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Prevalence of diagnosed endometriosis in office-based outpatient care – update for the years 2023 and 2024

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Abstract

Background
The aim of this study was to extend the time series on the prevalence of diagnosed endometriosis in Germany, previously published in the Health Care Atlas in February 2024 and covering the period from 2012 to 2022, to include the years 2023 and 2024. The prevalence was calculated for Germany as a whole, for the 17 regional Associations of Statutory Health Insurance Physicians, and for all rural and urban districts.

Methods
This study was based on nationwide outpatient claims data comprising data transmitted from all physicians accredited for the treatment of persons with statutory health insurance (SHI) in Germany, collected in accordance with §295 Social Code Book 5 (SGB V) and covering the period from the first calendar quarter of 2023 through the third calendar quarter of 2025. The annual study population comprised girls and women aged 10 years and older who were covered by statutory health insurance and had at least one billable healthcare contact during the respective reporting year. Individuals were classified as having prevalent endometriosis if a diagnosis of endometriosis (ICD-10-GM: N80) along with the diagnostic modifier "assured" was documented in the respective reporting year, which was either repeatedly coded in the subsequent three patient-specific quarters, coded by a gynecologist, or accompanied by the billing of a specific diagnostic or surgical procedure. Prevalence was calculated as the proportion of those diagnosed with endometriosis per 1,000 girls and women aged 10 years and over in the study population in the respective reporting year, both crude and age-standardized (reference: German population as of December 31st, 2022).

Results
Of the 35,462,043 girls and women aged 10 years and older covered by statutory health insurance, 373,150 received a diagnosis of endometriosis in 2023 (crude prevalence: 10.52 per 1,000; age-standardized prevalence: 10.47 per 1,000). In 2024, an endometriosis diagnosis was documented for 384,219 of the 35,462,598 girls and women aged 10 years and older (crude prevalence: 10.83 per 1,000; age-standardized prevalence: 10.84 per 1,000).

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At the level of the regional Associations of Statutory Health Insurance Physicians, the crude prevalence of diagnosed endometriosis increased in all 17 regions. However, it was below the national average particularly in the area states, whereas it was above the national average in the city states. As in previous years, the highest prevalence of diagnosed endometriosis was observed in Berlin; the lowest values were recorded in Thuringia (crude) and Hesse (age-standardized). On average, crude prevalence increased by 10.3% from 2022 to 2023 and by 3.0% from 2023 to 2024.

At the district level, the relative change in crude prevalence averaged 10.2% from 2022 to 2023 and 3.1% from 2023 to 2024. Even after adjusting for differences in age structure, marked regional variations in prevalence remained. The highest age-standardized prevalence of diagnosed endometriosis was observed in the Saalekreis district (Saxony-Anhalt; 2023: 18.14 per 1,000; 2024: 19.28), while the lowest values were recorded in the Nordhausen district (Thuringia; 2023: 5.05; 2024: 5.33).

Conclusion
Against the background of the increasingly prominent public debate on women's health in general and endometriosis in particular, a further increase in the number of diagnosed cases of endometriosis appears plausible and was to be expected. The slightly slower increase observed most recently may be attributable to various factors (diminishing catch-up effects, capacity constraints in office-based outpatient care, regulatory billing requirements, and disease-specific characteristics). The annual administrative prevalence remains substantially below epidemiological estimates of lifetime prevalence. Despite possible explanations for this discrepancy, it can still be assumed that a considerable number of women with endometriosis remain undiagnosed.

Keywords

Adenomyosis, claims data, endometriosis, prevalence

Citation

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