652

Brocker K¹, von Wihl S¹, Lenz F², Maleika A¹, Sohn C¹

1. Department of Gynecology and Obstetrics, Medical School Heidelberg, Germany, **2.** Department of Gynecology and Obstetrics, Hetzelstift Neustadt an der Weinstraße, Germany

DEMOGRAPHIC EVALUATION OF A UROGYNECOLOGICAL PRACTICE WITH THE P-QOL QUESTIONNAIRE

Hypothesis / aims of study

With constantly growing age of the population there is a steadily rising amount of elderly women with urogynecological problems visiting the gynecologist.[1] With this study we aim to present a demographic overview of the patients of a urogynecological practice at a university department of gynecology and obstetrics. Special emphasis rests on the correlation between incontinence problems and those of genital descensus in regard to the patient's quality-of-life. To be discussed is the possible need of interdisciplinary treatment of these patients.

Study design, materials and methods

This is a retrospective analysis. Each patient treated in the years 2005 to 2009 was given a P-QOL questionnaire at each visit. The questionnaire is devided into symptom questions and 20 questions regarding quality-of-life (QoL) domains. The results of the QoL-questions are gathered in one score. A high score describes a great impact on the woman's QoL.[1] Each patient was gynecologically examined at each visit and a pelvic organ prolapse was quantified according to the POP-Q system. Data evaluation was achieved by SPSS 15.0 for Windows.

Results

In total 1593 questionnaires were completed by 796 patients aged 16 to 88 (mean 60,5 years). Averagely patients returned for consultation after 7,8 months. 587 patients presented with urgency incontinence and 493 with stress urinary incontinence. 626 women described symptoms of pelvic organ prolapse (POP) and of these 504 also complained about defecatory problems. 78 patients were treated with pelvic floor reconstructive surgery and where evaluated before and after surgery. 31 patients of these recieved a MESH-repair. At their first visit, regarding the total amount of patients, 40 patients had a general health perception score of under 22.2%, 607 women had a score between 22.2 and 66.8% and 134 patients had a high impact on their general health perception with a score over 66.8%. 42% of the patients with a POP grade III or higher were evaluated to have a high impact on their QoL. The score of the general health domain correlated significantly with the domain prolapse impact. The grade of POP correlated significantly with all QoL-questions. Patients with stress urinary symptoms showed in addition a significantly high amount of urge incontinence symptoms such as dribbeling or incontinence at great urgency. Patients with general POP symptoms showed no higher correlation with bowl disorders and patients who marked to need maximal strain for urination also needed strain for defecation. The patients who were treated surgically showed significant difference to the better in the QoL-domains prolapse impact, role limitation, physical limitation and severity measures (p < 0,01) after surgery.

Interpretation of results

Regarding the patients consulting us and their P-QOL questionnaire results we were able to show that a great number of patients present with both urinary and bowl disorders besides POP symptoms. This supports the call for continuous interdisciplinary work in treating patients with urogynecological symptoms. Women with additional defecatory disorders need to be presented to a proctologist. Furthermore the results underline that e.g. a sole urological examination of women with urinary incontinence without detailed POP diagnostics by a gynecologist might not capture the complete extent of pelvic floor disorder.

Concluding message

The P-QOL questionnaire is a useful tool in recieving an overview of the patients' urogynecological symptom complex in a urogynecological practice and it is a simple methode for detecting patients in need of interdisciplinary treatment.

References

1. Digesu et al. The relationship of vaginal prolapse severits to symptoms and quality of life, BJOG 2005, Vol. 112, pp. 971-976

| Specify source of funding or grant | None |
|--|--|
| Is this a clinical trial? | Yes |
| Is this study registered in a public clinical trials registry? | No |
| Is this a Randomised Controlled Trial (RCT)? | No |
| What were the subjects in the study? | HUMAN |
| Was this study approved by an ethics committee? | Yes |
| Specify Name of Ethics Committee | Ethics Commitee of the University of Heidelberg Medical School |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | No |