

Trauma History Reported at URPS Intake: Correlation with Clinical Characteristics in 600 Patients

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OBJECTIVES

- Trauma informed care is an important concept in pelvic medicine.
- This study aimed to compare clinical characteristics amongst patients who report a history of trauma at intake.

METHODS

- Comprehensive prospective electronic multidisciplinary intake data was collected sequentially on 600 patients (526 female, 63 male, and 11 transgender) presenting to a single institution's Urogynecology and Reconstructive Pelvic Surgery and Multidisciplinary Pelvic Pain clinic
- Presence of trauma history was determined from the following open-ended question on the intake questionnaire: "Is there a history of trauma/abuse you would like the team to be aware of?".
- Unpaired t-tests and chi squared tests were used to correlate trauma history with other intake data

RESULTS

Measure	Self-Reported Trauma History (mean ± SD) (N=54)	No Self-Reported Trauma History (mean ± SD) (N=546)	p-value
Pelvic pain	71%	42%	<0.001
Autonomic sx score	9.91 ± 5.4	4.0 ± 4.4	<0.001
Neurological ROS	4.4 ± 2.9	2.0 ± 2.4	<0.001
PHQ-4	2.2 ± 2.1	1.0 ± 1.6	<0.001
AUA-QOL	4.17 ± 1.85	3.21 ± 2.19	<0.001
Sexual satisfaction	3.41 (N=49)	2.90 (N=354)	0.020
Orgasm intensity	2.79 (N=28)	2.49 (N=250)	0.260



Figure 1: Representative requests from patients to the question: "Comments regarding physical exam and procedures."

CONCLUSIONS

- Patients who relayed a history of trauma at intake to pelvic floor disorders clinic were more likely to have autonomic symptomatology, neurological symptomatology, anxiety, depression, pelvic pain, and lower reported quality of life.
- Interestingly, orgasm intensity is preserved, and sexual satisfaction was higher in patients with a history of trauma who were sexually active and willing to discuss. This may be attributed to positive outcomes of therapy or selection bias.