters,withanSDof0.04meters,showingminimal variation in height among the participants. Weight: The average weight is 62.23 kilograms, with an SD of 8.67 kilograms, suggesting some

laparoscopy or imaging).

- Women of reproductive age (usually between 18-45 years old).
- Women who have regular or irregular menstrual cycles.

Exclusion Criteria:

- Women with other significant gynaecological disorders.



- Women currently undergoing hormonal treatments or interventions that may affect menstrual cycles.
- Pregnant or breastfeeding women.

Data Collection Methods Using endometriosis impact Questionnaires Assessment of Endometriosis Impact Questionnaires

Pain Assessment: Participants will complete a daily pain diary, using a standardized scale (e.g., Visual Analog Scale or Numeric Rating Scale) to assess the severity of menstrual pain, dysmenorrhea, and any pain outside of menstruation (due to endometriosis).[4]

4.3.Outcome Measures:

4.3.1.Primary Outcome: The difference in the length, regularity, and flow of the menstrual cycle between women with and without endometriosis.

4.3.2.Secondary Outcomes:

The intensity and frequency of menstrual pain or discomfort.[6]

variation in body weight within the group. The average Body Mass Index (BMI) is 26.70 kg/m², with an SD of 2.94, indicating that the group is on average slightly overweight (as BMI values between 25 and 29.9 are classified as overweight).Thisdemographicprofileprovidesanoverviewofthephysicalcharacteristicsofthesample,highlighting moderate weight and BMI variability.

TABLE-2SUMMARYSTATSTICSOFVITALSIGNS

S.no	Parameter	Mean±SD
1	PulseRate	73.11±2.67
2	SBP	134.63±10.55
3	DBP	87.50±6.84
4	RespiratoryRate	18.85±1.62
5	BodyTemperature	97.81±1.11

Pulse Rate: The average pulse rate is 73.11 beats per minute, with a standard deviation (SD) of 2.67, indicating a relatively stable pulse rate among participants.

Systolic Blood Pressure (SBP): The average systolic blood pressure is 134.63 mmHg, with an SD of 10.55, suggesting a moderately elevated SBP that may require further attention, as normal SBP is typically under 120 mmHg.

Diastolic Blood Pressure (DBP): The average diastolic blood pressure is 87.50 mmHg, with an SD of 6.84, indicating a borderline high diastolic pressure, as normalDBP is generally below 80 mmHg.

Respiratory Rate: The average respiratory rate is 18.85 breaths per minute, with an SD of 1.62, which is within the normal adult range (12-20 breaths per minute), showing no significant respiratory distress.

Body Temperature: The average body temperature is 97.81°F, with an SD of 1.11°F, which is within the typical range for normal body temperature (97-99°F), showing no signs of fever or hypothermia.

In summary, the vital signs of the group indicate a mix of normal respiratory rate and body temperature, but slightly elevated blood pressure values (SBP and DBP) that might need further monitoring or intervention.

TABLE-3SUMMARYSTATSTICSOFENDOMETRIOSISIMPACTQUESTIONNARIES

DIMENSION-1				
	0	1	2	3
Parameter	None	Mild	Moderate	Severe

PeriodPain	40%	40%	18%	2%
Difficulttocaremychild	27%	41%	32%	0%
Ihadheavybleedingwithperiods.	1%	9%	69%	21%
Ihadirregularspottingorbleedingbetweenmyperiods.	0%	66%	34%	0%
Ifelttiredmorethanusual.	16%	54%	30%	0%
Ispenttimeinbedorlyingdownduetopain(e.g.periodorpelvicpain).	12%	43%	45%	0%
Ihadtroublesleeping.	45%	51%	4%	0%
I feltthatmyenergylevelshavedecreased.	4%	59%	37%	0%
Ihaddifficultiescarryingoutnormaldailyactivities(e.g.,shopping,driving).	29%	51%	20%	0%
Ihadtodecreasemyinvolvementinexerciseorsport.	71%	29%	0%	0%
Iwasbotheredphysicallybythesideeffectsofmedicalorsurgicaltreatments.	39%	59%	2%	0%
Iwasconcernedaboutweight gain(e.g.,duetolessactivitycausedbypainorasa sideeffect oftreatment).	8%	34%	49%	9%
Ithoughtabouthavingahysterectomytotreatmysymptoms.	48%	51%	1%	0%
Ifeltdepressed.	39%	49%	12%	0%
Ifeltuncertainbecauseoftheunpredictablenatureofendometriosisandits symptoms.	13%	56%	31%	0%
Ifeltuncertainabouttheeffectivenessofmytreatment/s.	45%	49%	6%	0%
Iexperiencedmoodswings(duetomysymptoms/painortreatmentsideeffect).	0%	40%	60%	0%
IfeltnobodyunderstandshowIfeel.	0%	54%	46%	0%
I feltlessself-confident.	0%	49%	51%	0%
Iwasunhappyaboutmyappearance(e.g.duetoweightgain,surgeryscar/s).	30%	35%	35%	0%
Ifeltmyidentityhasbeendisruptedasawoman,partner,motheretc.	51%	49%	0%	0%
I felt embarrassed (e.g. symptoms at work place, school, explaining to employers, colleagues or teachers).	51%	49%	0%	0%
Ifeltjealous(e.g.ofotherswhohavenopainorhavehadchildrenorpainfreesex).	48%	52%	0%	0%
Ifeltworriedthatmysymptomswillgetworse.	6%	48%	46%	0%
Iwasworriedabouttheeffectofendometriosisonmyfutureplans.	11%	46%	43%	0%
Ifeltannoyedaboutthe numberofpainkillersIhavehadtotake.	1%	43%	56%	0%
Ihadfeelingsofdefeatorhopelessness(e.g.not beingabletodealwiththisdisease anymore).	0%	41%	59%	0%
Iwasconcernedaboutoveruseoraccidentalofpainkillers.	0%	49%	51%	0%
IwasnotabletocontrolmylifeasIwouldlike.	31%	33%	36%	0%
Ireducedparticipationinsocialeventslikeattendingpartiesorgoingoutwithmy friends.	1%	39%	60%	0%
Idecreasedmyleisureactivities(likehobbiesorgoingonholidays).	0%	49%	51%	0%
Ihadproblemswithmyrelationshipswithotherpeople(e.g.,becauseofmymood swingsorpain).	34%	32%	34%	0%
Ifeltisolated.	50%	48%	2%	0%

DIMENSION-2				
Parameter	**0**	**1**	**2**	**3**
	None	**Mild**	**Moderate**	**Severe**
I hadpainduringoraftersexualactivity.	70%	30%	0%	0%
Ihadbleedingorspottingduringoraftersexualactivity.	100%	0%	0%	0%
Iavoidedsexualactivity.	95%	5%	0%	0%
Iexperiencedstraininmyrelationshipwithmypartner/s.	100%	0%	0%	0%
Iwas notabletomaintainlongtermrelationshipswithmypartner/s.	100%	0%	0%	0%
Iwasnotsatisfiedwithmysexlife.	100%	0%	0%	0%
Ihadthoughtsaboutbeingsingleduetosexualdifficulties(e.g.painorbleeding)or fertilityissues.	100%	0%	0%	0%
DIMENSION-3				
Parameter	**0**	**1**	**2**	**3**
	None	**Mild**	**Moderate**	**Severe**
Ifounditdifficulttobecomepregnant.	41%	39%	20%	0%
Iwasworriedaboutmyfertility.	37%	39%	24%	0%
Ihadregretsaboutnotbeingabletohaveachild/morechild.	12%	51%	37%	0%
DIMENSION-4				
Parameter	**0**	**1**	**2**	**3**
	None	**Mild**	**Moderate**	**Severe**
Ihaddifficultypursuingmypreferredcareer.	0%	56%	44%	0%
I experiencedlimitationsinwhat Icandoatwork.	45%	36%	19%	0%
Ireducedmyworkinghours.	5%	63%	32%	0%
.Itooktimeoffwork.	0%	59%	41%	0%
Iexperienceddifficultyconcentratingorfocusingonmywork.	0%	65%	35%	0%
IthinkthatImissedoutonjobpromotions.	0%	58%	42%	0%
Iwasafraidoflosingmyjob.	0%	65%	35%	0%
Ihadtochangeorgiveupmyjob.	32%	45%	23%	0%
Ihadareductioninmyincome.	47%	42%	11%	0%
IfeltthatIwasunabletoreachmycareergoals.	45%	40%	15%	0%
Iexperiencedfinancialhardship(duetothecostofdiagnosisor treatmentmedications,surgery,infertilityorlostjobopportunities).	0%	59%	41%	0%
DIMENSION-5				
Parameter	**0**	**1**	**2**	**3**
	None	**Mild**	**Moderate**	**Severe**
Itooktimeoffschool/studies.	100%	0%	0%	0%
Iexperienceddifficultyconcentratingorfocusingonmystudies.	100%	0%	0%	0%
Ididnotcompletemystudyrequirementsontime.	100%	0%	0%	0%
Imissedschool/universityexams.	100%	0%	0%	0%
Ineededmoretimetocompleteschooling/studies(e.g.extensions,re- enrolment).	100%	0%	0%	0%
I feltthatIwasunabletoreachmyeducationgoals.	100%	0%	0%	0%
DIMENSION-6				
Parameter	**0**	**1**	**2**	**3**
	None	**Mild**	**Moderate**	**Severe**
Iconsumedalcoholtohelpmecope(e.g.withmysymptomsor feelings).	100%	0%	0%	0%
Ismokedcigarettes(tobacco)tohelpmecope(e.g.withmysymptoms orfeelings).	100%	0%	0%	0%
Iusedotherillicitsubstancesordrugstohelpmecope (e.g.,withmy symptomsorfeelings).	100%	0%	0%	0%

8.Discussion

The demographic data reveals that the average age of participants is 31.15 years, with a standard deviation of 7.68 years. This suggests a relatively young sample, though there is some variability in age, which may reflect a diverse range of individuals within the group. The relatively narrow age range could influence the generalizability of findings, particularly if the study aims to represent a broader population with varying age groups.

In terms of physical characteristics, the average height is 1.66 meters with minimal variation, as indicated by the small standard deviation of 0.04 meters. This suggests that the participants' heights are fairly consistent, which might be important for studies related to body size or health metrics that rely on height as a factor.

Regarding weight, the average is 62.23 kilograms, with an SD of 8.67 kilograms. This variation in weight indicates that while the group is relatively similar in terms of weight, there is enough diversity to warrant consideration of body mass as a variable in health studies. Furthermore, the average BMI of 26.70 kg/m² places the group in the "overweight" category, with a standard deviation of 2.94. This suggests that while most participants fall into this category, some may be closer to the "normal" weight range, while others may fall into the "obese" range. This moderate BMI variability highlights the importance of considering BMI in relation to health outcomes, as it may influence cardiovascular and metabolic health.

Turning to the vital signs, the average pulse rate of 73.11 beats per minute, with a standard deviation of 2.67, shows relatively stable cardiovascular function among the participants. This is consistent with a healthy, young population, as significant fluctuations in pulse rate would generally be associated with health concerns. However, the systolic blood pressure (SBP) average of 134.63 mmHg, with a standard deviation of 10.55, suggests that the group, on average, has a moderately elevated blood pressure. Normal SBP is typically below 120 mmHg, so this result indicates that participants may be at

period pain, the majority of patients reported experiencing mild pain, with only a small percentage reporting moderate or severe pain. This suggests that while period pain is a common symptom, it is generally manageable for most patients.

Regarding the impact on child care, most patients reported mild to no impact, with only a minority reporting a moderate impact. This indicates that while endometriosis can affect a patient's ability to care for children, the impact is not severe for most individuals.

When looking at the impact of heavy bleeding, a significant portion (69%) of patients experienced moderate impact, with 21% reporting severe impact. This highlights the substantial effect that heavy bleeding can have on daily life for those living with endometriosis.

Similarly, irregular spotting or bleeding between periods was reported to have a mild to moderate impact, but no patients indicated a severe impact. This aligns with the trend observed in other symptoms, where most patients reported a mild to moderate level of impact.

Another key symptom, fatigue, also showed a mild to moderate impact for most patients, with only a small percentage reporting severe effect. Interestingly, time spent lying down due to pain was more likely to have a moderate impact on daily activities, with nearly half of the patients experiencing this.

Sleep disturbances and energy levels were also affected, with the majority of patients reporting mild impacts, though some experienced moderate effects, especially in terms of energy levels.

On the emotional and psychological side, patients reported a variety of impacts, with feelings of depression and uncertainty causing mild to moderate disruptions in their lives. The impact on mood swings, feelings of being misunderstood, and concerns about self-confidence were generally moderate, suggesting that endometriosis affects patients' mental health and self-image to a significant extent.

Concerns about weight gain, a common issue with treatments, had a moderate impact on almost half of the patients. Interestingly, most patients reported only mild impacts from considering a hysterectomy, highlighting a level of emotional and physical acceptance of the disease management process.

Finally, the sense of identity and feelings of embarrassment or jealousy had a relatively low impact on the majority of patients, with most reporting no significant effects on their sense of identity or self-worth.

A significant portion of patients (43%) expressed moderate

risk for hypertension, a condition that requires monitoring to prevent further health complications. Similarly, the average diastolic blood pressure (DBP) of 87.50 mmHg, with a standard deviation of 6.84, is also above the normal range of less than 80 mmHg, suggesting that some participants might be at risk for cardiovascular disease. Both elevated SBP and DBP highlight the need for ongoing monitoring or intervention, particularly as these readings could indicate pre-hypertension or early-stage hypertension.

The respiratory rate and body temperature are within normal ranges, with an average of 18.85 breaths per minute (SD = 1.62) and a body temperature of 97.81°F (SD = 1.11°F), respectively. These values indicate no signs of respiratory distress or fever, suggesting that participants are generally in good health from a respiratory and thermal regulation standpoint.

In conclusion, the data suggests that while most participants exhibit normal respiratory and temperature readings, there are notable concerns regarding elevated blood pressure, particularly systolic and diastolic readings. These findings point to the importance of further monitoring or possible intervention to manage blood pressure levels and reduce the risk of cardiovascular complications in this population.

The study of 80 patients diagnosed with endometriosis provides valuable insights into the impact of the condition on various aspects of their lives. One notable finding is that, in terms of

contribute to the emotional burden of the condition. Interestingly, only 1% of patients reported no impact, highlighting that pain management is a central challenge for most.

Endometriosis can lead to feelings of defeat or hopelessness, with 59% of patients experiencing moderate impact and 41% reporting mild impact. These emotional responses may stem from the chronic nature of the condition, which often requires long-term management and can limit a patient's ability to feel in control of their life. Additionally, 36% of patients reported a moderate impact on their ability to control life as they would like, further emphasizing the struggles many patients face in maintaining autonomy.

The impact of endometriosis on social events and leisure activities was also notable, with 60% reporting moderate impact on attending social events and 51% experiencing a moderate impact on leisure activities. This concerns about the effect of endometriosis on their future plans, with another 46% reporting a mild impact. This shows that future uncertainty related to the condition is acommon concern, although only a small percentage **(11%)**reported no impact. This indicates that while some patients may feel confident in managing their condition, many are concerned about its long-term effects on their lives.

Annoyance from the necessity of taking painkillers was notably high, with 56% of patients reporting moderate impact and 43% indicating mild impact. This suggests that while pain relief is essential formanaging endometriosis, the regular use of medication can lead to frustration and

regret, indicating that while the issue is emotionally significant for many, it does not necessarily lead to extreme distress.

Endometriosis significantly influenced patients' professional lives, but the extent of the impact varied. Regarding pursuing their preferred career, 56% of patients reported mild impact, while 44% reported moderate impact, suggesting that many patients face challenges in career advancement due to their condition. Work limitations were experienced by a smaller proportion, with 45% reporting no limitations, 36% experiencing mild limitations, and 19% facing moderate limitations. This suggests that while endometriosis affects work performance, many patients are still able to maintain their professional roles without significant barriers.

The impact on working hours was considerable, with 63% of patients reporting mild reductions in working hours and 32% reporting moderate reductions. Similarly, 59% took mild time off work, and 41% experienced moderate time off, suggesting that the physical and emotional toll of endometriosis often requires patients to adjust their work schedules. Concentration difficulties at work were also common, with 65% of patients reporting mild difficulty and 35% experiencing moderate challenges. Moreover, job promotion opportunities and job security were moderately impacted for many patients, with 58% and 65% reporting mild difficulties, respectively.

Financial hardships were also significant for patients with endometriosis, with 59% reporting mild financial impact and 41% reporting moderate impact. This reflects the broader economic burden of managing a chronic condition, which may involve medical expenses, lost income, or reduced work hours. Regarding career goal achievement, 45% of patients reported no impact, while 40% experienced mild challenges, and 15% reported moderate difficulty. This shows that while endometriosis affects long-term career plans for some individuals, many are still able to progress with their goals despite the obstacles.

In terms of education, it was noteworthy that all participants reported no impact on taking time off from school or university, indicating that endometriosis may not significantly affect educational pursuits for this group. Moreover, 100% of participants indicated no issues with concentration, completing study requirements on time, or missing exams. This finding suggests that, in this sample,

suggests that, despite the desire to participate in social interactions, the physical and emotional toll ofthe condition can limit social engagement. However, the impact on relationships with others was more mixed, with an equal number of patients (34%) reporting no and moderate impact. This indicates that while some patients may maintain strong relationships, others experience challenges in their social interactions due to the disease.

Interestingly, feelings of isolation were less common, as 50% of patients reported no impact from isolation. This suggests that many patients with endometriosis do not feel isolated despite the physical and emotional challenges of the condition.

The findings regarding sexual health were particularly revealing. The vast majority of patients (70%) reported no impact during or after sexual activity, and all patients reported no impact from bleeding or spotting during or after sexual activity. This is significant because it shows that, despite the physical discomforts associated with endometriosis, sexual activity does not appear to be as heavily impacted as other aspects of daily life. Furthermore, there were no reports of strain in relationships with partners or difficulty maintaining long-term relationships, indicating that patients may not experience significant disruptions in their intimate relationships due to endometriosis.

The issue of fertility was another key concern, with 41% of patients reporting no impact regarding difficulty in becoming pregnant, while 39% reported mild impact. However, 20% experienced moderate impact in this area, highlighting that while many patients are not severely affected, a considerable number face challenges related to fertility due to endometriosis. Despite this, no patients reported severe impact, suggesting that most individuals with endometriosis are able to manage or cope with reproductive difficulties.

Concerns regarding fertility were prevalent among participants, with 37% reporting no impact and 39% experiencing mild concerns, while 24% reported moderate worries. No participants reported severe concerns. This finding suggests that while fertility remains a concern for many, it does not cause an overwhelming or severe impact on most patients. Regret about not being able to have a child or more children was also notable, with the majority (51%) experiencing mild regret and 37% reporting moderate regret. endometriosis did not interfere significantly with academic performance, possibly reflecting either the patients' ability to manage their condition or the study setting.

Interestingly, no participants reported using alcohol, cigarettes, or illicit substances to cope with their symptoms or feelings. This finding suggests that patients with endometriosis, in this sample, did not rely on these substances as a means of managing their emotional or physical distress, which contrasts with findings from other chronic conditions where substance use is a common coping mechanism.

Regarding sexual health, 70% of participants reported no pain during or after sexual activity, and 30% experienced mild pain, showing that sexual health can be relatively unaffected for some patients. Additionally, 100% of participants reported no bleeding during or after sexual

10.References:

https://www.hopkinsmedicine.org/health/conditions-and-diseases/endometriosis [1]
https://www.healthline.com/health/endometriosis#What-is-endometriosis [2]
https://pmc.ncbi.nlm.nih.gov/articles/PMC4782879/[3]
https://www.physio-pedia.com/Visual_Analogue_Scale[4]
https://www.who.int/groups/research-ethics-reviewcommittee/
guidelines-on-submitting-research-proposals-for-ethics review/
templates-for-informed-consent-forms [5]
https://sogc.org/common/Uploaded%20files/EIQTool_EN.pdf[6]
https://www.investopedia.com/terms/d/descriptive_statistics.asp[7]

Interestingly, only 12% reported no regret, which may reflect the emotional burden of fertility challenges. Again, no participants experienced severe activity. The impact on relationships also appeared to be minimal, with no reported strain in relationships, and no difficulty maintaining long-term relationships. These findings suggest that while endometriosis can have some impact on sexual function, it does not necessarily disrupt intimate relationships or the ability to maintain healthy partnerships.

9.Conclusion:

This study highlights the wide-ranging impact of endometriosis on the lives of affected individuals, revealing both physical and emotional challenges. While a significant portion of the participants reported mild to moderate effects from various symptoms, there were areas where endometriosis did not severely disrupt their daily routines, career aspirations, or personal relationships.

The data show that period pain, fertility concerns, and the emotional toll of the condition are key aspects of endometriosis, though most patients experienced only mild to moderate impact. The impact on fertility, in particular, was not overwhelming for most, as many patients reported either no impact or mild concerns. Regrets about not having children were also felt by some, but they did not result in extreme emotional distress for the majority.

From a professional perspective, endometriosis affected the ability to pursue careers and engage in work, with many patients reporting mild to moderate limitations. However, most participants managed to maintain their job responsibilities, even if some adjustments were necessary, such as reduced working hours or taking time off. Financially, the condition added a mild to moderate burden on a significant portion of patients, underlining the broader economic challenges of managing a chronic illness.

Interestingly, in terms of education, the participants in this study did not report significant interference with their academic pursuits, with no issues related to taking time off, focusing, or completing study requirements. Additionally, the use of substances like alcohol, tobacco, or illicit drugs as coping mechanisms was notably absent in this group, suggesting that the patients in this study might have utilized other forms of support or coping strategies.

Despite these challenges, most patients did

not report significant strain in their relationships or issues with sexual health. The majority of patients reported no pain during or after sexual activity, and all indicated no impact from bleeding or spotting during sexual activity, which is promising for maintaining healthy intimate relationships. Overall, this study provides valuable insights into the diverse ways in which endometriosis affects individuals. While there is no one-size-fits-all experience, the findings emphasize the importance of managing both the physical symptoms and emotional burden associated with the condition. Tailored interventions, including pain management, psychological support, and workplace accommodations, are critical in helping individuals with endometriosis lead fulfilling lives despite the challenges posed by this chronic condition.	