

Title:**PATIENTS' PERCEPTION OF PELVIC FLOOR DYSFUNCTIONS****Authors:**

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Topic: patients' awareness of pelvic floor diseases

Abstract:**Aim.**

Pelvic floor dysfunction (PFD) is an increasing problem, lifetime related, causing both an huge social cost and a trouble in patients' quality of life. It is well known that patients' knowledge of disease is an important factor in determining success of therapies, especially in chronic diseases. Nowadays data regarding the concerns of women with their dysfunctions are poor. [1,2]

Improving the patient's understanding of diagnosis and therapeutic options is a cornerstone of PFD management. [3]

We questioned that not every patient is aware of her disorder before our urogynaecological evaluation. The aim of our study is to verify our patients' awareness about possible therapies, time expected to solution, and the concordance with their wishes.

Materials and methods.

From 1st January to 31st December 2016 we administered to all naive patients evaluated in our PFD out-patient unit 5 questions about their presumed disease and possible treatment.

We asked them: 1- who prescribed the visit (general practitioner, gynaecologist, myself, others –to be specified), 2- what is your problem? (open field), 3- which is the therapy you think will be offered to you? (surgery, drugs, FKT, nothing to do, other experimental –to be specified) 4- which therapy would you prefer? (surgery, drugs, FKT, no therapy, other experimental) 5- how long time does it take to you to solve the problem? (few days, one month, 6 months, I don't think there will be a solution).

We reviewed data of questionnaires and matched them with urogynaecologist's diagnosis and treatment.

Results.

We evaluated 355 patients at their first access; 281 of them (88%) received our "Five Questions". We recollected data about 275/281 of them (97%). General characteristics are listed in Table 1, whereas age distribution is in Figure 1.

In our population, 216 of patients (78%, group A) agreed with urogynaecologist's diagnosis, whereas 59 patients (22%, group B) was wrong about their PFD; 15 (5%) patients described more than one diagnosis. In Group B patients, 36 (61%) described wrong therapy. Group B characteristics are listed in Table 2 and 3.

Considering treatment only 142 patients (51%) correctly supposed their treatment, whereas 133 (49%, group C) wrongly indicated a different solution. In this group 37 patients (28%) were wrong both in diagnosis and in treatment. Most of our patients of Group C attended and wished a more invasive therapy than consultant's decision. Comparison between presumed and offered therapy is resumed in Table 4.

Regarding the time needed to solution, most of women presumed a middle-term time necessary (6 to 12 months), but 17,5% advocated solution in few days.

Conclusions.

PFD and urinary incontinence are an increasing complains in women, especially in older ones, still remaining a misunderstood problem until a urogynecological consultation is performed. In our population biggest confusion regards concept of urinary incontinence: most of these patients had wrong micturition habits, which only needed to be corrected. Age seems to be related to misdiagnosis (52% of our population is older than 60). Not only patients, but also doctors (in particular gynecologists) should correct misconception.

A well-informed patient is what doctors need to cope at their best.

Half of our patients (49%) wrongly identified the therapy they received later, and it is interesting that 3% of patients believe there is no solution for PFD.

In our study some patients presumed to receive more invasive therapies compared to what was them offered. 51% of patients who considered surgery their therapy were wrong: for example 21% (10/47) had abnormal voiding pattern that were treated modifying lifestyle and toilet habits. In this group behavioural intervention has been proposed in 29% of patients (39/133).

Regarding the time needed to solution surprisingly 17,5% advocated solution in few days, apparently not taking in count the nature of PFD as a chronic disease.

These preliminary results suggest us that an hard work needs to be performed, both with patients and with M.D. (in particular with gynaecologists and general practitioners) to improve knowledge about pelvic floor and related dysfunctions. We have programmed and offered specific training and educational programmes to colleagues in our district proper information about physiology of genito-urinary tract.

References.

[1] Krista Kiyosaki, A. Lenore Ackerman, Stephanie Histed, Claudia Sevilla, Karyn Eilber, Sally Maliski, RN, PhD, and Jennifer Anger, MD, MPH. Patient Understanding of Pelvic Floor Disorders: What Women Want to Know. *Female Pelvic Med Reconstr Surg.* 2012 ; 18(3): 137–142.

[2] K. S. Kinchen, K. Burgio, A. C. Diokno, N. H. Fultz, R. Bump, R. Obenchain, “Factors associated with women’s decisions to seek treatment for urinary incontinence,” *JWH*, vol. 12, no. 7, pp. 687–697, 2003

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Figure 1 – Age distribution

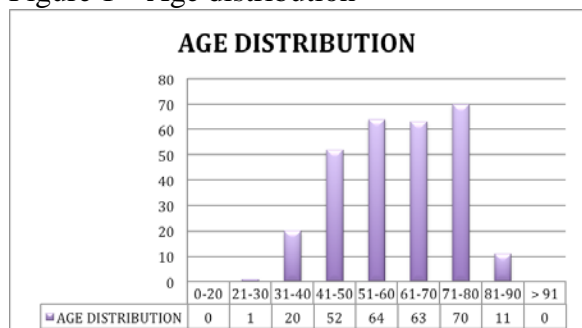


Table 1 -General characteristics

AGE	Mean 60,55 (range 25-81)
ETHNICITY	Italian: 254 (92%) Non Italian: 21 (8%)
REFERRAL	General Practitioner: 50 (18%) Gynaecologist: 189 (69%) Herself: 9 (3%) Other specialists: 27 (10%)
PRESUMED DIAGNOSIS	Urinary incontinence = 198 (68%) Pelvic organ prolapse = 46 (16%) Preoperative work-up = 6 (2%) Voiding dysfunction = 14 (5%) Urinary tract infections = 7 (2%) Medical indication = 9 (3%) Unknown reason = 8 (3 %) Multi-disciplinary team = 2 (1%)
TIME TO CURE	Few days = 48 (17,5%) One Month = 96 (29 %) 6-12 months = 105 (38%) No solution = 14 (5%) No answer = 12 (4,5%)
THERAPY PRESUMED	Surgery = 90 (33%) Drugs = 81 (31%) PFMT = 65 (23%) No therapy = 8 (3%) No answer = 19 (7%) Experimental = 12 (4%)

Table 2 - Age distribution and wrong diagnosis

Age groups	Patients	% of wrong diagnosis	% of cathegory
0-20	0	0	0
21-30	1	1,70%	100%
31-40	3	5%	15%
41-50	7	12%	13%
51-60	16	27%	25%
61-70	10	17%	16%
71-80	18	30,50%	26%
81-90	4	6,80%	36%
> 91	0	0%	0%

Table 3- Wrong and correct diagnosis

PRESUMED	N	CORRECT	N
Urinary Incontinence	26	Voiding dysfunction	6
		UTI	4
		Wrong habits	16
Prolapse	1	Overactive Bladder	1
MD indication	9	Prolapse	2
		Overactive Bladder	2
		Wrong habits	2
		Stress incontinence	2
		Chronic pelvic pain	1
Miscellaneous (UTI, unknown)	9	OAB	2
		Prolapse	2
		Mixed incontinence	1
		Wrong habits	4
Voiding dysfunction	4	Prolapse	1
		Overactive bladder	1
		Wrong habits	2
Multidisciplinary	2	Chronic pelvic pain	1
		Normal	1

Table 4 - presumed, wished and prescribed therapy (gr C)

Presumed therapy	N	wished	offered
Surgery	4 7	Surgery 34 Drugs 6 PFMT 6 Other 1	Drugs 30 PFMT 7 Habits 10
Drugs	3 2	Drugs 27 PFMT 3 Experimental 2	Surgery 5 PFMT 10 Experimental (Botox) 1 Habits 16
PFMT	3 8	PFMT 33 Surgery 2 Drugs 2 No therapy 1	Surgery 3 Drugs 23 Habits 12
no therapy	8	Surgery 2 Drugs 2 PFMT 3 No therapy 1	Surgery 2 Drugs 6
Experimental (NAS)	8	Surgery 2 Drugs 4 No therapy 1 Unknown 1	Surgery 2 Drugs 2 PFMT 1 Habits 1