ANALYSIS AND COMPARISON OF NATIONAL AND INTERNATIONAL GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF ENDOMETRIOSIS: A SYSTEMATIC REVIEW

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INTRODUCTION

Several guidelines for the diagnosis and management of endometriosis have been developed by a number of national and international bodies.

There remains a lack of consensus about its best management.

A systematic review from 2006 assessed the quality of guidelines for the management of pelvic pain associated with endometriosis and concluded that the guidelines do not comply with the recommendations for high-quality standards.

To date no comparison of the contents of endometriosis guidelines frequently used on an international scale exists.

OBJECTIVES

The aim of this descriptive analytical systematic review is to assess the quality and variation among national and international guidelines on diagnosis and management of endometriosis across various countries.

MATERIALS AND METHODS

A systematic search of the literature was conducted using the Embase, Google Scholar, Medline and Pubmed databases.

The studies were selected if they met the following inclusion criteria – [1] type of publication: guideline or consensus statement produced by national or international professional organisations and societies or governmental agencies; [2] subject: diagnosis and management of endometriosis; [3] language: English; [4] the most updated guidelines.

Four independent authors evaluated guideline quality using the AGREE II validated instrument.

MAIN RESULTS

We included a total of seven guidelines on diagnosis and management of endometriosis for analysis: ACCEPT, ACOG, CNGOF, ESHRE, NGG, SOGC and WES.

There is wide variation on the recommendations concerning both diagnosis, mainly for mild to moderate disease, and either medical or surgical management for severe disease.

There is little evidence to support any recommendations for the diagnosis section in general and for the management of severe endometriosis.

The AGREE II instrument quality scores were the following: scope and purpose, 63% (range 1–96%); stakeholder involvement, 44% (range 0–75%); rigour of development, 48% (range 8–88%); clarity of presentation, 78% (range 39–97%); applicability, 13% (range 2–46%) and editorial independence, 23% (range 0–83%).

CONCLUSION

We concluded that there is wide variation between the guidelines from different countries.

The main variations are on the diagnosis of mild to moderate disease and the medical and surgical management of severe endometriosis. One of the factors that influenced this variation was the scarce good quality evidence presented by the guidelines in this areas.

Guidelines on the diagnosis and management of endometriosis presented wide variation on quality assessment and generally do not comply with the recommendations for high-quality standards.