WOMEN'S HEALTH

Tackling the Persistent Pain of Endometriosis

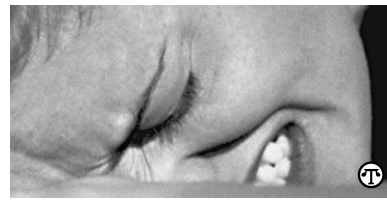
(NAPSA)—Pain is usually the first sign that something is wrong. Cramping pain in the pelvis and lower back, or pain during sex, are all clues. But for women of childbearing age, difficulty getting pregnant is what leads them to see a doctor. Diagnosing the probable culprit—endometriosis—is complex and may require a surgical procedure. Researchers at the National Institutes of Health (NIH) are looking at several promising treatments to decrease the pain.

"Endo" occurs when tissue that normally grows along the lining of the uterus begins to grow elsewhere—on the ovaries, for example. This "unauthorized" growth may be what causes pain. More than 5.5 million women in North America alone have endo. Endo affects about 8 to 10 percent of women of childbearing age. Untreated endo is the cause of infertility in about 30 to 40 percent of the women who are unable to conceive.

Treatments may reduce pain and improve fertility. Ending pain permanently, however, can be more difficult, according to Dr. Pamela Stratton of NIH's National Institute of Child Health and Human Development.

The good news is that endo can often be treated while it is being diagnosed. Imaging tests may help detect unauthorized growth, but only a surgical procedure can confirm endometriosis. Lesions removed during surgery are examined in a lab to determine what they are.

For many women, however, the pain returns, signaling regrowth of the tissue. Because endo cells are fed by estrogen, some doctors prescribe estrogen blockers to deprive endo of its food source.



GOOD NEWS—Endo can often be treated while it is being diagnosed.

"Treating the pain by altering hormone levels gets much more tricky," Dr. Stratton says. Lowering the estrogen limits endo growth, but can also cause unpleasant side effects—hot flashes or unwanted hair growth, for example.

NIH scientists are studying novel ways of treating endo pain. In one clinical trial, researchers are hoping the synthetic estrogen drug raloxifene can limit endo growth. Raloxifene does not stimulate the uterine lining; it may have a similar effect on endo.

Another NIH study is looking at the dynamics of endo pain. Because endo tissue is normal tissue that happens to be growing where it should not, a woman's immune system may not recognize the lesions as intruders. Dr. Stratton and colleagues are collaborating with specialists in the musculoskeletal field to better understand how the brain and the immune system process the pain.

For details about these studies, call the NIH study team, 1-800-411-1222 or e-mail them at prpl@cc.nih.gov.