

MENSTRUATION-RELATED DISORDERS IN WOMAN WITH RHEUMATIC DISEASE (RDS): BLEEDING AND PAIN

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Introduction. Gynaecological and reproductive health is an integral part of well-being in women from menarche to menopause and monthly menstruation characterizes women's life. In rheumatic diseases (RDs), gynecological problems are often neglected even if they may therefore have a negative impact on quality of life.

Aim: The aim of this study was to describe gynecological symptoms in premenopausal women with RDs and evaluate their impact on quality of life.

Patients and Methods. A monocentric, cross-sectional observational study was conducted in the Rheumatology Department of Careggi Hospital in Florence. Inclusion criteria were diagnosis of RDs, female gender, and premenopausal age. Gynecological anamnesis was obtained, symptoms were investigated, and all patients filled up a self-administered validated questionnaire. RDs group were also compared to a control group (HC) of 305 age matched health female.

Results. From September 1st, 2020 to February 21 st, 2021, 200 patients were enrolled (mean age 39.1±8.7 years (M±SD)): 58% arthritis, 40% connective tissue disease and 1.5% systemic vasculitides. In family history, heavy menstrual bleeding (HMB), dysmenorrhea, or chronic pelvic pain were reported in 59%, 55 and 7% of patients, respectively. Mostly woman reported menstrual disorders during adolescence (56% experienced dysmenorrhea and 52% HMB). Menstrual disorders and abnormal bleeding were frequently reported also in adulthood: 71% had dysmenorrhea and 47% reported HMB. Moreover, 26% of patients referred non- menstrual pelvic pain, 19%

urinary pain and 18% pain during defecation. Vaginal symptoms were frequent: 36% of patients referred vaginal dryness, 29% burning, 19% recurrent vaginal infections and 39% dyspareunia. Uterine fibroma was present in 23% and endometriosis in 10% of patients. Comparing RDs to HC, menstrual disorders were significantly different in the two groups. HMB was more frequent in the RDs group respect to the HC both during adolescence (55.6% and 25.4%, respectively; $p=0.0001$) and adult age (37.7% and 25.9%, respectively; $p=0.0065$). In adulthood, also dysmenorrhea was higher in RDs group respect to HC (51.7% and 45.4%, respectively; $p=0.1971$). RDs patients reported also dyspareunia with higher frequency than HC (17.9% and 8.1%; $p=0.0022$). Quality of life in RDs patients was lower than in HC women, in both physical and mental domains of SF-12: SF-physical was 41.5±12.4 and 51.2±6.0, respectively, $p=0.0001$; SF-mental was 44.7±11.2 and 47.6±9.0, respectively, $p=0.0014$.

Conclusions. Young premenopausal women with RDs frequently reported menstrual disorders (dysmenorrhea and HMB) that were significantly greater in RDs patients than in HC population in both adolescence and adulthood and they may therefore have a negative impact on quality of life. For this reason, RDs patient should be always referred for an accurate evaluation of the gynaecological aspects (menstruation, fertility, maternity, sexuality).

Keywords: *Disturbi mestruali, Dismenorrea, Endometriosi.*