Knowledge and treatment strategies on endometriosis in Dutch General Practitioners

Moniek van der Zanden, Xander Staal, Annemiek Nap

Department of Obstetrics and Gynaecology. Rijnstate Hospital, Arnhem, The Netherlands
Disclosure

No conflicts of interest
Questionnaire

51 questions

• Practice information
• Knowledge
• Clinical strategies
• Own appreciation of knowledge and need for education
Years of working experience

- < 5 years
- 5-10 years
- > 10 years
- Unknown
Symptoms that triggers GP to suspect endometriosis (%)

- Cyclic symptoms: 41.1%
- Dysmenorrhea: 11.6%
- Abdominal pain: 13.7%
- Dyspareunia: 5.5%
- Aspecific abdominal complaints: 3.4%
- Abnormal bleeding pattern: 3.4%
- Cyclic urinary/defecation symptoms: 5.5%
- Subfertility: 6.8%
- Other: 5.5%
First action when GP suspects endometriosis (%)

- Refer to gynaecologist: 44.3%
- Start treatment: 30.9%
- Refer for diagnostic test: 12.4%
- Await natural course: 6.2%
- Lifestyle advise: 1.0%
- Other strategy: 0.1%
Number of patients
GP scores on knowledge questions

Error Bars: 95% CI
Conclusions

- GPs base their suspicion of endometriosis on the correct complaints and initiate adequate actions.

- However, many women who present with symptoms of endometriosis are not recognized as such by their GP.

- Efforts should be taken to increase awareness concerning endometriosis in first line medical professionals in order to reduce unnecessary delay in diagnosis and treatment.