

Objective

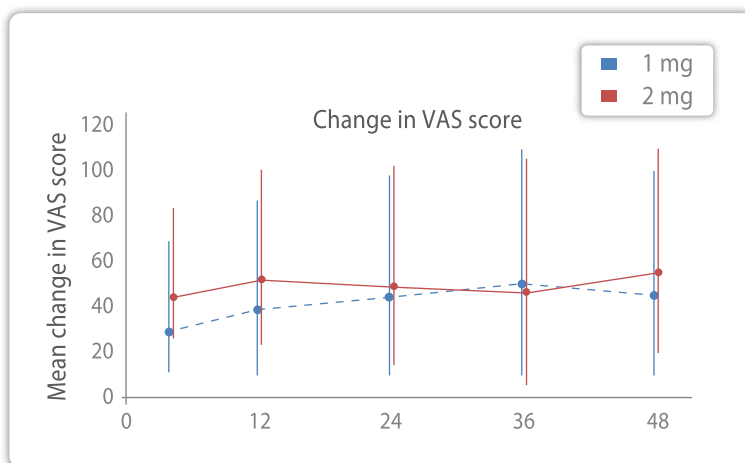
To evaluate the efficacy and safety of 1 mg versus 2 mg dienogest over 48 weeks in women with endometriosis-associated dysmenorrhea.

Study Design

- 📌 Randomized, open-label, parallel-group trial
- 📌 N = 88 women with ovarian endometrioma
- 📌 Comparison: Dienogest 1 mg/day vs 2 mg/day
- 📌 Duration: 48 weeks
- 📌 Primary Endpoint: Change in VAS menstrual pain score

Key Efficacy Outcomes

Outcome	1 mg/day	2 mg/day
VAS pain reduction	-44.63 mm	-54.19 mm
Dysmenorrhea score	Improved	Greater improvement
Endometrioma volume	Reduced	Greater reduction



Safety outcome

Both doses were well tolerated, and no serious adverse events were observed during the 48-week treatment period. 1 mg/day was associated with comparatively reduced BMD impact.

Conclusion

Dienogest 2 mg/day dose may offer more robust analgesic effects, particularly during the early treatment phase. However, 1 mg/day Dienogest still showed meaningful symptom improvement with less BMD impact supporting its potential use in selected patients requiring long-term therapy.

Ref: Kikuno K, Asada R, Ishihara T, et al. Efficacy and Safety of 48-Week Low-Dose Dienogest Treatment in Patients with Endometriosis-Associated Dysmenorrhea: A Randomized, Open-Label, Parallel-Group Trial. Adv Ther. 2025;42(12):6248-6260.

Brought to you by



For full Article



Endometriosis Journey: The silent struggle of women



Journey of women with endometriosis & their partners

Total number of population
→ **1 557***
women with endometriosis

Age of 1st symptoms 24 years

At the beginning, women feel in average **4.6** different symptoms associated to endometriosis

Severe dysmenorrhea
78%

Other frequent symptoms
Pelvic pain: 66%
Chronic fatigue: 54%
Digestive disorders: 52%
Dyspareunia: 50%
Urinary disorders: 25%

1st medical appointment

Women declare severe pain at endometriosis diagnosis, which decreased after treatment

Average pain Intensity at Endometriosis Diagnosis: **7.8/10**

Average pain Intensity after diagnosis and treatment: **4.1/10**

Currently used treatments for endometriosis:

From the 1179 women from 18 to 55 years

- 55%** take an hormonal treatment
- 26% combined oral contraceptives
- 17% progesterone pills
- 9% GnRh analogs
- 8% hormonal IUD

On average, women has experienced **3.8** different treatments for their endometriosis.

7 years
Until diagnosis mean age 31 years

Burden of endometriosis on women's and their partners' daily lives

Nearly 2 out of 3 women declare that endometriosis has a negative impact:

- On their psychological health: **67%**
- On their sexual lives: **66%**
- On their physical health: **63%**
- On personal relationships: **61%**
- On their leisure activities: **53%**

On a professional level

- 65%** of women declare that endometriosis has a negative impact on their professional well-being
- 63%** declare that their physical & intellectual capacities to work are impaired by endometriosis

Impact of endometriosis on fertility:

- 51%** Infertility
Concerns more than 50% of women with endotriosis
- 33%** underwent ART*
Only 55% succeeded to conceived following it.

ART* = Artificial Reproductive Technology

Couples' sexuality is the domain most affected by endometriosis

The burden of endometriosis on sexuality is even higher among women presenting with digestive impairment

- 7 over 10 women experienced diminished sexual desire and libido
- Almost 6 women from 10 abstains from sexual intercourse for several weeks or months

Concordantly, 25% of partners often given up on sexual intercourse because of women's endometriosis

Ref: Investigating the medical journey of endometriosis-affected women: Results from a cross-sectional web-based survey (EndoVie) on 1,557 French women, Journal of Gynecology Obstetrics and Human Reproduction, Volume 53, Issue 2, 2024, 102708.

