# 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

"Let me know what I should expect to feel, tell me when you're about to do something and give me the chance to be calm and check in with me on how it feels. Slow and gentle."

"Ideal preferred conditions: meet doctor while clothed prior to exam, provider describes all components of exam in advance, provider asks me before moving to next step of exam/procedure, option to stop if I am in too much pain, no other staff should take over the exam without my consent, plenty of lubricant, and very slow insertion/removal/movement."

"Please no one else in the room, and if there must be other people in the room, I'd prefer they either be [the same gender] or have their back turned to me please."

"I expect doctors to be present when in an appointment with me. If I am asked a question, I expect the doctor to be ... empathetic to the answer which may illicit tears."

**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.