

Author(s) HD Bradshaw, AG Farkas, CR Chapple, S Radley, SC Radley.
Institution, city, country Department of Urology Research, Royal Hallamshire Hospital, Sheffield, UK
Title (type in CAPITAL LETTERS, leave one blank line before the text) <u>Validation of a symptom questionnaire for pelvic organ prolapse</u> <u>Aims of the study</u> To develop an instrument to objectively assess symptoms related to pelvic organ prolapse. Questionnaire design: 23 questions address the severity and impact of symptoms in eight domains; lump, pain, urinary storage, urinary voiding, faecal storage, faecal evacuation, sexual function, and lifestyle. The number of individual questions in each domain ranges from 1 to 3. <u>Subjects and method</u> In total 61 patients and 29 asymptomatic controls were recruited from outpatient clinics. 12 repeated the questionnaire after 2-4 weeks. Of 34 patients who subsequently underwent prolapse surgery, 29 (85%) returned completed questionnaires at a median interval of 6 months. Prolapse was measured according to the UK prolapse classification. The reliability and internal consistency of the questionnaire were assessed on a number of levels. <u>Results</u> Overall missing data was 1.9%. Domains were constructed to include questions relating to specific areas of prolapse symptomatology which had correlation coefficients >0.4.(range 0.48*-0.66*).Bowel and bladder domains were subdivided to address storage and voiding components separately. Internal consistency measured by Cronbach's alpha was satisfactory (> 0.7) in 5 of the 7 domains in which it could be measured. (Range 0.55-0.85). Symptom severity in all domains correlated positively with increasingly severe degrees of prolapse on clinical examination. Severity of lump, lifestyle and pain symptoms correlated moderately (0.478*-0.635*), whereas sexual function, bowel and bladder symptoms correlated weakly (0.107-0.274*). Comparing the symptom severity with associated 'bother', there was a moderate to strong positive correlation for each individual symptom. This was strongest for symptoms of faecal incontinence and sexual dysfunction (0.89*-0.96*) and weakest for vaginal soreness(0.53*)and awareness of a lump (0.63*). Test-retest analysis showed 75% of questions answered identically. Change in score was by 1 point on the scale in 23%. Mean domain scores were significantly higher in patients than in controls in all domains (p<0.05)** (Chart 1). Of women surveyed following surgery mean symptom scores improved in all domains (Chart 2); this change was statistically significant (p<0.05)** for lump, pain, urinary storage, faecal evacuation and lifestyle * Spearmann's correlation coefficient ** Wilcoxon signed rank

Type your text within this frame. If 2nd page is needed use Abstract Form A-2.

Author(s) HD Bradshaw, AG Farkas, CR Chapple, S Radley, SC Radley.

Chart 1 Mean domain scores for controls & patients

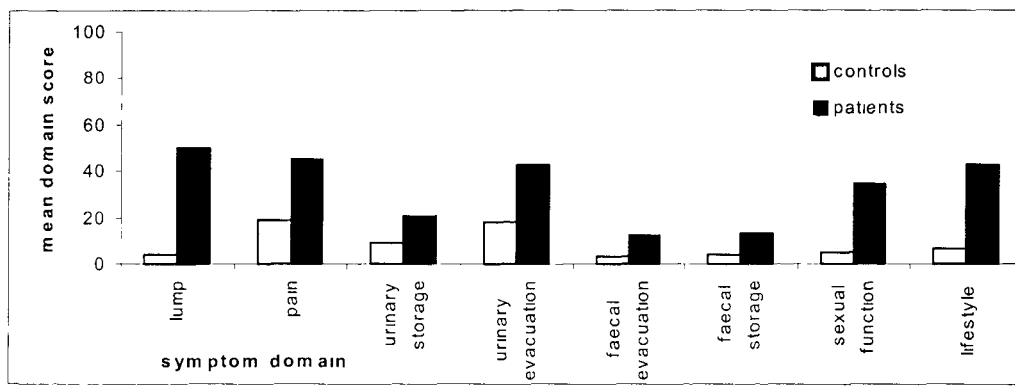
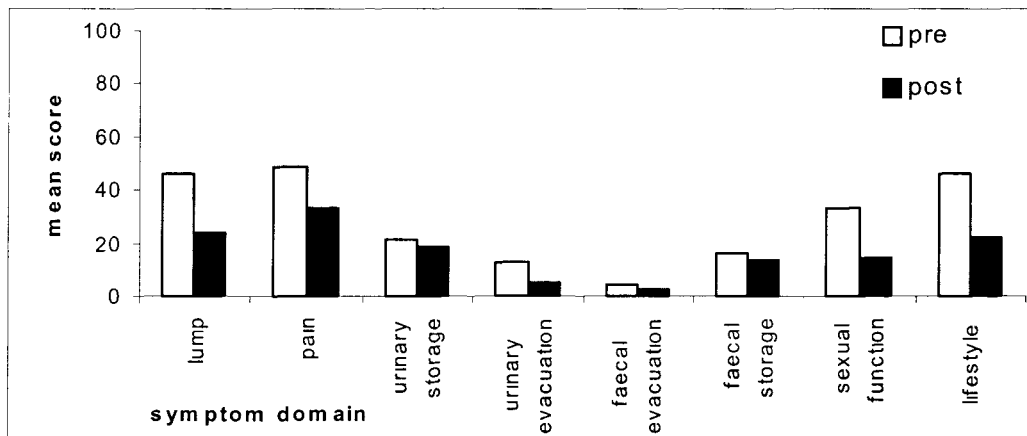


Chart 2 Mean domain scores pre & post surgery



Conclusions

The prolapse questionnaire shows promise as a reproducible and reliable instrument for the assessment of symptoms in women with pelvic organ prolapse. It is both easy to use and acceptable to patients. The questionnaire differentiates between women with and without prolapse and shows sensitivity to change following surgical intervention. Application of the questionnaire in different centres and following specific procedures will provide valuable information about the benefits of current and new treatments on particular symptoms. The questionnaire also gives valuable insight into an individual patient's views of their symptoms and their impact, allowing more meaningful discussion of therapeutic options.