Women are more likely than men to live with chronic pain. Estimates often cited for the UK suggest that around **38% of women and 30% of men** experience chronic pain. The exact figures vary depending on how pain is defined, which people are surveyed and whether the estimate includes pain that affects daily life.

These figures do not mean that every woman is more likely to have every pain condition, or that men's pain is less Discover more important. They do, however, point to a real difference worth understanding. Hormones and biology may play a part, but so can conditions that disproportionately affect women, delays in diagnosis, social pressures and differences in how pain is recognised and treated.

This guide looks at why chronic pain may be more common in women, including the impact of endometriosis and menopause, and explains some of the support available through the NHS. It is general information, not a diagnosis: new, severe or worsening pain should be discussed with a healthcare professional.



What counts as chronic pain?

Chronic pain is generally understood as pain that continues or comes back for more than three months. It may be linked to an ongoing condition or injury, but sometimes no single cause can be found. Pain can affect one area, such as the back or pelvis, or be more widespread.

It can also affect sleep, concentration, movement, relationships and mental wellbeing. That does not mean the pain is "all in your head". Pain is real, even when scans or other tests do not show a clear explanation. The nervous system, physical health, emotions and surroundings can all influence how pain is experienced.

Why are women more likely to have chronic pain?

There is no single explanation for the difference in chronic pain rates. Researchers are still studying how biological, social and healthcare factors combine. Some points are better established than others, and the causes will vary from person to person.

Hormones and the nervous system

Hormones such as oestrogen can influence pain pathways and inflammation. Hormone levels change during menstrual cycles, pregnancy and menopause, and those changes may affect symptoms for some people. But hormones do not explain all women's pain, and a change in hormones should not be assumed to be the cause without considering other possibilities.

Some pain conditions are also more common in women, including migraine, fibromyalgia and certain pelvic pain conditions. The reasons are complex and may involve a mix of biology, genetics, life experiences and how the nervous system processes pain. These patterns do not mean that women are naturally "more sensitive" or that their pain should be dismissed.

Conditions that are under-recognised or take time to diagnose

Some pain conditions mainly affect women, or are more likely to affect them. Endometriosis is one example. Symptoms can overlap with other health problems, and there is no simple test that can rule it out in every case. As a result, people may live with pain for years before receiving a diagnosis.

Other conditions that can cause persistent pain include adenomyosis, pelvic inflammatory disease, vulvodynia and painful bladder conditions. Some people have more than one condition at the same time. Recognising the range of possible causes can help avoid treating long-lasting pain as an inevitable part of periods, sex, pregnancy or ageing.

Differences in how pain is heard and treated

Research and patient accounts have raised concerns that women's pain can sometimes be minimised or attributed too quickly to stress, anxiety or menstrual symptoms. Experiences differ, and many clinicians work hard to investigate and treat pain. Still, if you feel your symptoms have not been understood, it is reasonable to explain how they affect you, ask what else could be considered and request a review.

It can help to describe pain in practical terms: when it started, where it is, what makes it better or worse, how often it happens and what it stops you doing. A symptom diary can make patterns easier to explain and may support a clinical assessment.

Endometriosis: delays and the impact of pain

Endometriosis happens when tissue similar to the lining of the womb grows elsewhere in the body. It can cause painful periods, pelvic pain, pain during or after sex, pain when going to the toilet, fatigue and difficulties getting pregnant. Symptoms vary: some people have severe pain, while others have few or no noticeable symptoms.

Getting a diagnosis can take time. Painful periods are sometimes treated as normal, and endometriosis symptoms can be mistaken for other conditions. A person may also need more than one appointment or investigation. A delay does not mean symptoms are not real, nor does it mean that a diagnosis is impossible without surgery. A clinician can discuss assessment and treatment options based on the individual situation.

Endometriosis can affect more than physical comfort. Pain may disrupt school, work, exercise, sleep and relationships. People may feel they need to plan their lives around symptoms or may worry about being disbelieved. If pain is affecting everyday activities, it is worth telling a GP rather than feeling you have to wait until it becomes unbearable.

When to seek help for possible endometriosis

Speak to a GP if period pain is severe, getting worse, not helped by usual pain relief, or stopping you from doing normal activities. Also seek advice about persistent pelvic pain, pain during sex, or bowel or bladder symptoms that seem linked to your menstrual cycle. These symptoms can have other causes too, so assessment matters.

A GP may ask about your symptoms and medical history, examine you if appropriate and arrange tests or treatment. They may refer you to a gynaecology service if endometriosis is suspected, symptoms are ongoing or initial treatment has not helped. You can ask what the referral is intended to investigate and what to do while waiting.

Menopause symptoms go beyond hot flushes

Menopause is another stage of life when pain and other symptoms can change. Hot flushes and night sweats are well known, but they are not the only possible symptoms. Some people experience joint or muscle aches, headaches, sleep problems, low mood, anxiety, difficulty concentrating, vaginal dryness, pain during sex or urinary symptoms. Symptoms can begin before periods stop, during perimenopause, and may continue afterwards.

These symptoms can overlap with other conditions. Joint pain, for example, can have many causes, so it should not automatically be put down to menopause. If symptoms are new, persistent or affecting daily life, a GP or other healthcare professional can discuss what may be contributing and whether further assessment is needed.

Menopause hormone therapy (MHT, formerly called HRT) can help with some menopause symptoms, but it is not suitable for everyone and is not a general treatment for all chronic pain. A clinician can discuss potential benefits, risks and alternatives in light of your health and preferences. Other support may include treatments for sleep or mood symptoms, vaginal oestrogen for some genitourinary symptoms, and physical activity or physiotherapy where appropriate.

What help can the NHS offer for chronic pain?

The right support depends on the likely cause, the type of pain and its effect on your life. A GP is often a good first point of contact. They can ask about your symptoms, examine you where appropriate, review medicines and arrange tests or referrals. If you already have a diagnosis, they can also discuss whether your current plan needs to change.

NHS care may include treatment for an underlying condition, advice on pacing activities, physiotherapy, psychological support or pain management services. Psychological approaches such as cognitive behavioural therapy (CBT) are not a suggestion that pain is imaginary. They can help some people manage the effects of persistent pain, build coping strategies and improve day-to-day function.

NICE guidance for chronic primary pain recommends considering approaches such as exercise programmes, and psychological therapies including CBT or acceptance and commitment therapy (ACT), where appropriate. Treatment should be discussed with the person and tailored to their needs. For some types of pain, other medicines or specialist treatments may be more suitable.

First-line steps and treatment options

- **Assessment and a plan:** Explain what you are experiencing and agree what to try next, when to review progress and what symptoms should prompt earlier contact.
- **Movement and physiotherapy:** A gradual, personalised activity plan may help maintain strength and function. A physiotherapist can advise on suitable exercises, particularly if pain makes movement difficult.
- **Medicines:** The choice depends on the cause and type of pain. Some medicines commonly used for short-term pain are not appropriate for long-term use. NICE advises against starting certain medicines, including opioids, for chronic primary pain. Do not stop prescribed medicines suddenly without speaking to a clinician.
- **Support with sleep and wellbeing:** Pain and poor sleep can reinforce one another. Practical advice, psychological support or treatment for a related problem may form part of care.
- **Referral:** A GP may refer you to a relevant specialist, such as gynaecology, rheumatology or a pain service, depending on your symptoms and initial assessment.

Referral routes are not identical across the UK, and waiting times and local services vary. A referral may be appropriate when a specific condition needs specialist assessment, symptoms persist despite initial treatment, or the diagnosis is uncertain. Ask your GP what the referral is for and what options are available while you wait.

Preparing for an appointment

It can be difficult to remember every detail during a short appointment. Before you speak to a clinician, consider writing down:



- when the pain began and whether it has changed
- where it is, how it feels and how severe it is
- any links with periods, sex, eating, movement, sleep or urination
- what you have tried and whether it helped
- how pain affects work, study, caring responsibilities and daily activities

You can take someone with you for support, if you wish. If you feel a concern has not been addressed, you can ask for the reasoning to be explained, discuss what would prompt further investigation, or arrange another appointment.

Getting care and exploring consultation options

If you have persistent pain, begin with your GP or the appropriate NHS service where possible. Seek urgent medical advice for sudden, severe pain or pain with worrying symptoms such as fainting, heavy bleeding, difficulty breathing or a high fever. Call 999 for a life-threatening emergency.

An **online eligibility check** may help you find out whether a particular service could be suitable for your needs. It cannot diagnose the cause of pain or replace an assessment by a qualified clinician. Check what the service covers, who provides care, how your information is used and what to do if symptoms worsen.

A **private video consultation** can offer another way to speak with a clinician, depending on the service and your circumstances. It may be useful for discussing symptoms or next steps, but a video appointment may not be able to include a physical examination or all necessary tests. The clinician should explain any limitations and whether in-person NHS or specialist care is still needed. Private care does not guarantee a diagnosis, treatment or faster access to every test.

The bottom line

Chronic pain appears to affect more women than men: figures often quoted for the UK are around **38% of women compared with 30% of men**, although estimates depend on the study and definition used. Biological factors may contribute, but so can conditions such as endometriosis, menopause-related symptoms, delays in recognition and wider influences on care.

Pain that lasts is not something you simply have to put up with. A clear account of your symptoms can help a clinician assess possible causes and discuss treatment, support or referral. If your pain is affecting everyday life, ask for help and keep seeking answers if your needs are not being met.