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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

suggests that physical therapists should be particularly attentive to OBS symptoms, given their significant negative impact on quality of life.

Implications: Our study demonstrates that three effective transcutaneous electrostimulation options exist for inhibiting detrusor muscle hyperactivity, which can subsequently improve the quality of life for women with OBS.

Keywords: Urinary Bladder Overactive, Transcutaneous Electric Nerve Stimulation, Behavior Therapy

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IMPACT OF DYSMENORRHEA ON FUNCTIONING IN BRAZILIAN WOMEN: A QUALITATIVE ANALYSIS

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Background: Dysmenorrhea is the menstrual pain and significantly impacts on women's functioning (i.e., "an umbrella term for body function, body structures, activities and participation, and it denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors"). Understanding how dysmenorrhea impacts on functioning can reveal barriers to proper management and highlight the need for culturally relevant interventions.

Objectives: To qualitatively analyze the reports of Brazilian women on the impact of dysmenorrhea on their functioning.

Methods: This qualitative and online study was conducted from January 2022 to March 2023. Participants were recruited through social media and universities and schools across Brazil. We included cisgender Brazilian women aged 18–29 years with dysmenorrhea in the past three months. We also included only women who responded to the open-ended item "Feel free to comment on your experience with menstrual pain". Data analysis followed a four-step process by two independent researchers: reading of the responses, thematic categorization, coding, and final interpretation. Responses were analyzed using thematic analysis to explore women's perceptions of the impact of dysmenorrhea on functioning.

Results: Of the 234 women who responded to the open-ended item, the responses from 130 (55.6%) women (23.9 ± 3 years) met the eligibility criteria and were included in this study. Most of the participants were from the Southeast region of Brazil (n = 69, 53.1%) and had higher education (n = 129, 99.2%). The thematic category "impact on daily activities and functioning" was divided into "impact on movement and physical activity", "impact on concentration and mood", "impact on work, study, and/or relationships with colleagues", and "impact on sleep and/or eating". The following reports highlighted the impact of dysmenorrhea on functioning

related to bodily functions, daily activities, and activities and participation. The ensuing reports underscored how dysmenorrhea impacts bodily functions, daily routines, and various activities and participation: "My cramps are so strong that I cannot sit or walk for long periods of time. It is difficult to get up, to take a shower, much less to go to the toilet. I cannot see anyone, I cannot communicate, and I cannot go out" and "My cramps affected my life to the point where I cannot sleep at night because of the pain and no position is comfortable. The discouragement and pain also took away my social life. I stopped leaving the house. I had to sit and stay in antalgic positions all the time".

Conclusion: This study highlights the significant impact of dysmenorrhea on women's functioning, affecting mobility, concentration, social participation, and daily activities. The findings reinforce the need for greater awareness of dysmenorrhea as a condition that extends beyond physical pain, influencing multiple aspects of life. Future studies should further explore the long-term consequences of dysmenorrhea and the effectiveness of interventions to mitigate its impact.

Implications: The findings emphasize the importance of integrating dysmenorrhea management into healthcare policies and educational programs, particularly in physiotherapy. Strategies such as exercise-based interventions should be further investigated and promoted to improve women's functioning.

Keywords: Dysmenorrhea, Activities of Daily Living, Qualitative Research

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QUALITY OF LIFE AND ADHERENCE OF WOMEN TO PELVIC FLOOR TRAINING VIA MOBILE APPLICATION

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Background: Urinary incontinence (UI) is a prevalent issue among women, affecting their quality of life and daily functionality. Pelvic floor muscle training (PFMT) is an effective strategy for managing UI, and mobile technologies have emerged as an alternative to improve treatment adherence.

Objectives: This study analyzed the effects of using a mobile application for pelvic floor muscle training in women with stress and mixed urinary incontinence, focusing on adherence, perceived health improvement, and impact on activities of daily living.

Methods: This randomized controlled trial followed CONSORT guidelines and included 52 women diagnosed with stress or mixed urinary incontinence, who used a mobile application for pelvic floor training. The intervention lasted 12 weeks, with pre- and post-intervention assessments using the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) and King's Health Questionnaire (KHQ). Adherence was monitored, and the impact on ADLs and quality of life was analyzed. The data were analyzed by intention to treat. The collected data were tabulated in a database of the EXCEL[®] program and analyzed using the SPSS statistical software (Statistical Package for the Social Sciences). A descriptive analysis of the data was performed, using simple frequency, mean, standard deviation, p-value, and effect size (D of Cohen) of the