DEPRESSION IMPAIRS THE IMPROVEMENT OF PAIN SYMPTOMS CAUSED BY NORETHISTERONE ACETATE IN WOMEN WITH RECTOVAGINAL ENDOMETRIOSIS

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OBJECTIVE: To evaluate the efficacy of norethisterone acetate (NETA) in treating pain symptoms caused by rectovaginal endometriosis in depressed patients (group D) and in non-depressed controls (group N).

DESIGN: Open-label assessor-blinded prospective comparative study.

MATERIALS AND METHODS: The study included women of reproductive age with ultrasonographic diagnosis of rectovaginal endometriosis who were treated with NETA (2.5 mg/day) for 12 months. Patients completed the Beck Depression Inventory (BDI) before starting the treatment; on the basis of the results of BDI, they were divided in group N (BDI score < 17) or in group D (BDI score > 17). The volume of the rectovaginal nodules was determined by virtual organ computer-aided analysis (VOCAL). The Endometriosis Health Profile-30 (EHP-30) questionnaire was used to assess QoL. The first aim of the study was to evaluate the satisfaction of patients in the two study groups at the end of the treatment. The second aim was to evaluate changes in pain symptoms and QoL between the study groups.

RESULTS: Forty-seven women with rectovaginal endometriosis were enrolled in the study. At the end of treatment, there was a similar reduction in volume of the nodule in the two groups but there was a higher percentage of satisfied patients in group N (72.0%) than in group D (40.0%; p=0.042). At baseline, the intensity of non-menstrual pelvic pain, dyschezia, deep dyspareunia and dysmenorrhea was similar in the two study groups. At the end of treatment, the intensity of deep dyspareunia, dyschezia and non-menstrual pelvic pain was higher in group D than in group N (p=0.002, p=0.015 and p=0.041). The EHP-30 scores were comparable between the two study groups before the treatment, but at the end of treatment they were significantly lower in group N than in group D.

CONCLUSION: Depressed women with rectovaginal endometriosis treated with NETA have a lower improvement of pain symptoms and QoL compared to non-depressed patients. Further studies should evaluate whether psychological support improve the effectiveness of hormonal therapy in women with endometriosis.