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Primary Prevention in Female with Pelvic Floor Disorders

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Abstract

Introduction: Problems that affect the pelvic floor including: incontinence, leaking, and pelvic organ prolapse. Although it is commonly believed that pelvic floor disorders (PFDs) affect a large segment of the adult female population, reliable estimates of the prevalence of these disorders have been difficult to establish [1]. Historically, researchers have depended on non-validated or incompletely validated screening tools which have generated widely different estimates of prevalence of PFDs. Primary prevention aims to prevent a disease from arising (or to reduce its incidence), for example by increasing the body's defenses, eliminating the causal factors of the disease, selecting and treating the risk conditions. The aim of this study was to verify whether the candidates for pelvic floor rehabilitation were aware of the factors predisposing to the dysfunctional pathologies of the pelvic floor and the behavioral rules for correct prevention.

Material and Methods: 50 females, aged between 30 and 80 with diagnosis of PFDs were considered to individual rehabilitation project, in the period between January 2019 and December 2019. The anamnestic questionnaire proposed to the patients for access to conservative treatment included the personal data, family and personal history and questions aimed at identifying the factors that usually contribute to the development of this pathology: childbirth, if natural, obesity, constipation, age, gynecological surgery such as hysterectomy, work activity, all situations that can lead to a chronic increase in intra-abdominal pressure.

Results: The evaluation of the responses showed that 49 of considered females did not know the predisposing factors and behavioral strategies aimed at a correct primary prevention of dysfunctional pathologies of the pelvic floor.

Discussion: The results highlighted the lack of knowledge by women of the conditions that favor a pathology that directly affects them. Primary prevention represents the first step in reducing the probability that a pathology will occur. The specific skills should already be present before a person identifies a conservative rehabilitation path.

Conclusions: Scheduling activities that are not necessarily medical, such as health education in schools or through the media, is a form of prevention, since young women, by learning daily behavioral strategies, will have a lower risk of developing pathologies at the perineal level. Prevention should involve various figures and professions in the health field but not only: doctor, nurse, physiotherapist, teacher, psychologist, psychotherapist, parents.

Keywords: Primary prevention, Pelvic floor dysfunction, Conservative treatment.

Introduction

Female pelvic floor disorders (PFD)s is a term applied to a wide variety of clinical conditions, including urinary incontinence, anal incontinence, pelvic organ prolapse, sensory and emptying abnormalities of the lower urinary tract, defecatory dysfunction, sexual dysfunction, and several chronic pain syndromes [2].

The scope of prevention has changed over time. A 1967 textbook stated: "Prevention, in a narrow sense, means averting the development of a pathological state. In a broader sense, it includes all measures-definitive therapy among them-that limit the progression of disease at any stage of its course" [3]. By 1978, the distinctions between types of prevention had expanded to include primary prevention to promote health prior to the development of disease or injuries; secondary prevention to detect disease in early (asymptomatic) stages; and tertiary prevention to reverse, arrest or delay progression of disease [4]. In 1998 the World Health Organization, in addressing "disease" prevention, stated that it "covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. Identification of "risk factors" as part of prevention has been designated a new era in public health and clinical medicine" and as a new professional activity of epidemiologists [5,6]. Despite the clinical and economic importance of

female incontinence and prolapse, data informing best practices for prevention and treatment of these conditions are limited. The aetiology of PFDs is known to be multifactorial, prevention of PFDs, when possible, should be a primary goal.

The aim of this study is twofold, to evaluate the knowledge of primary prevention of PFDs of female with PFDs, focusing on the associations among functional status and awareness of health dimension.

Material and methods

In this prospective study, from January 2019 and December 2019, 50 females were enrolled with a mean age of 60.32. The clinical conditions of PFDs were different including: 3 urinary incontinence, 14 fecal incontinence, 33 defecatory dysfunction. A standardized questionnaire was administrated, immediately before to start conservative treatment, it allowed to determine the knowledge of primary prevention of PFDs.

The questionnaire comprised 40 items: 16 questions were related to general aspects of medical history including drug intake and the particular gynecological history, and 24 questions referred to predisposing factors to development of urinary incontinence, anal incontinence or pelvic organ prolapse. Following risk factors were mentioned: childbirth, if natural, obesity, constipation, age, gynecological surgery such as hysterectomy, work activity, all situations that can lead to a chronic increase in intra-abdominal pressure.

The questionnaire included closed-ended type of question. Patients can answer a question with only a "yes" or "no" response. All observational analyses considered patients before conservative

rehabilitation path. The sample size was estimated from the clinical practice. A consecutive case series that met the inclusion criteria was analyzed and underwent treatment according to the conservative treatment.

Results

The evaluation of the questionnaire responses showed that 49 of the women considered unaware of the predisposing factors and behavioral strategies aimed at a correct primary prevention of dysfunctional pathologies of the pelvic floor. (Table 1).

In considered sample, 34 were in menopause, 6 were affected by respiratory chronic obstructive pulmonary disease, 11(22%) presented obesity or overweight (measured by the body mass index) and 61 childbirths (Figure 1).

Patients	Age	Preventive Education
50	60.32	1

Table 1: Knowledge of primary prevention of PFDs in considered sample.

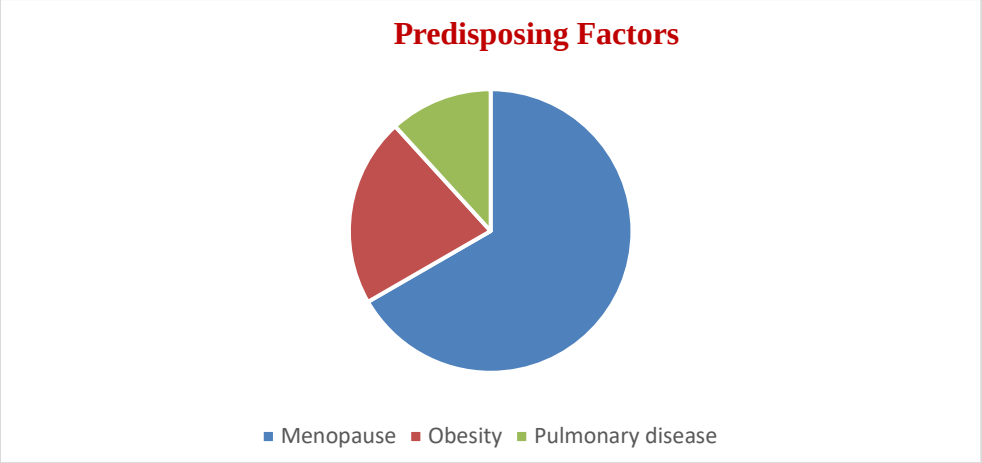

Figure 1: Predisposing factors to PFDs in considered sample.

Discussion

The clear identification of risk factors is essential for the development of successful strategies aimed at the prevention of end-stage PFDs. The results highlighted the lack of knowledge by females of the conditions that favor a pathology that directly affects them.

A specific, validated tool for assessing preventative measure including the measures or steps taken for prevention of pelvic floor diseases is not available to our knowledge. The Fourth International Consultation on Incontinence [7] examined the evidence related to conservative treatment for PFDs in women including the lifestyle interventions [8]. Systematic reviews of the literature pertaining to lifestyle interventions included lifestyle factors: obesity, physical forces (exercise work), smoking and dietary factors including caffeine, alcohol and fluid intake as well as constipation. Strong evidence in favor of health behaviors or lifestyle changes to reduce PFDs was not available in most cases [9].

According to traditional thought the results of this paper evidenced that advancing age, childbearing, obesity and menopause are more frequent PFDs predisposing factors [10].

Obesity is commonly cited as a factor related to the development and recurrence of urinary

incontinence in women [11]. Wingate and co-workers demonstrated obesity to be a significant risk factor for urinary incontinence independent of obstetric history, surgery, smoking and family history [12]. PFDs are more common in overweight and obese patients.

Epidemiologic study has demonstrated a significant increase in the risk for urinary incontinence in older women (aged more than 60 to 65 years) with chronic obstructive pulmonary disease [13] and chronic respiratory symptoms (coughing and sneezing) [14]. In considered sample there were 61 childbirths. The aetiology of PFDs is known to be multifactorial, but obstetric trauma during childbirth has been reported to be one of the most significant risk factors [15].

Limitation of this paper is represented by the number of relucted females therefore, caution is needed when generalizing findings about this group.

Primary prevention represents the first step in reducing the probability that a pathology will occur. The specific skills should already be present before the person identifies a conservative rehabilitation. Educating people about continence issues and ways in which they can improve their bladder and bowel health will also assist in removing some of the stigma that surrounds continence issues [16]. The promotion of prevention strategies for PFD in the absence of symptomatology should be incorporated in clinical practice.

Recommendations for risk factors screening are made one by one, despite evidence that risks factors are not independent of each other [17].

Conclusion

Health awareness and sanitary education are bases of the effective divulgation of prevention issue. Primary prevention should involve various figures and professions in the health care: medical doctor, nurse, physiotherapist, teacher, psychologist, psychotherapist, parents. This observational study related to considered group highlights the need of more notions finalized to health education of female in young age The goal of preventive medicine is to promote health and well-being and prevent disease, disability and death.

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Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research authorship and/or publication of this article.

Patient consent

The patient consent was obtained. The study was approved by the Ethics Committee of our Centre and all patients provided written informed consent before study treatment.

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