

Endometriosis is an often-painful disorder in which tissue like the tissue that normally lines the inside of the uterus — the endometrium — grows outside the uterus. This endometrial-like tissue acts as it normally would — it thickens, breaks down and bleeds with each menstrual cycle. But because this tissue has no way to exit the body, it becomes trapped. This can cause pain, sometimes severe, especially during menstrual periods. It can also affect fertility.

Endometriosis most commonly involves ovaries, fallopian tubes and the tissue lining the pelvis. Rarely, endometrial-like tissue may be found beyond the area where pelvic organs are located. When endometriosis involves the ovaries, cysts may form. Surrounding tissue can become irritated, eventually developing scar tissue and adhesions — bands of fibrous tissue that can cause pelvic tissues and organs to stick to each other.

Endometriosis can prevent women from participating fully in work, education, sport, or social activities. About 1 in 9 women in Australia develop endometriosis by their 40s, and the condition causes tens of thousands of hospitalisations every year.

### **Current treatments**

While there is no cure for endometriosis and it lasts until menopause or beyond, there are treatments that may relieve the symptoms. It can usually be treated with medication, surgery, and complementary treatments such as physiotherapy, psychology and lifestyle changes. Treatment will depend on symptoms, the severity of endometriosis, and whether the person is planning pregnancy.

Medical treatment includes hormone-based treatments and pain relief. Surgical treatments aim to remove as much of the endometriosis as possible. Even if the endometriosis is treated, pain may not disappear. A physiotherapist can help with other issues such as bladder and bowel problems and a clinical psychologist can help to manage chronic pain. Lifestyle improvements with sleep, regular exercise regularly and stress management can also play a role.

### **Endometriosis and Medical Cannabis**

Based on preliminary survey evidence, findings would suggest that cannabis may be of benefit.

Recent studies have suggested that women with endometriosis have a dysfunction in their endocannabinoid system (ECS), and that aspects of endometriosis-associated pain may be targeted by modulating or controlling the ECS.

## Endometriosis and Medical Cannabis, continued

Medical cannabis appears to be effective for pelvic pain, gastrointestinal issues and mood, with effectiveness differing based on method of ingestion. Targeting endocannabinoid modulation to treat the pain is probably more than just treating the pain as it may impact several levels of the development and spread of the disease.

Some experts have the opinion that cannabinoids are a reasonable treatment option for refractory chronic pelvic pain, especially if a neuropathic (nerve pain) component is suspected. Practitioners should expect a modest effect on pain levels with an acceptable safety profile.

However, there is limited data available regarding the use of cannabinoids in women with chronic pelvic pain conditions. Clinical trials investigating the tolerability and effectiveness of medical cannabis for endometriosis pain and associated symptoms are urgently required.

## Support Organisations

Endometriosis Australia <https://www.endometriosisaustralia.org/>

## References

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## Abstracts

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