

ADHERENCE TO MEDITERRANEAN DIET AND CLINICAL SYMPTOMS IN PATIENTS WITH DEEP ENDOMETRIOSIS

Quintas-Marquès L, Martínez-Zamora MA, Camacho M, Gracia M, Rius M, Ros C, Carrión A, Carmona F
Department of Gynaecology. Endometriosis Unit. Hospital Clínic. University of Barcelona. Barcelona. Spain

INTRODUCTION

Endometriosis is a gynecological hormone-dependent and chronic inflammatory disease defined by the presence of endometrium glands outside the uterine cavity. It is a leading cause of pain and infertility among women and can severely affect quality of life. The symptoms differ from patients including dysmenorrhea and chronic pelvic pain. Gastrointestinal symptoms are also often reported. The exact pathogenesis is unknown but it is thought that genetic, hormonal, environmental and immunological factors influence the development of this disease. There is scientific evidence that diet plays a role in the development of numerous chronic diseases.

The dietary pattern described in the Mediterranean diet is characterized by a diet rich in vegetables, fruits, legumes, cereals, nuts and olive oil and it is widely accepted for its positive effects on human health. Mediterranean diet has several beneficial effects on health, but data regarding the relationship between Mediterranean diet and clinical manifestations of deep endometriosis (DE) has not been completely investigated.

The aim of this study was to describe and compare dietary patterns and the adherence to the Mediterranean diet among patients with DE and healthy controls and to examine the correlation between diet and endometriosis-associated pain and gastrointestinal symptoms.

MATERIALS, PATIENTS AND METHODS

We performed a comparative cross-sectional study at a tertiary hospital referral center from June 2020 to June 2021 in women with DE and healthy controls. DE was diagnosed by transvaginal ultrasound exam. The study variables were sociodemographic and endometriosis-associated pain and gastrointestinal symptoms were reported. Adherence to the Mediterranean diet was assessed through the PREDIMED questionnaire, with higher scores indicating greater adherence.

CONCLUSIONS

The present study shows that DE patients have a worse adherence to the Mediterranean dietary pattern than healthy patients. Further research is needed to investigate if a nutritional approach that adopts the Mediterranean diet or involves a good diet quality pattern can help alleviate the endometriosis-associated pain and gastrointestinal symptoms among patients with deep endometriosis.

RESULTS	DE group (n=280)	C group (n=92)	p-Value
Age, years, mean (SD)	37,87 +- 6,152	36,26+-7,44	0,05
BMI, Kg/m², mean (SD)	24,78 +- 4,48	23,79 +- 3,8	0,057
Pain intensity (NRS)			
Dysmenorrhea	6,1 +- 3,1	2,0 +- 2,9	<0,001
Chronic pelvic pain	4+-3,14	0	<0,001
CPP EVN > 7	78 (27,9%)	0	<0,001
Supplements use	116 (41,1%)	26 (28,3%)	0,026
Food allergies or intolerances	48	2	0,06
Gastrointestinal symptoms	162 (57,9%)	12 (15,2%)	<0,001
PREDIMED	7,83	9,59	0,039

Up to 67.1% of participants in the DE group had a moderate adherence to the Mediterranean diet but only the 21.4% had a high adherence. Among the control group, 55.9% of participants had a high adherence to the Mediterranean diet.