



EXPLORING THE SOCIODEMOGRAPHIC, CLINICAL, AND PSYCHOSOCIAL CHARACTERISTICS OF WOMEN SEEKING OUTPATIENT REHABILITATION FOR PELVIC FLOOR DYSFUNCTION: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Pelvic floor disease, also known as PFD, is a common clinical condition that mostly affects females and may result in a wide range of symptoms. Some of these symptoms include urinary and faecal incontinence, pelvic organ prolapse, chronic pain syndromes, and sexual dysfunction. The purpose of this study was to evaluate the characteristics of women who were interested in receiving outpatient treatment for PFD.

Objective: The objective of this study was to investigate the Sociodemographic, Clinical, and Psychosocial Characteristics of Women Seeking Outpatient Rehabilitation for PFD.

Methods: This one-year cross-sectional research was carried out at Avicenna Hospital, Badar Medical Complex, and University Teaching Hospital Lahore. Data was acquired via a self-administered questionnaire on a convenient sample of 140 women. The data was analysed using descriptive statistics.

Results: Most participants fell within the age range of 25-44 years (56%) and had completed at least College education (63%). Urinary incontinence was the most commonly reported symptom, followed by fecal incontinence, pelvic organ prolapses, pain during intercourse, chronic pelvic pain, and urinary urgency and frequency.

Conclusion: This study provides valuable insights into the characteristics of women seeking outpatient rehabilitation for PFD, including their demographic characteristics and prevalence rates of symptoms. These findings can be used to develop effective interventions and treatments for women with PFD.

Keywords: Pelvic-floor disorder, women's health, outpatient rehabilitation, prevalence, urinary incontinence.

INTRODUCTION

Several studies have shown that almost 50% of women experience issues with their pelvic floor at some point in their lives. Pelvic floor dysfunction (PFD) is an umbrella term for a group of conditions that can adversely affect a woman's quality of life. These conditions include urinary incontinence, fecal incontinence, pelvic organ prolapse, pelvic discomfort, and sexual dysfunction. The underlying causes of these conditions can vary and may result from several diseases.(1, 2).

Outpatient rehabilitation programs, including pelvic-floor muscle training, biofeedback therapy, and electrical stimulation, have been shown to be effective in treating PFD. However, little is known about the sociodemographic, clinical, and psychosocial characteristics of women seeking outpatient rehabilitation for PFD (3, 4).

The present study aims to explore these characteristics in a diverse urban population in the Pakistan. This cross-sectional study included women over the age of 18 years who have been diagnosed with PFD and are seeking outpatient rehabilitation. The study collected data on a range of sociodemographic, clinical, and psychosocial factors to gain a comprehensive understanding of the characteristics of women seeking outpatient rehabilitation for PFD (5).

One of the primary objectives of the study is to examine the prevalence of sociodemographic factors among women seeking outpatient rehabilitation for PFD. Age, race/ethnicity, education, income, and insurance status was examined to identify any patterns or trends that may be associated with seeking

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outpatient rehabilitation for PFD. Previous studies have suggested that women from lower socioeconomic backgrounds may be less likely to seek treatment for PFD (6). Understanding the sociodemographic factors associated with seeking outpatient rehabilitation for PFD may be useful in developing targeted interventions to increase access to care (7).

Another important objective of the study is to investigate the clinical factors associated with seeking outpatient rehabilitation for PFD. This includes examining the type and severity of PFD, history of pelvic surgery, and coexisting medical conditions. Previous research has identified several risk factors for PFD, including obesity, pregnancy, and childbirth (8). Understanding the clinical factors associated with seeking outpatient rehabilitation for PFD may be useful in developing more effective treatment plans and improving outcomes for women with PFD (9).

Finally, the study explored the psychosocial factors associated with PFD, including anxiety, depression, and social support. PFD can be a distressing condition that can have a significant negative impact on a woman's emotional well-being. Previous studies have suggested that women with PFD may experience social isolation and stigma (10). Understanding the psychosocial factors associated with seeking outpatient rehabilitation for PFD may be useful in developing interventions to improve emotional support and reduce the stigma associated with PFD (11, 12).

Pelvic-floor dysfunction, often known as PFD, refers to a group of clinical diseases that may have a significant impact on an individual's quality of life. Pelvic organ prolapse, chronic pain syndromes, malfunction of the defecatory system, sexual dysfunction, sensory and emptying abnormalities of the lower urinary tract, anal incontinence, and urine are all included in the category of pelvic floor dysfunction (PFD). A considerable number of individuals, and particularly women, are affected by these conditions. (13).

PFD disorders may be made worse by a broad range of circumstances, including as age, gender, pregnancy, interstitial cystitis, obesity, or even low back pain. Because of this, it can be difficult to understand the underlying mechanisms that are at the root of these illnesses. Nonetheless, there is data that can be quantified that supports PFD. Studies using electromyography have shown aberrant patterns of

muscle activation and relaxation in connection with continence and evacuation dysfunction. These activations and relaxations have been identified as occurring. Imaging techniques that depict architectural anomalies in the pelvic-floor compartments have demonstrated that pelvic-floor organ prolapse is present as well.(14).

It is necessary to collect epidemiologic data on the frequency and incidence of PFD in order to have a better understanding of the characteristics of patients who have the condition PFD, particularly those who seek outpatient physical therapy treatments. Recent population-based cross-sectional studies have demonstrated that different women have varying rates of urinary incontinence, genital incontinence, and prolapse of the pelvic organs. None of these studies, on the other hand, looked at patients who were seeking outpatient care for physical therapy. (15).

Overall, the objective of this study is to contribute to a greater understanding of the development and treatment of disorders associated with PFD and to improve outcomes for women with this condition. The findings of this study may be useful in developing targeted interventions and improving access to care for individuals with PFD.

In conclusion, this study has the potential to contribute significantly to the existing literature on PFD by providing a comprehensive understanding of the sociodemographic, clinical, and psychosocial characteristics of women seeking outpatient rehabilitation for this condition. The results of this study may be useful in developing targeted interventions and improving outcomes for women with PFD.

MATERIAL AND METHODS

Study Design:

The study design for this cross-sectional study was observational.

Setting:

The study was conducted at Avicenna Hospital, Badar Medical Complex, University Teaching Hospital Lahore.

Duration:

The duration of this study was 1 Year.

**Sample Size:**

The study included 140 female participants.

Sampling Technique:

The sampling technique for this study was convenient sampling.

Inclusion Criteria:

Participants in the research were required to be females over the age of 18 and had been given a diagnosis of pelvic-floor dysfunction. In addition, they needed to be seeking outpatient therapy.

Exclusion Criteria:

Women who were unable to complete the questionnaire or provide informed consent were excluded from participating in the study.

QUESTIONNAIRE AND DATA COLLECTION METHOD:

Data was collected using a structured questionnaire that included questions on sociodemographic factors such as age, race/ethnicity, education, income, and insurance status, as well as clinical factors such as the type and severity of PFD, history of pelvic surgery, and coexisting medical conditions. Psychosocial factors, including anxiety, depression, and social support, were also assessed. The questionnaire was administered to participants by a trained researcher.

DATA ANALYSIS:

SPSS version 26 was used for data analysis. Data was analysed using descriptive statistics to examine the prevalence of sociodemographic, clinical, and psychosocial factors among women seeking outpatient rehabilitation for PFD.

Ethical Considerations:

Ethical committee permission was requested. All subjects gave informed consent and were kept anonymous. Participants may also quit the study without any sort of penalty or compensation.

RESULTS

Category	Subcategory	Response	Frequency	Percentage
Age	18-24		25	18%

	25-34		42	30%
	35-44		36	26%
	45-54		22	16%
	55+		15	11%
Education	Less than high school		8	6%
	High school		32	23%
	College		42	30%
	Technical degree		18	13%
	Bachelor's degree		28	20%
	Professional degree		12	9%
Income	< PKR 25,000		18	13%
	PKR 25,000 - PKR 49,999		32	23%
	PKR 50,000 - PKR 74,999		38	27%
	PKR 75,000 - PKR 99,999		22	16%
	> PKR 100,000		30	21%
Exercise History	At least 3/wk	Yes	52	37%
	1-2/wk	Yes	27	19%
	Seldom or never	Yes	44	31%
	Others	Yes	18	13%

The table presents the demographic characteristics of the sample of women seeking outpatient door rehabilitation and physical therapy for pelvic floor condition. The majority of the participants fell within the age range of 25-44 years (56%); with the highest frequency in the 25-34 age group (30%). In terms of education, the majority had completed at least College education (63%), with 20% holding a bachelor's degree and 9% holding a Professional degree. The income level

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of participants was fairly evenly distributed across the various income brackets, with the highest frequency being in the PKR 50,000 - PKR 74,999 range (27%).

In terms of exercise history, 37% of participants reported exercising at least 3 times a week, while 31% reported seldom or never exercising. It is important to note that 13% of participants did not respond to this question. Overall, these demographic characteristics provide a snapshot of the population seeking outpatient door rehabilitation and physical therapy for pelvic floor condition, which can help inform the development of targeted interventions and treatments for this group.

Symptom	Frequency	Percentage
Urinary incontinence	69	49%
Faecal incontinence	20	14%
Pelvic organ prolapse	9	6%
Pain during intercourse	28	20%
Chronic pelvic pain	25	18%
Urinary urgency and frequency	33	24%

The table provides the prevalence rates for the common symptoms of pelvic-floor disorder among women seeking outpatient rehabilitation. The most common symptom reported was urinary incontinence, with a frequency of 69 (49%). Faecal incontinence was the second most reported symptom, with a frequency of 20 (14%). Nine of the participants, or 6%, reported having pelvic organ prolapse, whereas twenty-eight of the individuals (20%) and twenty-five of the participants (18%), respectively, complained of having chronic pelvic discomfort. Urinary urgency and frequency were reported by 33 (24%) participants. These prevalence rates can help healthcare providers to identify and manage the symptoms of pelvic-floor disorder in women seeking outpatient rehabilitation.

DISCUSSION

In terms of age and degree of education, the demographic profiles of women undergoing outpatient door rehabilitation and physical therapy for pelvic floor disorder are comparable with earlier studies. In a U.S.

population research, the majority of women with urine incontinence were between the ages of 40 and 59, and the prevalence declined with advancing age (1). Similarly, the prevalence of pelvic organ prolapse was highest in women aged 50-79 years in a study conducted in Saudi Arab (15). A comprehensive study indicated that women with higher education levels had a decreased incidence of urine incontinence than those with lower education levels. (14).

The income distribution observed in this study is also like previous research. A population-based study in the United States found that women with urinary incontinence were more likely to be in the lower income brackets (1). However, the income distribution in this study was fairly evenly distributed across the various income brackets. This may be because the study was conducted in a clinical setting, which may attract a more diverse group of patients than population-based studies.

The exercise history of women seeking outpatient door rehabilitation and physical therapy for pelvic floor condition observed in this study is consistent with past evidence. A systematic review found that regular physical activity was associated with a lower risk of urinary incontinence (16). However, many women may not be aware of the importance of pelvic-floor muscle exercises or may feel embarrassed to discuss their symptoms with their healthcare providers, which may contribute to a low exercise frequency.

The prevalence rates of pelvic-floor disorder symptoms observed in this study are consistent with past evidence. Urinary incontinence was the most commonly reported symptom, which is consistent with previous population-based studies that have found a high prevalence of urinary incontinence in women (17). Faecal incontinence was the second most commonly reported symptom, which is also consistent with past evidence indicating that faecal incontinence is a common but often underreported symptom of pelvic-floor disorder (18).

A comparatively small percentage of individuals reported having pelvic organ prolapse, which is in line with previous research that revealed a lower incidence of pelvic organ prolapse in comparison to other symptoms of pelvic-floor dysfunction. Pain during intercourse and persistent pelvic discomfort were reported by a considerable number of participants,



which is also consistent with previous research demonstrating that these symptoms are rather frequent in women who suffer from pelvic-floor illness. Urinary urgency and frequency were also reported by a considerable number of individuals, which is consistent with previous research that has revealed a high incidence of urine urgency and frequency in females who suffer from pelvic-floor disorders. (10, 17, 19).

It is essential to be aware of the fact that the features of women who seek outpatient rehabilitation and physical therapy for a disorder affecting their pelvic floor are impacted by a variety of circumstances. Research has identified several common characteristics in women with pelvic-floor disorder, including age, pregnancy and childbirth, obesity, chronic constipation, neurological disorders, menopause, and genetics. These factors can increase the risk of developing pelvic-floor disorder and may impact the prevalence rates of specific symptoms reported by women seeking outpatient rehabilitation. Therefore, healthcare providers should consider these characteristics when developing targeted interventions and treatments for women with pelvic-floor disorder (20).

Overall, the prevalence rates of pelvic-floor disorder symptoms observed in this study provide further evidence of the high burden of these symptoms among women seeking outpatient rehabilitation. Healthcare providers should be aware of the prevalence of these symptoms and be prepared to provide appropriate management and treatment options to improve the quality of life for women with pelvic-floor disorder.

CONCLUSION

In conclusion, this study provided insight into the demographic characteristics and prevalence rates of symptoms in women seeking outpatient door rehabilitation and physical therapy for pelvic floor condition. The majority of participants were between the ages of 25-44 and had completed College education. Urinary incontinence was the most commonly reported symptom, followed by faecal incontinence, pelvic organ prolapses, pain during intercourse, chronic pelvic pain, and urinary urgency and frequency. Understanding the characteristics of this population, including age, pregnancy and childbirth, obesity, chronic constipation, neurological

disorders, menopause, and genetics, can help healthcare providers to develop effective interventions and treatments for women with pelvic-floor disorder. Further research is required to further understand the fundamental mechanisms and risk factors linked with pelvic-floor disorder.

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