

THE RELATIONSHIP BETWEEN AGE & THE IMPACT OF PELVIC FLOOR SYMPTOMS: 'THE 4,000 WOMEN STUDY'

Hypothesis / aims of study

We aimed to evaluate the relationship between age and the impact of pelvic floor symptoms in women using a validated questionnaire used in routine clinical practice

Study design, materials and methods

In a study approved by the local research ethics committee, data that were routinely collected as part of routine clinical care using a standardised, validated pelvic floor questionnaire (ePAQ)(1-3) were anonymised and analysed. All women attending the urogynaecology unit between 1st June 2007 & 18th March 2010 were given the opportunity of completing this questionnaire, prior to outpatient consultations. 4311 women gave their consent for their questionnaire data to be used (95% of women who completed ePAQ gave this consent). The data were anonymised and exported to Stata (version 9) for analysis. The data were stratified according to age into 4 groups: <30, 31-50, 51-70,>70. ePAQ items record symptoms on a 4 point scale: Never, Occasionally, Most of the time & All of the time. The impact attributed to these symptoms is also recorded on a 4-point scale: Not a problem, A bit of a problem, Quite a problem, A serious problem. The impact scores for equivalent symptoms were compared between women of different age groups to identify any trends.

Results

Of the 4311 women whose data were included, 348 were ≤ 30 years, 1482 were between 31 and 50 years, 1861 were between 51-70 years and 620 were > 70 years at the time of completing the questionnaires. The average impact scores for various symptoms such as urge incontinence, stress (exercise) incontinence, constipation, vaginal prolapse, reduced libido and partner avoidance due to urinary problems were compared in different age groups. We included data from women who reported these symptoms to be occurring 'Most of the Time' on the questionnaire. Table 1 shows the average impact scores for these symptoms in different age groups. Older women were significantly less bothered by urgency and stress incontinence and vaginal prolapse (Rank sum test p<0.05) (Graph 1). Similarly there was a significant reduction in the impact scores for reduced libido and partner avoidance due to urinary problems in older women (Rank sum test p<0.05) (Graph 2). The impact scores for bowel symptoms such as constipation were however significantly higher in older women (Rank sum test p<0.05) (Graph 3).

Interpretation of results

Increasing age is associated with differences in the impact & bother associated with pelvic floor symptoms. These differences appear to be most pronounced in relation to vaginal and sexual symptoms, which may be considered less problematic to older women, when compared with their younger counterparts.

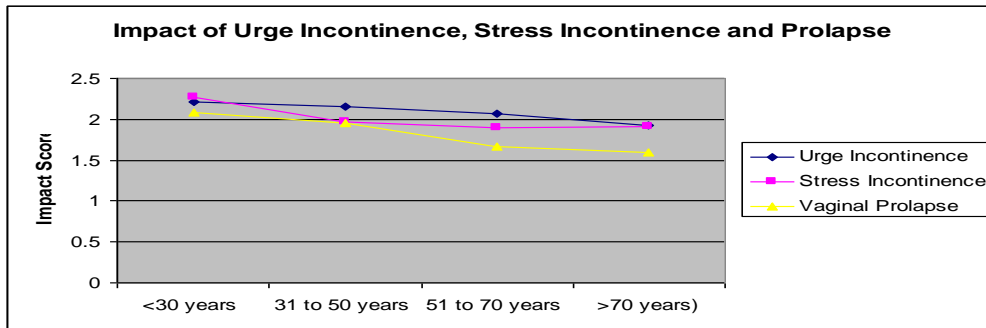
Concluding message

When assessing and treating pelvic floor disorders, clinicians should be aware that the impact of symptoms may vary & be perceived differently by different individuals. In particular, older patients may be concerned by symptoms, but seeking reassurance rather than surgery (if not distressed or unduly bothered). Reliably and objectively measuring the impact of symptoms may be valuable in the decision making process (e.g. whether or not to undergo corrective surgery for prolapse or incontinence). Symptoms may help with assessment and diagnosis; however symptom bother and impact on quality of life should also be accurately and objectively assessed. These findings support the routine collection of such data in clinical practice.

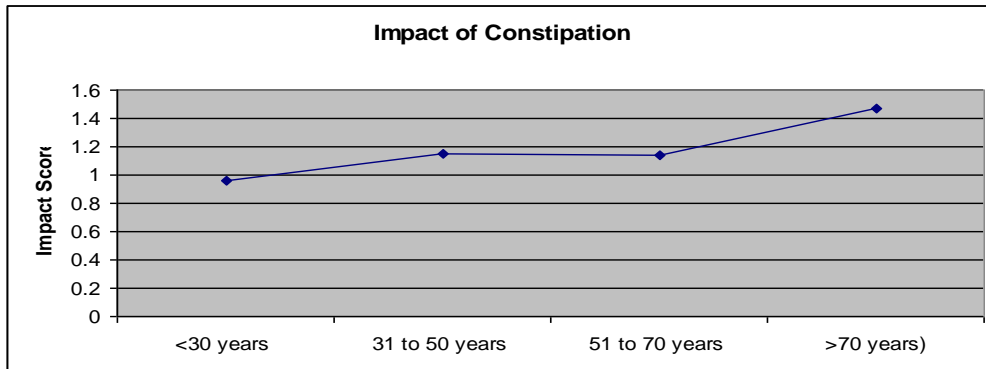
Table 1: Average Impact scores for women with significant symptoms and number of observations included in each category

Age groups (Number Included)	Urge Incontinence (Numbers Included)	Stress Incontinence (Numbers Included)	Constipation (Numbers Included)	Vaginal Prolapse (Numbers Included)	Reduced Libido (Numbers Included)	Partner Avoidance (Numbers Included)
≤ 30 years (348)	2.21 (23)	2.27 (22)	0.96 (50)	2.08 (13)	1.73 (23)	2.67 (5)
31-50 years (1482)	2.16 (196)	1.97 (167)	1.15 (264)	1.96 (128)	1.89 (144)	1.97 (33)
51-70 years (1861)	2.07 (210)	1.89 (170)	1.14 (211)	1.66 (246)	1.51 (146)	1.26 (58)
>70 years (620)	1.92 (101)	1.91 (45)	1.47 (62)	1.59 (76)	0.33 (7)	0 (3)

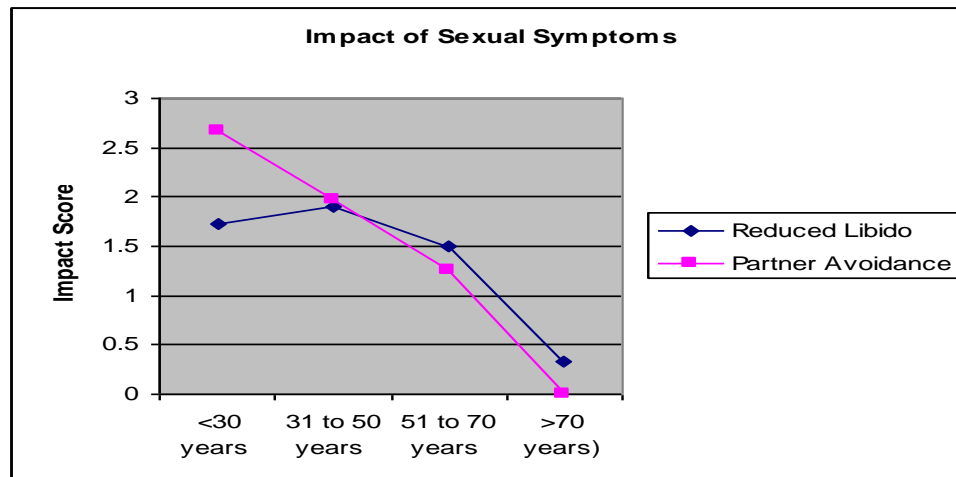
Graph 1



Graph 2



Graph 3



References

1. Radley SC, Jones GL, Tanguy EA, Stevens VG, Nelson C, Mathers NJ. Computer interviewing in urogynaecology: concept, development and psychometric testing of an electronic pelvic floor assessment questionnaire in primary and secondary care. BJOG. 2006;113:231-8
2. Jones GL, Radley SC, Lumb J, Jha S. Electronic pelvic floor symptoms assessment: tests of data quality of ePAQ-PF. Int Urogynecol J Pelvic Floor Dysfunct 2008;19:1337-47.
3. Jones GL, Radley SC, Lumb J, Farkas A. Responsiveness of the electronic Personal Assessment Questionnaire-Pelvic Floor (ePAQ-PF). Int Urogynecol J Pelvic Floor Dysfunct 2009;20:557-64.

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Is this a clinical trial?	No
What were the subjects in the study?	NONE