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Institution: Dept Obstetrics and Gynaecology. # Research Group Psychology of Health and Illness
Title: COPING STRATEGIES AND HEALTH-RELATED QUALITY OF LIFE IN WOMEN WITH PELVIC FLOOR DYSFUNCTION

Aims of the study:

The aim of our study was to assess the effect of different coping strategies on health-related quality of life in women with symptoms of pelvic floor dysfunction, e.g. urogenital, genital prolaps or defecation symptoms.

Methods:

The study sample consisted of a random population cohort of 2042 women, aged 20-75 years, who received a self-administered questionnaire in 1999. Beside sociodemographic variables the questionnaire contained the Urogenital Distress Inventory to measure urogenital symptoms. (1) In addition, 15 questions were added to assess the presence of defaecatory symptoms (obstructive defecation, pain, faecal/flatus incontinence and constipation). The total number of symptoms and the experienced bother from these symptoms were added together to obtain a single Pelvic Floor Distress (PFD) score (0-100). A high score indicates more or more bothersome symptoms. Disease-specific quality of life was measured with the Incontinence Impact Questionnaire. (1) A high score indicates a worse quality of life. The coping strategies that were assessed were: planful/rational actions, distancing, self-blame, wishful thinking, emotion expression/seeking support, seeking distraction and avoidance.

A stepwise linear regression analysis was used to determine which variables explained a significant proportion of the IIQ score variance. Standardised regression coefficients were calculated to estimate the strength and direction of the effect of the individual variables.

Results:

A total of 1057 women had at least one positive urogenital or defecation symptom and replied to the questions of the IIQ.

The regression model explained a total of 42% of the IIQ variance. The largest proportion was, as expected, explained by the PFD score (33%). The coping strategy avoidance, wishful thinking, seeking distraction, planful/rational action and distancing explained the additional 9% of the variance. The strength of effect of the PFD score (standardised regression coefficient 0.453) was 3-times that of the coping strategies avoidance (0.152), wishful thinking (0.134) and seeking distraction (0.127) with the same direction of the effect. In contrast, the strength of the effect of the coping strategies planful/rational action (standardised regression coefficient – 0.08) and distancing (- 0.07) was 1/6 of the effect of the PFD and also in the opposite direction.

Conclusion:

When measuring disease-specific quality of life (IIQ) in women with symptoms of pelvic floor dysfunction, the way women cope with these problems will affect the IIQ score, independent of the number and

bothersomeness of the symptoms themselves. In other words, at the same PFD score, women who more express coping strategies that are considered as passive or emotion-oriented (avoidance, wishful thinking, seeking distraction) will experience a worse quality of life as compared to women who express more active, problem-oriented coping strategies (planful/rational action, distancing). This implicates that some women with mild symptoms (low PFD score), because of their passive coping strategies, will experience a worse quality of life and may tend to seek medical attention early. Inevitable this will place them at risk for undergoing invasive diagnostic tests and interventions that are probably not justified based on symptom severity alone. Clinicians should be aware that the way women cope with their problems affects their help-seeking.

¹ Schumaker SA, Wyman JF, Uebersax JS, McClish D, Fantl JA. Health related quality of life measures for women with urinary incontinence: The Urogenital Distress Inventory and the Incontinence Impact Questionnaire. *Quality Life Res* 1994; 3: 291-306.

