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PELVIC FLOOR FUNCTION, URINARY SYMPTOMS AND IMPACT ON QUALITY OF LIFE IN WOMEN WITH PELVIC ORGAN PROLAPSE: CROSS-SECTIONAL STUDY

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Background: Pelvic Organ Prolapse (POP) is defined as the descent of one or more vaginal walls and/or the vaginal apex. Symptoms range from a sensation of a “ball/bulge” in the vaginal region to a sensation of heaviness, burning, and pain. Due to its etiology, POP is almost always accompanied by urinary and sexual symptoms, generating negative repercussions on Quality of Life (QoL).

Objectives: To verify vaginal and urinary symptoms, the function of the Pelvic Floor Muscles (PFM), and the impact on the QoL of women with POP, in addition to comparing the impact between the stages of POP.

Methods: This is a cross-sectional study, in which data were collected between 2021 to 2024, and the sample consisted of women aged 18 or over diagnosed with POP. Urological data were collected; a physical examination was performed through the assessment of PFM and the Pelvic Floor Impact Questionnaire (PFIQ-7) instrument was applied. This instrument has 3 subscales that seek to assess urinary, bowel and vaginal symptoms. In the present study, we used only the vaginal symptoms subscale, with a score from 0 to 100. The descriptive analysis was presented through mean and standard deviation for quantitative variables, and absolute and relative frequencies for qualitative variables. The Kruskal-Wallis test was used to compare the PFIQ-7 means between the stages of POP (significance level of 5%).

Results: Of the 88 women collected, 21 had POP as the main complaint, with a mean age of 55.9 years. The most frequently identified urinary symptoms in bladder storage were nocturia 76.2% (n = 16), urgency 76.2% (n = 16) and loss on exertion 71.4% (n = 15). Regarding voiding symptoms, we identified a sensation of incomplete voiding 50% (n = 10), hesitation 35% (n = 7) and post-void dripping 45% (n = 9). In the physical examination, 85% used accessory muscles at the time of contraction (n = 17), with the glutes being the most used 94.1% (n = 16), 81% had a strength deficit and 70% had hyperactive MAP. In the evaluation of POP, anterior vaginal wall prolapse was the most recurrent with 89.5% (n = 17), with stage 2 being the most common, with 52.6% (n = 10), and apical prolapse being the least common, with 6.7% (n = 1). In the PFIQ-7, the activities that were most affected were physical activities, with 20% (n = 4), and entertainment activities, with 28.6% (n = 6). The mean for stage 2 was 29.6 (SD ± 30.3) points, for stage 3 it was 30.5 (SD ± 31.7) points, and for stage 4 it was 52.4 (SD ± 13.5) points, with no significant difference between the POP stages (p = 0.57).

Conclusion: It is possible to observe that women with prolapse have a high frequency of urinary symptoms, deficiencies in PFM functions, and impact on their activities of daily living.

Implications: The data reinforces the importance of a detailed physiotherapeutic assessment focusing not only on the physical aspect, but also on an analysis of what this complaint generates in QoL.

Keywords: Pelvic Floor, Pelvic Organ Prolapse, Physiotherapy

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TRANSCUTANEOUS TIBIAL, PARASACRAL, AND MEDIAL PLANTAR NERVE STIMULATION ON QUALITY OF LIFE IN WOMEN WITH OVERACTIVE BLADDER: A CLINICAL TRIAL

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Background: Overactive Bladder Syndrome (OBS) is a common condition that impacts lifestyle, affects individuals of all ages, and results in a decline in quality of life. The diagnosis of OBS is clinical, characterized by symptoms such as urgency, increased daytime frequency, and/or nocturia, with or without urinary incontinence, in the absence of urinary tract infections or other diagnosed conditions. In clinical practice, only the parasacral and tibial nerves have been used to inhibit detrusor muscle hyperactivity, proving to be an effective and conservative approach for treating the symptoms of an overactive bladder. Conservative treatments for OBS include behavioral therapy (BT), bladder training (BT) combined with transcutaneous tibial nerve stimulation (TTNS), parasacral nerve stimulation (PNS), or medial plantar nerve stimulation (T-MPNS). These treatments are both cost-effective and less invasive.

Objectives: The goal of this study was to evaluate the effects of BT with BT combined with TTNS, BT with BT combined with PNS, and BT with BT combined with T-MPNS on the quality of life in women with OBS.

Methods: This was a controlled and randomized clinical trial with three experimental groups: GE1: BT with BT combined with PNS; GE2: BT with BT combined with T-MPNS; and the control group (CG): BT with BT combined with TTNS. Inclusion criteria required women who had symptoms of OBS according to the OAB-V8 (Overactive Bladder Validated 8) questionnaire and who were over 18 years old. Evaluations were conducted before treatment, after treatment, and at a 30-day follow-up using the OAB-V8 (for overactive bladder symptoms) and KHQ (King's Health Questionnaire) for quality of life. Both transcutaneous electrostimulation methods used an asymmetric biphasic pulsed current with constant voltage, 12 sessions, twice a week, lasting 20 minutes at the participant's maximum intensity, with a frequency of 10Hz and a pulse duration of 200µs. To verify the normality of the data, the Shapiro-Wilk test was applied, and repeated measures ANOVA was used for analysis.

Results: The sample ages were as follows: GE1 (40.57 ± 15.00); GE2 (42.12 ± 11.54); and CG (46.09 ± 17.03). Significant intra-group differences were observed after the interventions in the following KHQ domains: impact of urinary incontinence (p = 0.004); limitations in daily life activities (p < 0.001); physical limitations (p = 0.003); social limitations (p = 0.012); emotions (p = 0.018); sleep and well-being (p < 0.001); severity measures (p = 0.002); symptom scale (p < 0.001); and OBS symptoms (p < 0.001). No significant inter-group differences were observed, nor at follow-up.

Conclusion: Both groups showed significant improvement in the quality of life and in OBS symptoms after the interventions. This