Barriers to seek help when pelvic organ prolapse is a recurrent problem: a focus group study

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Aim of the study

Pelvic organ prolapse (POP) is often a recurrent condition. There is a lack of information about help-seeking behaviour in women suffering from recurrent POP. The aim of this focus group study was to **identify factors** that determine the **help seeking behaviour of women with** recurrent POP.

Results

Twenty women with a mean age of 66 years (range 60-80 years) participated in three focus groups.

Personal factors were most important, e.g., age, coping style and personal characteristics like postponing, avoiding, minimizing, or

Design, materials and methods

Focus groups were compiled from the POP-UP cohort study¹. This study reviewed the long-term prevalence of POP after laparoscopic or vaginal hysterectomy. Women with recurrent POP who did not consult a physician were selected.

Prior to the focus group discussions, a group of four urogynecologists agreed on seven hypothetical themes for not seeking medical care: (1) Personal factors, (2) previous treatment, (3) knowledge, (4) perception of current symptoms, (5) social environment, (6) accessibility, and (7) logistic factors.

A funnel design was chosen to moderate the focus group discussions. The discussions were audio-recorded, anonymized and transcribed using Atlas.ti9, based on a coding scheme.

- serving attitude.
- **Previous treatment** was important in case the experience was negative.
- Lack of **knowledge** about treatment options, of the general practitioner and about the right moment to treat were mentioned.
- Perception of current symptoms were mostly less compared to preoperative complaints.
- A taboo on discussing POP symptoms was experienced within the social environment.
- Lack of accessibility to the GP mattered.
- Logistic factors were hardly mentioned.

Figure 1. Influencing factors for women's help seeking behaviour



Concluding message

- Barriers to seek help for women with recurrent POP are multifactorial and mostly determined by personal factors, knowledge and previous treatment (73% of all answers).
- In order to provide **optimal care** to this patient group it is important to know their barriers and considerations.

References

1. Vermeulen, C. K. M. et al. (2020).

Others No standard check-up appointment besides six weeks postoperative 11%

8%

Pelvic organ prolapse after laparoscopic hysterectomy compared with vaginal hysterectomy: the POP-UP study. International Urogynecology Journal, 32(4), 841-850. https://doi.org/10.1007/s00192-020-<u>04591-z</u>

Communication between gynecologist and patient 15%

Previous treatment experiences 66%

Others 47%

> Knowledge of GP 17%

Lack of knowledge about right moment to treat 16%

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