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European Gynecology & Obstetrics
Official Journal of the European Society of Gynecology
Vol. 8 | No. 2 | 2026 | pp. 79-81 | eISSN 2710-2580

EDITORIAL

The Impact of Gynecological Diseases on Quality of Life

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Women's health extends well beyond the absence of disease and encompasses physical, psychological, social, and sexual well-being. Gynecological conditions are among the most prevalent health challenges affecting women across their lifespan and often substantially condition the quality of life. The articles presented in this issue, addressing menopause, genitourinary syndrome of menopause (GSM), polycystic ovary syndrome (PCOS), and psychological distress among medical students, collectively highlight the multidimensional burden of women's health conditions and the need for a holistic approach to care.

Menopause represents a significant biological transition that affects millions of women worldwide. Although it is a natural stage of life rather than a disease, the hormonal changes associated with menopause may substantially impair the quality of life. Vasomotor symptoms such as hot flashes and night sweats can disrupt sleep, reduce energy levels as well as negatively affect workplace productivity and daily activities. Cognitive difficulties, mood fluctuations, anxiety, and depressive symptoms may further contribute to emotional distress and social withdrawal. Consequently, menopause impacts not only physical health but also interpersonal relationships, professional performance, and overall life satisfaction [1].

One of the most common and often overlooked consequences of menopause is genitourinary syndrome of menopause (GSM). GSM encompasses a range of vulvovaginal and urinary symptoms resulting from estrogen deficiency, including vaginal dryness, irritation, dyspareunia, urinary urgency, and recurrent urinary tract infections. These symptoms are frequently chronic and progressive, if untreated. Importantly, GSM can significantly affect sexual health, intimacy, self-esteem, and emotional well-being. Despite its high prevalence, many women do not seek medical advice either because they perceive GSM symptoms as a normal part of aging, or they feel embarrassed discussing them. As a result, GSM remains substantially underdiagnosed and undertreated, resulting in considerable yet potentially preventable burden on the quality of life [2].

At the other end of the reproductive spectrum, polyendocrine metabolic ovary syndrome (PMOS) (former polycystic ovary syndrome - PCOS) represents one of the most common endocrine disorders affecting women of reproductive age. The impact of PCOS extends far beyond its reproductive manifestations. Irregular menstruation, infertility, weight gain, acne and hirsutism can adversely affect body image, self-confidence and social interactions. Women with PCOS experience increased incidence of anxiety, depression, eating disorders, and reduced health-related quality of life, compared to women without the condition [3]. The psychological impact is often amplified by societal expectations regarding appearance, fertility, and femininity [4]. Increasing evidence suggests that mental health symptoms are not merely secondary consequences but integral components of the overall disease burden, underscoring the importance of multidisciplinary care with gynecologists playing the central role in the treatment coordination of the affected women [5].

The relationship between physical symptoms and psychological well-being is particularly evident in PCOS. Studies consistently demonstrate that psychological distress is a significant determinant of poorer quality

doi.org/10.11138/ego.1

of life among affected women. Physical manifestations such as obesity, infertility, and hyperandrogenism frequently contribute to feelings of stigma, social isolation, and diminished self-worth. This interaction between biological and psychosocial factors highlights the need for a comprehensive approach to the management of gynecological conditions that extends beyond the treatment of clinical symptoms alone. Multidisciplinary treatment strategies integrating medical, nutritional, and psychological interventions are essential to address the full spectrum of patients' needs [6].

The importance of psychological health is further highlighted by study examining the psychological distress among medical students. Although not a gynecological disease per se, psychological well-being is a crucial determinant of women's health outcomes. Medical students are exposed to considerable academic pressure, high performance expectations, sleep deprivation, and emotional strain. Female students may face additional challenges related to reproductive health, menstrual disorders, PCOS or menopausal symptoms later in their careers. Psychological distress can adversely affect learning, professional development, personal relationships, and long-term health [7]. The inclusion of this topic in the present issue emphasizes the inseparable connection between mental and physical well-being.

Taken together, menopause, GSM, PCOS and psychological distress share several common themes. First, they are highly prevalent conditions that often remain underrecognized despite their substantial impact on daily functioning. Second, their consequences extend beyond physical symptoms as they affect emotional health, self-image, sexuality, social participation, and professional performance. Third, stigma and inadequate patient-health professional communication frequently delay diagnosis and treatment. Finally, effective management requires a patient-centered approach that acknowledges the complex interactions between biological, psychological, and social factors.

As life expectancy continues to increase and women's participation in education, professional careers, and leadership roles expands, preserving quality of life becomes an essential healthcare objective. Clinicians must move beyond a purely disease-oriented model and consider broader patient-reported outcomes, including psychological well-being, sexual function, and social participation. Early recognition, appropriate treatment, education, and psychosocial support can significantly improve outcomes and empower women to maintain health and well-being throughout their lives.

The contributions included in this issue provide valuable insights into these challenges and reinforce an important message: improving women's health requires addressing not only disease, but also the quality of life that defines healthy aging, reproductive health, and psychological resilience. By recognizing the full burden of gynecological conditions and associated psychological factors, healthcare professionals can deliver more comprehensive and compassionate care that truly meets the needs of women across the lifespan.

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