

ICD11

Endometriosis



Patient Guidelines

Signs, Symptoms and Clinical Findings

Symptoms, signs or clinical findings

Reproductive

MD82 Intra-abdominal or pelvic swelling, mass or lump
GA12 Dyspareunia (Painful Intercourse)

Urinary System

MF50.0 Frequent micturition
MF50.2 Urinary incontinence
MF50.7 Dysuria (Pain)
MF50.4 Haematuria

Digestive system or abdomen

MD81 Abdominal or pelvic pain
MD82 Intra-abdominal or pelvic swelling, mass or lump

Upper gastrointestinal tract

MD90.0 Nausea
MD90.1 Vomiting

Lower gastrointestinal tract or abdomen

ME01 Abdominal distension
ME05 Change in bowel habit
• ME05.0 Constipation
• ME05.1 Diarrhoea
ME24.A3 Haematochezia
ME24.A4 Melaena
ME24.A6 Positive occult blood in stool



Thoracic

MD11.5 Dyspnoea (Shortness of Breath)
MD30.0 Chest pain on breathing
MC81.0 Tachycardia
MC81.2 Heart Palpitations
MD22 Haemoptysis (Coughing up blood)
CB26 Haemothorax
CB27 Pleural effusion

Diaphragm > Phrenic Nerve

MD20 Epistaxis (Nose Bleeds)
AB70.2 Otagia (Earache)
8A06.21 Chronic Hiccups

Musculoskeletal

ME81 Musculoskeletal chest pain
ME84.2 Low back pain
ME84.3 Sciatica Nerve
ME86.D Symptom or complaint of the shoulder
ME86.C Symptom or complaint of the neck

Female pelvic pain

GA34 Female pelvic pain associated with genital organs or menstrual cycle

A symptom affecting females, characterised by pain in the pelvic region associated with any of the genital organs or the menstrual cycle.

- GA34.0 Pain related to vulva, vagina or pelvic floor
- GA34.00 Vulval pain
- GA34.01 Perineal pain
- GA34.02 Vulvodynia

GA34.1 Vaginal laxity

GA34.2 Female pelvic pain

A symptom affecting females, caused by gynaecological and physiological aspects associated with the menstrual cycle such as dysmenorrhoea or mittelschmerz. This symptom is characterised by recurrent pain in the pelvis, anterior abdominal wall, lower back, or buttocks, associated with a specific moment or period of time.

- GA34.20 Cyclic pelvic pain
- GA34.21 Noncyclic pelvic pain

GA34.3 Dysmenorrhoea

A condition of the genital system caused by endometriosis, adenomyosis, ovarian cysts, or may be idiopathic. This condition is characterised by cyclic pelvic pain preceding or accompanying menstruation that interferes with daily activities, lower, umbilical, or suprapubic abdominal pain, such as sharp, throbbing, burning, or shooting pains that may extend to the thighs and lower back.

GA20 Menstrual cycle bleeding disorders

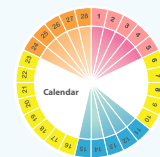
- GA20.0 Amenorrhoea
GA20.00 Primary amenorrhoea
GA20.01 Secondary amenorrhoea
- GA20.1 Abnormal frequency of uterine bleeding
GA20.2 Ovulation bleeding
GA20.20 Intermenstrual bleeding
- GA20.3 Abnormal regularity of uterine bleeding
GA20.4 Abnormal duration of uterine bleeding
GA20.5 Abnormal volume of uterine bleeding
GA20.50 Heavy menstrual bleeding
- GA20.51 Light menstrual bleeding
GA21 Nonmenstrual bleeding disorders
GA22 Excessive menstruation with irregular cycle
GA23 Anovulatory bleeding

Menstruation cycle disorders

Traditional Medicine (TCM)- Supplementary Chapter

The International Classification of Traditional Medicine Treatments range from acupuncture, herbal medicine, Tai Qi and medical massage. Traditional medicine can provide support to patients who suffer from chronic pain.

- SB80 Advanced menstruation disorder
SB81 Delayed menstruation disorder
SB82 Irregular menstruation disorders
SB90 Menorrhagia disorder
SB91 Decreased menstruation disorder
SB92 Prolonged menstruation disorder
SB93 Metrorrhagia disorder
SB94 Amenorrhoea disorder
SB95 Menopausal disorder
SB96 Dysmenorrhoea disorder
SC22 Infertility Disorder

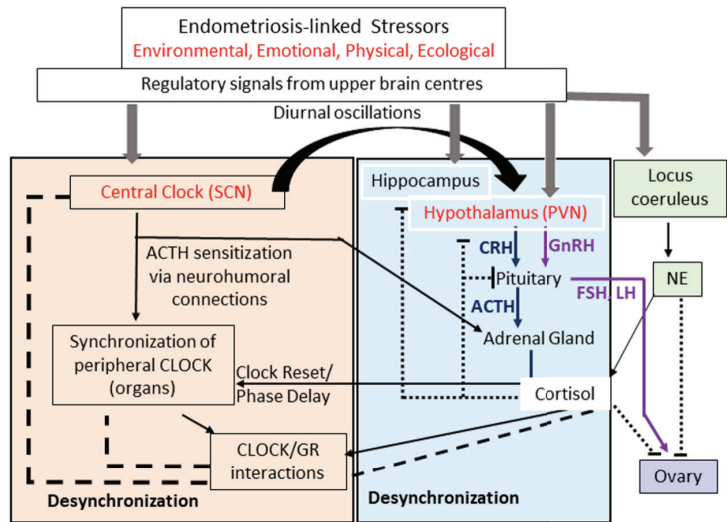


7A23 Hypersomnia due to a medical condition

Hypersomnia due to a medical condition is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping of at least several months duration that is attributable to a coexisting medical or neurological disorder and is sufficiently severe to require an independent focus of clinical attention.

Circadian rhythm sleep-wake disorders

7A62 Irregular sleep-wake rhythm disorder



Circadian Rhythm

Women with endometriosis are often under stress due to the associated pain, infertility, inflammation-related and other comorbidities including cancer. Additionally, these women are also under stress due to taboos, myths, inter-personal troubles surrounding infertility and pain of the disease as well as due to frequent incidences of missed diagnosis and treatment recurrence. Often these women suffer from frustration and loss of valuable time in the prime phase of life. All these complexities integral to endometriosis posit a hyperstructure of integrative stress physiology with overt differentials in effective allostatic state in women.



MG22 Fatigue

A feeling of exhaustion, lethargy, or decreased energy, usually experienced as a weakening or depletion of one's physical or mental resource and characterised by a decreased capacity for work and reduced efficiency in responding to stimuli. Fatigue is normal following a period of exertion, mental or physical, but sometimes may occur in the absence of such exertion as a symptom of health conditions.

DA96.02 Malabsorption or intolerance of specific nutrients

Food intolerance is a term used for difficulty in digesting a food because of widely for varied physiological responses associated with a particular food, or compound found. Food intolerance should not be mistaken for food allergy, which is primarily involving the immune reaction against the food.

GB23.5 Mastodynia

The symptom of breast pain. This symptom may be classified as cyclic or non-cyclical depending on the clinical patterns

MF33 Premenstrual symptom - PMS

A symptom of premenstrual syndrome affecting females that is idiopathic. This symptom is characterised by cyclic emotional, physical, or behavioural symptoms such as mood alterations, psychological changes, fluid retention, neurologic changes, gastrointestinal changes, pelvic heaviness, or dermatological changes affecting women in the luteal phase of the menstrual cycle that interfere with an individual's lifestyle.

GA34.40 Premenstrual tension syndrome - PMT

A syndrome affecting females that is frequently idiopathic. This syndrome is characterised by certain environmental, metabolic, or behavioural factors that occur during the luteal phase of the menstrual cycle, and leads to cyclic emotional, physical, or behavioural symptoms that interfere with an individual's lifestyle. Confirmation is by documentation of specific cyclic symptoms associated with the luteal and menstrual phases of the cycle (from a prospective symptom diary), and evidence of socioeconomic dysfunction.

GA34.41 Premenstrual dysphoric disorder - PMDD

During a majority of menstrual cycles within the past year, a pattern of mood symptoms (depressed mood, irritability), somatic symptoms (lethargy, joint pain, overeating), or cognitive symptoms (concentration difficulties, forgetfulness) that begin several days before the onset of menses, start to improve within a few days after the onset of menses, and then become minimal or absent within approximately 1 week following the onset of menses. The temporal relationship of the symptoms and luteal and menstrual phases of the cycle should ideally be confirmed by a prospective symptom diary over at least two symptomatic menstrual cycles. The symptoms are severe enough to cause significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning and do not represent the exacerbation of a mental disorder.



GA31 Female infertility

GA31.00 Primary female infertility of uterine origin

Female infertility caused by uterine abnormalities on the level of the endometrium or myometrium, with more detailed description classified elsewhere, i.e. under genitourinary infections, STDs and noninflammatory benign gynaecological disease

GA31.01 Primary female infertility of tubal origin

Female infertility caused by dysfunction of one or both fallopian tubes, usually related to pelvic adhesions or occurring after pelvic surgery, with or without hydrosalpinx

GA31.1 Secondary female infertility

Infertility in a woman who has had at least one clinical pregnancy

GA32 Complications associated with medically assisted production

GA33 Recurrent pregnancy loss

GB04 Male infertility

GB04.0 Azoospermia

Any condition of the genital system affecting males, caused by obstruction of the reproductive tract, abnormal hormone levels, testicular failure, or inadequate production of spermatozoa. These conditions are characterised by the absence of a measurable level of sperm cells in semen, and very low levels of fertility. Confirmation is by the absence of spermatozoa in the sediment of a centrifuged sample of ejaculate.

Overall Symptoms

Disorders of the gonadal hormone system

5A80 Ovarian dysfunction

5A80.0 Clinical hyperandrogenism

5A80.1 Polycystic ovary syndrome

5A80.2 Polycystic ovary

5A80.3 Anovulation

5A80.4 Oligo-ovulation

5A80.5 Diminished ovarian reserve

Condition characterised by ovaries with lower number of oocytes than expected for female chronologic age, marked by biochemical abnormalities (increased serum FSH levels, decreased serum AMH levels) and/ or ultrasound findings (low antral follicle count) associated with ovarian ageing, reduced response to ovarian stimulation, and female infertility.

5D44 Postprocedural ovarian failure

A condition in women characterised by amenorrhea, caused by or subsequent to any intervention. This condition may also present with hot flashes, night sweats, irritability, poor concentration, decreased sex drive, pain during sex, vaginal dryness.

Sexual pain disorders

HA20 Sexual pain-penetration disorder

GA12 Dyspareunia

HA40 Aetiological considerations in sexual dysfunctions and sexual pain disorders

HA40.0 Associated with a medical condition, injury, or the effects of surgery or radiation treatment

HA40.1 Associated with psychological or behavioural factors, including mental disorders

HA40.2 Associated with use of psychoactive substance or medication

HA40.3 Associated with lack of knowledge or experience

HA40.4 Associated with relationship factors

HA40.5 Associated with cultural factors



Anxiety and Depression

In ICD-11, anxiety disorders that manifest across the lifespan are brought together under a new grouping, and are partly distinguished by their focus of apprehension. The focus of apprehension is the stimulus or situation that triggers the fear or anxiety. The qualifier 'with prominent anxiety symptoms', introduced in the ICD-11, is of special clinical interest. The presence of a significant anxiety component in a depressive episode is associated with a higher suicide risk, a longer duration of illness and a greater likelihood of non-response to treatment.

In the ICD-11, a depressive episode is defined by the concurrent presence of at least five out of a list of ten symptoms, which must occur most of the day, nearly every day, for at least 2 weeks. One of these symptoms must be depressed mood or markedly diminished interest or pleasure in activities. The mood disturbance must result in significant functional impairment and not be a manifestation of another health condition, or due to the effects of a substance or medication. The ten symptoms are depressed mood, markedly diminished interest or pleasure in activities, reduced ability to concentrate and sustain attention or marked indecisiveness, beliefs of low self-worth or excessive or inappropriate guilt, hopelessness about the future, recurrent thoughts of death or suicidal ideation or evidence of attempted suicide, significantly disrupted sleep or excessive sleep, significant changes in appetite or weight, psychomotor agitation or retardation, and reduced energy or fatigue. The list includes one symptom (hopelessness). The ICD-11 states that a depressive episode is differentiated from a normal reaction to adverse life events (e.g. divorce, job loss) "by the severity, range and duration of symptoms".

The acknowledgment of stress as an external source of mental disorders is still relatively new in psychiatric nosology despite recognition that almost all mental disorders, to a greater or lesser degree, are shaped by it. The ICD-11 includes a new grouping of 'disorders specifically associated with stress' that identifies disorders in which external stress is a necessary and prominent causal factor. Depressive disorders are characterised by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual's ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.

Disorders Specifically Associated with Stress

Disorders specifically associated with stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences. For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor.



Overall Symptoms

Mental or behavioural symptoms, signs or clinical findings

MB24.3 Anxiety

MB22.3 Hopelessness

MB23.H Panic attack

MB23.R Suicide attempt

Coded Elsewhere: Premenstrual dysphoric disorder (GA34.41)

Disorder

6B42 Prolonged grief disorder

6B43 Adjustment disorder

QE84 Acute stress reaction

6B41 Complex post traumatic stress disorder (New)

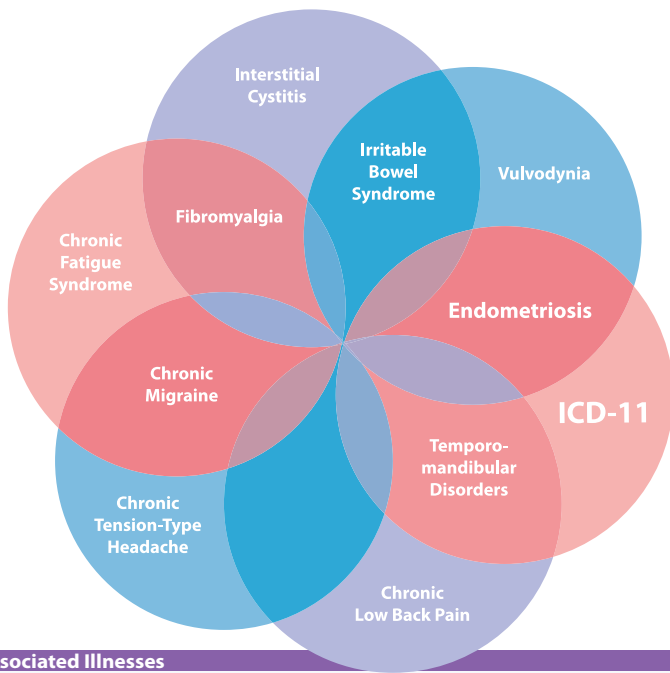
6B41 Complex post traumatic stress disorder

| | |
|-------------------------|---|
| Parent | Disorders specifically associated with stress |
| | Show all ancestors |
| Description | Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent: 1) problems in affect regulation; 2) beliefs about oneself as diminished, devalued or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning. |
| Exclusions | <ul style="list-style-type: none"> Post traumatic stress disorder (6B42) |
| Diagnostic Requirements | <p>Essential (Required) Features:</p> <ul style="list-style-type: none"> Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible. Such events include, but are not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence, prolonged domestic violence, and repeated childhood sexual or physical abuse. Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder, lasting for at least several weeks. <ul style="list-style-type: none"> The experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just remembered but is experienced as occurring again in the here and now. This typically occurs in the form of vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient sense of the event occurring again in the present) to severe (there is a complete loss of awareness of present surroundings), or repetitive dreams or nightmares that are thematically related to the traumatic event(s). Re-experiencing is typically accompanied by strong or overwhelming emotions, such as fear or horror and strong physical sensations. Re-experiencing in the present can also involve feelings of being overwhelmed or immersed in the same intense emotions that were experienced during the traumatic event. |

Caregiver Burnout

QF27 Difficulty or need for assistance at home and no other household member able to render care





Associated Illness

Endometriosis has significant social, public health and economic implications. It can decrease quality of life due to severe pain, fatigue, anxiety and infertility. Some individuals with endometriosis experience debilitating endometriosis-associated pain that prevents them from going to work or school. In these situations, addressing endometriosis can reduce absence from school or increase an individual's ability to contribute to the labor force. Addressing endometriosis will empower those affected by it, by supporting their human right to the highest standard of sexual and reproductive health, quality of life, and overall well-being. In addition to fertility problems and reduced quality of life, this enigmatic disease also has serious economic consequences. Direct healthcare costs for women with endometriosis are more than twice as high as women without the disease. This amount also includes additional costs beyond hospitalization of the disease e.g. lost days at work, layoffs, having to change jobs, sick leave, and time off for having surgery.

Associated Illnesses

GA34.02 Vulvodynia

DD91.0 Irritable bowel syndrome

GC00.3 Interstitial cystitis

8E49 Postviral fatigue syndrome

Inclusions: Chronic fatigue syndrome

MG30.01 Chronic widespread pain

Inclusions: Fibromyalgia syndrome

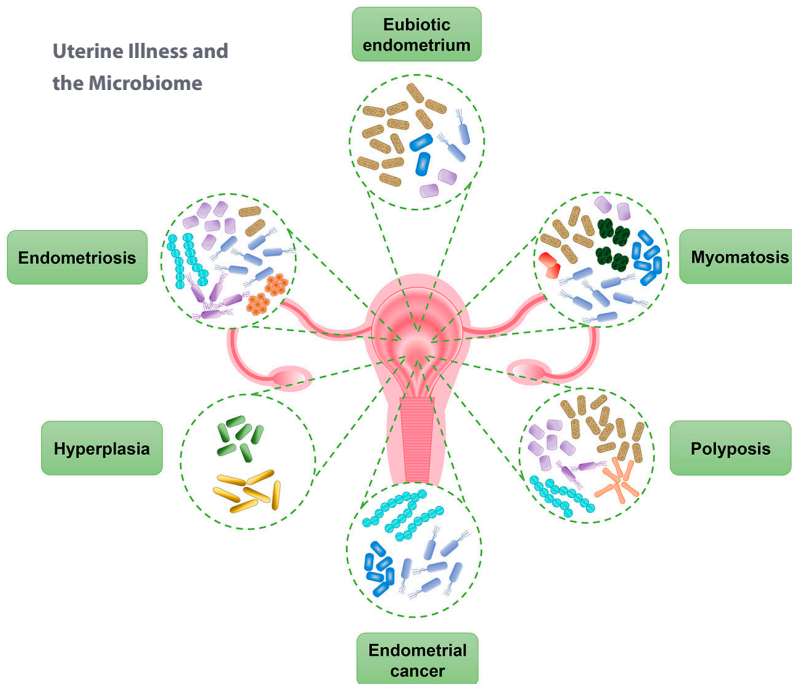
8A80.2 Chronic migraine

8A81 Tension-type headache

MG30.02 Chronic primary musculoskeletal pain

Chronic primary low back pain

Uterine Illness and the Microbiome

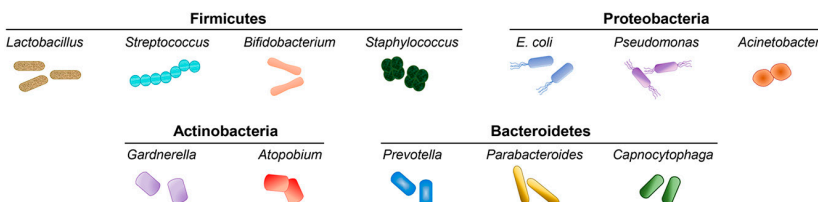


LOINC / loinc.org

88849-5 Microbiology CNAMTS panel - Vaginal fluid

Inflammatory Bowel Syndrome

- 8085-3 Neutrophil cytoplasmic Ab.perinuclear [arb'U]/mL
- 31032-6 Baker's yeast IgA Ab [Units/volume] in Serum k[IU]/L
- 35538-8 Baker's yeast IgG Ab [Mass/volume] in Serum ug/mL
- 42723-7 OmpC Ab [Units/volume] in Serum [arb'U]/mL





Endocrine, nutritional and metabolic systems

CHAPTER 5 : Endocrine, nutritional or metabolic diseases

Endocrine disorders

5A41 Hypoglycaemia without diabetes

Women with Endometriosis can have hypoglycaemia (a drop in blood sugar) even though women can have normal insulin levels

Metabolic disorders

5C64.41 Hypomagnesaemia

This is an electrolyte disturbance in which there is an abnormally low level of magnesium in the blood. Normal magnesium levels in humans fall between 1.5 - 2.5 mg/dL. Usually a serum level less than 0.7 mmol/L is used as reference for hypomagnesaemia

Extension Codes

Electrolytic, caloric and water-balance agents

XM1P36 Glutamine

XM9UX0 Ketones

Disorders of the adrenal glands or adrenal hormone system

5A74.0 Acquired adrenocortical insufficiency

CHAPTER 3 : Nutritional or metabolic anaemias

3A00 Iron deficiency anaemia

3A00.0 Acquired iron deficiency anaemia due to blood loss

3A00.1 Acquired iron deficiency anaemia due to low intake

3A01 Megaloblastic anaemia due to vitamin B12 deficiency

A disease caused by inadequate dietary intake of vitamin B12, impaired absorption of vitamin B12, surgical removal of the small bowel, coeliac disease or inherited mutations affecting absorption of vitamin B12. This disease is characterised by decreased levels of vitamin B12 in the body presenting with or without anaemia. This disease may present with fatigue, pallor, dizziness, seizures, or symptoms of dementia.

3A03.3 -

Anaemia due to copper deficiency arises from impaired utilization of iron and is therefore a conditioned form of iron deficiency anaemia.

CHAPTER 5 Metabolic disorders

5C64.0 Disorders of copper metabolism

5C64.1 Disorders of iron metabolism

5C64.10 Iron overload diseases

Iron overload is the accumulation of excess iron in body tissues. Iron overload usually occurs as a result of a genetic predisposition to absorb and store iron in excess amounts, the most common form of which is hereditary hemochromatosis. Iron overload can also occur as a complication of other hematologic disorders that require chronic transfusion therapy, repeated injections of parenteral iron, or excessive iron ingestion. Excessive iron stores usually accumulate in the reticuloendothelial tissues and cause little damage ("hemosiderosis"). If overload continues, iron eventually begins to accumulate in tissues such as hepatic parenchyma, pancreas, heart and synovium, causing hemochromatosis.

5C64.21 Zinc deficiency syndrome





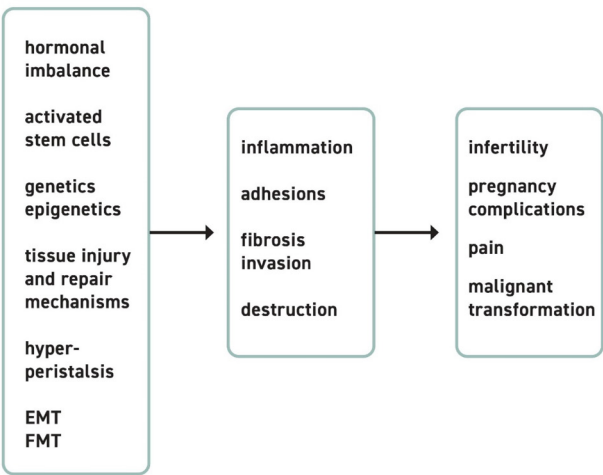
FUNCTIONING ASSESSMENT SCHEDULE 2.0

36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

| Understanding and communicating | | None | Mild | Moderate | Severe | Extreme or cannot do |
|--|---|-------------|-------------|-----------------|---------------|-----------------------------|
| D1.1 | Concentrating on doing something for ten minutes? | | | | | |
| D1.2 | Remembering to do important things? | | | | | |
| D1.3 | Analysing and finding solutions to problems in day-to-day life? | | | | | |
| D1.4 | Learning a new task, for example, learning how to get to a new place? | | | | | |
| D1.5 | Generally understanding what people say? | | | | | |
| D1.6 | Starting and maintaining a conversation? | | | | | |
| Getting around | | | | | | |
| D2.1 | Standing for long periods such as 30 minutes? | | | | | |
| D2.2 | Standing up from sitting down? | | | | | |
| D2.3 | Moving around inside your home? | | | | | |
| D2.4 | Getting out of your home? | | | | | |
| D2.5 | Walking a long distance such as a kilometre [or equivalent]? | | | | | |
| Self-care | | | | | | |
| D3.1 | Washing your whole body? | | | | | |
| D3.2 | Getting dressed? | | | | | |
| D3.3 | Eating? | | | | | |
| D3.4 | Staying by yourself for a few days? | | | | | |
| Getting along with people | | | | | | |
| D4.1 | Dealing with people you do not know? | | | | | |
| D4.2 | Maintaining a friendship? | | | | | |
| D4.3 | Getting along with people who are close to you? | | | | | |
| D4.4 | Making new friends? | | | | | |
| D4.5 | Sexual activities? | | | | | |

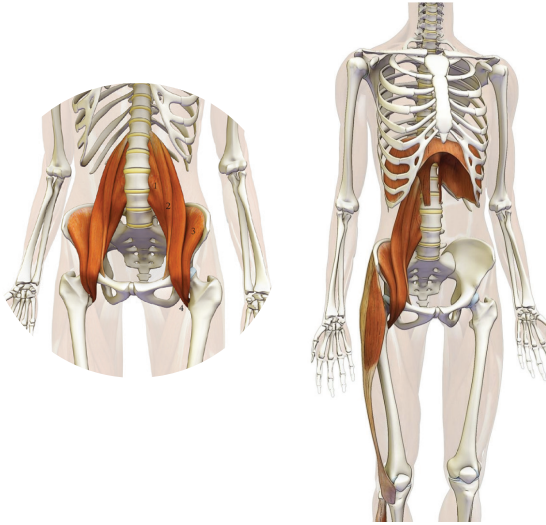
| Life Activities | | None | Mild | Moderate | Severe | Extreme or cannot do |
|--------------------------|---|------|------|----------|--------|----------------------|
| D5.1 | Taking care of your household responsibilities? | | | | | |
| D5.2 | Doing most important household tasks well? | | | | | |
| D5.3 | Getting all the household work done that you needed to do? | | | | | |
| D5.4 | Getting your household work done as quickly as needed? | | | | | |
| D5.5 | Your day-to-day work/school? | | | | | |
| D5.6 | Doing your most important work/school tasks well? | | | | | |
| D5.7 | Getting all the work done that you need to do? | | | | | |
| D5.8 | Getting your work done as quickly as needed? | | | | | |
| Participation in society | | | | | | |
| D6.1 | How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? | | | | | |
| D6.2 | How much of a problem did you have because of barriers or hindrances in the world around you? | | | | | |
| D6.3 | How much of a problem did you have living with dignity because of the attitudes and actions of others? | | | | | |
| D6.4 | How much time did you spend on your health condition, or its consequences? | | | | | |
| D6.5 | How much have you been emotionally affected by your health condition? | | | | | |
| D6.6 | How much has your health been a drain on the financial resources of you or your family? | | | | | |
| D6.7 | How much of a problem did your family have because of your health problems? | | | | | |
| D6.8 | How much of a problem did you have in doing things by yourself for relaxation or pleasure? | | | | | |
| Overall Score | | | | | | |
| H1 | Overall, in the past 30 days, how many days were these difficulties present? | | | | | |
| H2 | In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition? | | | | | |



Endometriosis Associated Cancers

Endometriosis is an extremely common condition and, in most cases, establishing a histological diagnosis is straightforward, although a variety of benign alterations may result in problems with interpretation. Types include the contentious issue of atypical endometriosis, stromal endometriosis, polypoid endometriosis, and the association of endometriosis with florid mesothelial hyperplasia. The propensity of endometriosis to undergo neoplastic transformation especially to endometrioid and clear cell carcinoma is well known. Selected issues relating to the various neoplasms that can arise in endometriosis, with a particular concentration on unusual variants of endometrioid carcinoma that result in a disproportionately high number of issues in referral practice. The propensity of ovarian endometrioid carcinomas to show an unexpected ('aberrant') immunophenotype with positive staining with 'intestinal' markers and negative staining with Mullerian markers. Uncommon tumour types that may arise in endometriosis: seromucinous neoplasms, mesonephric-like carcinomas, and somatically derived yolk sac tumours.

Physical Therapy



Pelvic floor dysfunction is a common condition with Endometriosis

GA34.0Y Pelvic floor dysfunction

Pelvic floor tension myalgia

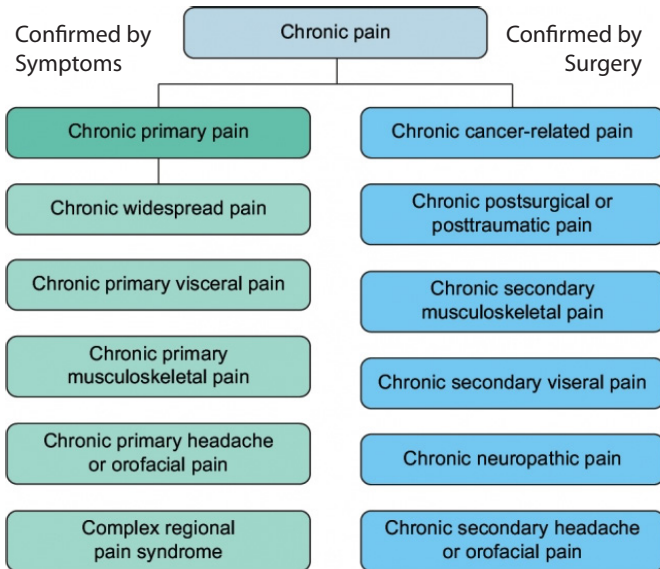
GC40.4Z Pelvic floor muscle disruption

- XA2J71 Muscles of the pelvis and perineum
- XA2E07 Bulbospongiosus muscle
- XA5FZ1 Cremaster muscle
- XA8HG2 Dartos muscle
- XA2LG6 Deep transverse perinei muscle
- XA3YC6 Iliococcygeus muscle
- XA73H8 Ischiocavernosus muscle
- XA9T66 Levator ani-coccygeus muscle
- XA3HP4 Pubococcygeus muscle
- XA7MM8 Puborectalis muscle
- XA4RK4 Pubovaginalis muscle
- XA3ML6 Sphincter ani muscle
- XA8FT0 Sphincter urethrae muscle
- XA56U7 Superficial transverse perinei muscle

GC40 Pelvic organ prolapse

- GC40.0 Prolapse of anterior vaginal wall
- GC40.1 Prolapse of posterior vaginal wall
- GC40.2 Prolapse of the vaginal apex
- GC40.3 Uterovaginal prolapse
- GC40.4 Pelvic floor muscle disruption
- GC40.5 Urinary incontinence associated with pelvic organ prolapse
- GC40.6 Functional bladder disorders associated with pelvic organ prolapse

IASP Pain Classification

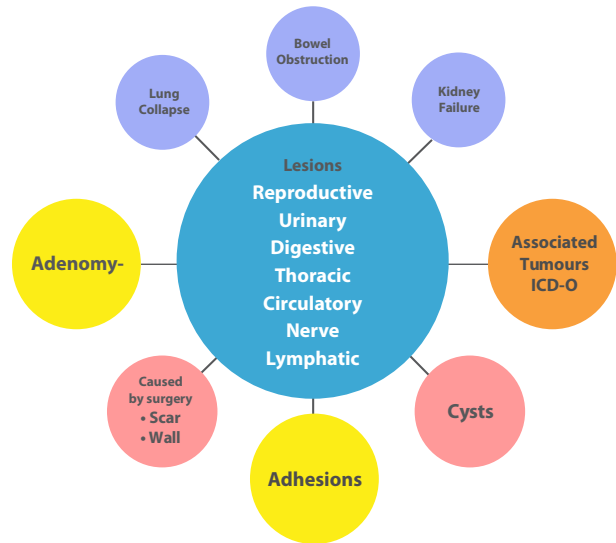


DD92.2 Pelvic floor dyssynergia

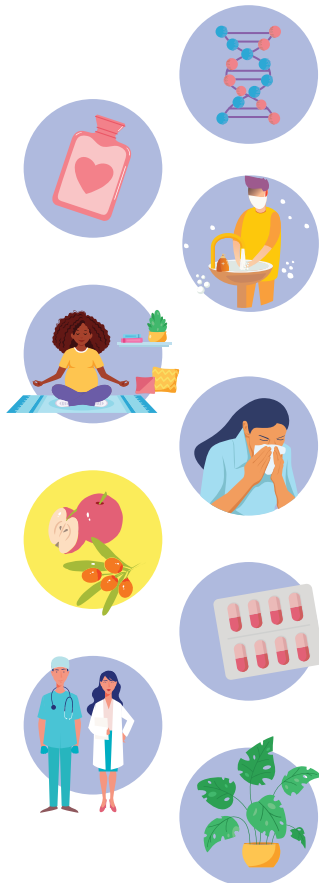
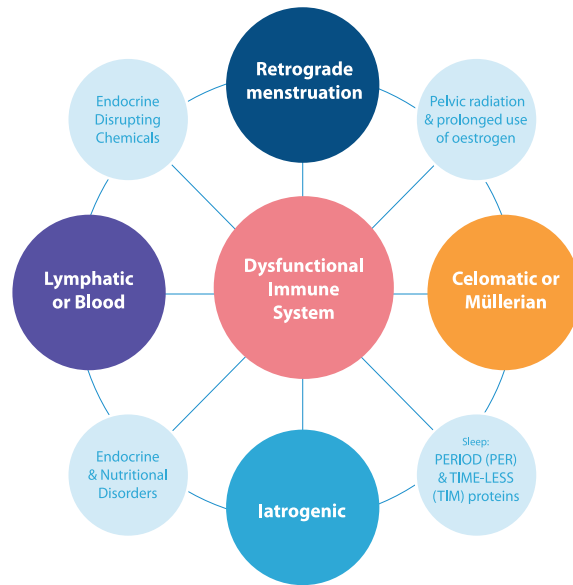
Functional defaecation disorders are characterised by paradoxical contraction or inadequate relaxation of the pelvic floor muscles during attempted defaecation (dyssynergic defaecation) or inadequate propulsive forces during attempted defaecation (inadequate defaecatory propulsion). The patients must satisfy diagnostic criteria for functional constipation.=



Endometriosis Lesions are composed of an abundance of distinct cell types including immune, stromal and epithelial cells as well as infiltrating blood vessels and nerves.



Nutrition, Metabolic and Sleep Pathways



Cancer: Known Causes and Prevention

IARC Monographs on the Identification of Carcinogenic Hazards to Humans



Corpus uteri (endometrium)

Human immunodeficiency virus
Human papillomavirus
Nutrition Disorder / Obesity
Estrogen menopausal therapy
Estrogen–progestogen menopausal therapy
Tamoxifen

Uterine cervix

Human immunodeficiency virus
Human papillomavirus
Diethylstilbestrol (exposure in utero)
Estrogen–progestogen contraceptives

Vagina

Diethylstilbestrol (exposure in utero)
Human papillomavirus

Vulva

Human papillomavirus type 16

Ovary

Nutrition Disorder / Obesity
Asbestos
Estrogen menopausal therapy

Kidney

Nutrition Disorder / Obesity
Trichloroethylene
X-radiation, gamma-radiation

Renal pelvis and ureter

Aristolochic acid
Phenacetin



ALL TYPES: Tetrachlorodibenzo-para-dioxin
Dioxins can cause cancer, reproductive and developmental problems, damage to the immune system, and can interfere with hormones.

Smoking

Colon

Alcoholic beverages
Nutrition Disorder / Obesity
Regular physical activity
Processed meat
X-radiation, gamma-radiation

Liver

Nutrition Disorder / Obesity
Aflatoxins
Alcoholic beverages
Estrogen–progestogen contraceptives

Breast

Alcoholic beverages
Nutrition Disorder / Obesity (postmenopausal)
Diethylstilbestrol
Estrogen–progestogen contraceptives
Estrogen–progestogen menopausal therapy
X-radiation, gamma-radiation

Urinary bladder

Aluminium production
4-Aminobiphenyl
Arsenic
Benzidine
Chlornaphazine
Cyclophosphamide
Magenta production
2-Naphthylamine
Opium consumption
Occupational Painter
Rubber manufacturing industry
Schistosoma haematobium
ortho-Toluidine
X-radiation, gamma-radiation

The Cancer Atlas

canceratlas.cancer.org

Cancer is a leading cause of premature death in every country in the world. But many of these deaths can be prevented. Learn how 6 countries are taking action in the global fight against cancer. Cancer is a leading cause of premature death in every country in the world.

Associations of reproductive and hormonal risk factors with the ten most common cancers among women worldwide

| | Breast | Endometrium | Ovary | Cervix uteri | Liver | Thyroid | NHL | Colon & rectum | Lung, bronchus & trachea | Stomach | |
|---|--------|-------------|-------|--------------|-------|---------|-----|----------------|--------------------------|---------|--|
| High endogenous estradiol levels (vs. low) | ●●●● | ●●●● | ● | | | | | ●●● | | | |
| Older age at menarche (vs. youngest) | ● | ● | ● | | ●●●● | × | | × | × | | Increased Risk Association ●●●●: > 1.95 ●●●●: 1.57 - 1.95 ●●●: 1.26 - 1.56 ●: 1.05 - 1.25 |
| Ever hormonal oral contraceptive use (vs. never) | ● | ●● | ●●●● | ●●●● | × | × | ● | ● | | × | |
| Parous (vs. nulliparous) | ● | ● | ●● | ●● | × | × | | | × | × | |
| Older age at first birth (vs. younger) | ●●● | ●● | × | ●● | × | ●● | | | × | × | No Risk Association × Strong Evidence × Moderate Evidence |
| Breastfeeding for long duration (vs. no breastfeeding) | ● | × | ●● | | × | ● | | | ● | × | |
| Late age at menopause (vs. early) | ● | ● | ●● | | × | × | | ● | ● | ●● | Decreased Risk Association ●: 0.80 - 0.95 ●●: 0.64 - 0.81 ●●●: 0.51 - 0.63 ●●●●: < 0.51 |
| Current use of estrogen alone menopausal hormone therapy (vs. never) | ● | ●●●● | ● | | ●●● | × | ●● | ● | | | |
| Current use of combination menopausal hormone therapy (vs. never) | ●●● | ●● | ● | | ●● | × | × | ●●● | ● | ●● | |
| Removal of any reproductive organs (vs. retention) | ● | | ●●●● | | ●●●● | ●● | | × | | × | |
| | | | | | | | | | | | Evidence Strength ● Strong Evidence ● Moderate Evidence |

Social Determinants of Health

Categories in this chapter are provided for occasions when circumstances other than a disease, injury or external cause classifiable elsewhere are recorded as “diagnoses” or “problems”.

This can arise in two main ways:

1. When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury.
2. When some circumstance or problem is present which influences the person’s health status but is not in itself a current illness or injury. Such circumstance or problem may be elicited during population surveys, when the person may or may not be currently sick, or be recorded as additional information to be borne in mind when the person is receiving care for some illness or injury.



Factors influencing health status or contact with health services

Problems associated with finances

QD50 Poverty

QD51 Low income

Problems associated with drinking water or nutrition

QD60 Problems associated with inadequate drinking-water

QD61 Inadequate food

Problems associated with the environment

QD70 Problems associated with the natural environment or human-made changes to the environment

QD71 Problems associated with housing

Problems associated with employment or unemployment

QD80 Problem associated with unemployment

QD81 Problem associated with change of job

QD82 Problem associated with threat of job loss

QD83 Problem with employment conditions

QD83.1 Problem associated with stressful work schedule

QD85 Burnout

Problems associated with education

QD90 Problem associated with illiteracy or low-level literacy

QD91 Problem associated with education unavailable or unattainable

