

Dispelling myths about lipoedema

As we observe Lymphoedema Awareness Week, it's crucial to address some persistent misconceptions surrounding lipoedema and lymphoedema. These conditions affect millions of individuals worldwide, yet myths and misunderstandings can often hinder proper understanding and treatment.

Dr. Tobias Bertsch, President of the International Lipoedema Association (ILA), stresses the importance of dispelling myths about lipoedema, stating, *“Myths mean misinformation and misinformation about lipoedema can lead to uncertainty and anxiety which can lead to an increased pain perception, which means increased pain. And this pain is a real pain. For this reason, serious and scientific information can help the patient to find solutions, reduce complaints, and improve life”.*

Let's debunk some of the common myths about lipoedema.

Myth 1: Lymphoedema and lipoedema are the same

Reality: Lymphoedema and lipoedema are two different conditions with different underlying causes. Lymphoedema is primarily a result of impaired lymphatic drainage, leading to the accumulation of fluid in the affected area. On the other hand, lipoedema is a chronic condition characterized by disproportional fat distribution of the legs (and sometimes of the arms), accompanied by pain, heaviness, and/or tenderness arising from the fat tissue.

Myth 2: Lipoedema is a progressive disorder

Reality: Lipoedema should not be regarded as a progressive disease, as progression of symptoms like pain depends on various factors. While weight gain can exacerbate symptoms, the condition remains stable as long as the individual's weight remains stable.

In addition, there is no correlation between the volume of fatty tissue and the intensity of the pain. This means that a relatively slim woman with lipoedema-syndrome could have severe pain and a woman with a lot of fatty tissue could have mild pain.

Myth 3: Lipoedema is an oedema disease

Reality: Lipoedema neither includes oedema nor is there any scientific evidence for lymphatic insufficiency. For this reason, decongestive lymphatic therapy is an inadequate treatment for patients with pure lipoedema. This view is also supported by the new German S2k lipoedema guideline, to which almost all German founding members of the ILA have contributed significantly.

Lipoedema and lymphoedema are complex medical conditions that deserve accurate understanding and compassionate support. By dispelling these common myths, we can foster greater awareness and advocate for holistic care that addresses the unique challenges faced by individuals affected by lipoedema and lymphoedema alike. For more information, lectures, and scientific publications about lipoedema, visit the [International Lipoedema Association's website](https://www.international-lipoedema-association.org/).