

A SURVEY OF GENERAL PRACTITIONERS ON FEMALE URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

To find out the current knowledge and practice of general practitioners on female urinary incontinence and pelvic organ prolapse.

Study design, materials and methods

Two page questionnaires were sent by post to 1200 Singapore registered general practitioners in January 2003. The questionnaires included general data of the respondents like age, sex, year graduated from medical school, and years of GP practice. Questions on female urinary incontinence included number of patients consulting with this condition, sources of learning urinary incontinence, knowledge in the management of female stress urinary incontinence, and their referrals. Questions on pelvic organ prolapse include number of prolapse patients seen per week, where they acquired their knowledge, how they manage prolapse, last update, knowledge of vault prolapse and management, and patients' referrals. Also asked were their willingness to attend GP forums and to receive newsletters on female urinary incontinence and pelvic organ prolapse for purposes of continuing medical education. Data was collected through fax and post by March 31, 2003.

Results

One hundred and eighteen (9.8%) out of 1200 general practitioners (GP) answered the questionnaire and faxed or posted the results back. The majority of respondents were males in their mid forties and had been in practice for the last 12 years. The majority of doctors saw 1-5 patients complaining of incontinence or pelvic organ prolapse per week, learned both topics in medical school, knew about Burch colposuspension and TVT, and taught pelvic floor exercises to their patients. Less than 50% of them knew about sacrospinous vault suspension and abdominal sacrocolpopexy. The majority referred incontinent patients to urogynaecologists. Equal number of GPs referred their pelvic organ prolapse patients to gynaecologists and urogynaecologists.

Regarding sources of learning incontinence and its management, 75% answered Medical school, 65% from medical journals and newsletters, 46% from GP forums, 42% from medical books, 30% from drug representatives, and 26% during conferences. One percent from other sources.

Table 1. Sources of learning female urinary incontinence. (N =118)

	Medical School	Journals/ News letters	GP forums	Medical books	Drug Reps.
No. of GPs	89	77	54	49	35
Percent	75%	65%	46%	42%	30%

Table 2. Pelvic organ prolapse management (n=118)

	Specialist referral	Pelvic floor exercise	Medications	Advice nothing could be done
No. of GPs	104	62	10	0
Percent	88%	53%	9%	0%

Interpretation of results

General practitioners in Singapore were knowledgeable about the management of pelvic organ prolapse and urinary incontinence. However half of them did not know the management and prevention of vault prolapse. They were keen on being constantly updated on both conditions by GP forums and newsletters.

Most of the doctors reported that they were seeing between 1-5 patients with complaints of either stress incontinence or pelvic organ prolapse per week. Most were aware of the current surgery for incontinence (Burch colposuspension - 76% and TVT - 67%) but the majority did not know about severe uterine prolapse or vault prolapse surgery (sacrospinous vault suspension - 44% and abdominal sacrocolpopexy – 32%). Continuing medical education is definitely needed to familiarise general practitioners on the best treatments for incontinence and pelvic organ prolapse.

A high percentage (88%) referred their incontinence patients to specialists. This is higher compared to a study done in Denmark where only 50% to 66% would refer them to specialists. There is a preference of general practitioners to refer incontinence patients to urogynaecologists rather than urologists (72% Vs 21%) and a small tendency to refer prolapse patients to gynaecologists than urogynecologists (60% Vs 51%). More than 50% of the general practitioners would manage cases of incontinence themselves by teaching pelvic floor exercises.

It is interesting to note that Medical school was the most important source of knowledge on incontinence and prolapse. However when compared with other sources (Journals/newsletters, GP forums, medical books, and conferences), the source of information may be outdated. Also, the majority's last update (61%) was before the year 2000. This may indicate that the majority last learned these two topics when they were still medical students. The desire and willingness to update is present because more than 90% were willing to attend medical forums and receive newsletters on urinary incontinence and pelvic organ prolapse

Concluding message

General practitioners are important teammates together with specialists and health institutions in providing healthcare to the elderly. It has been shown that physicians' recommendations have high patients' adherence rate of 85%. Knowing this, if general practitioners can be informed and updated regularly, there is an excellent chance that urinary incontinence and pelvic organ prolapse can be diagnosed early and managed properly. The general practitioners have already expressed their willingness to learn more. It is now up to the specialists and the institutions to provide the necessary training programs.