Clinical Perspectives on the Complex Intersection of Pelvic Floor Disorders and Mental Health

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Presenters

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Air Force Col. Heather Barbier currently serves as the Residency Program Director at the National Capital Consortium Gynecologic Surgery & Obstetrics residency program. She is also part of the Urogynecology faculty at Walter Reed National Military Medical Center (WRNMMC) and is an Associate Professor of Gynecologic Surgery & Obstetrics at the Uniformed Services University of the Health Sciences (USUHS).

Col. Barbier earned a Medical Doctorate from Louisiana State University School of Medicine. She completed an obstetrics and gynecology (OBGYN) internship at Keesler Air Force Base (AFB) Mile and OBGYN residency at Naval Medical Center San Diego. She completed her residency in 2008 and was then stationed at Yokota Air Base, Japan and Royal Air Force Lakenheath, England as an OBGYN. Col. Barbier then returned stateside to complete a three-year fellowship in Female Pelvic Medicine & Reconstructive Surgery (Urogynecology) at WRNMMC. Following her fellowship, Col. Barbier was stationed at Naval Medical Center Portsmouth at Nellis AFB, Nevada, and then returned to WRNMMC in 2021. She has an interest in medical education and clinical informatics.

Danielle Worthington, Ph.D.

Dr. Danielle Worthington is a clinical health psychologist specialized in women's health at WRNMMC. She earned three bachelor's degrees from Virginia Tech, including a B.S. in Psychology, B.S. in Biology, and B.A. in Studio Art. She completed her master's degree in Neuroscience at the University of Richmond, where she studied changes that occur in the maternal brain during and following pregnancy. After realizing she enjoyed talking with humans much more than rats, Dr. Worthington transitioned to clinical psychology and earned her Ph.D. in Behavioral Medicine with a focus on integrated mental health and patient/physician communication.

Dr. Worthington completed a residency in Health Psychology at the Baltimore Veterans Affairs Hospital and a fellowship in Suicide Prevention at USUHS. Prior to her current position in the women's health clinics at Walter Reed, she worked with the Consortium for Health and Military Performance promoting holistic wellness and fitness of service members and their families.

Katherine Miles, D.P.T., P.T., W.C.S.

Dr. Katherine Miles currently serves as the Lead Pelvic Health Physical Therapist at WRNMMC. She is also a faculty of the Female Pelvic Medicine & Reconstructive Surgery Fellowship Program, Assistant Professor of Obstetrics & Gynecology at the Uniformed Services University of the Health Sciences, and a selected White House Medical Unit Consultant.

Dr. Miles possesses a Doctor of Physical Therapy degree from Washington University in St. Louis School of Medicine and is a Board-Certified Clinical Specialist in Women's Health Physical Therapy. She is a Credentialed Clinical Instructor through the American Physical Therapy Association.

Dr. Miles has a particular interest in the clinical application of the biopsychosocial model for pelvic and sexual pain conditions as it relates to the neuromuscular and movement systems.

Disclosures

- Col. Barbier, Dr. Worthington, and Dr. Miles have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify pelvic floor disorders and be familiar with initiating treatment or referral for patients with pelvic floor disorders.
2. Explain the role and function of Pelvic Health Physical Therapy (PHPT) in the multidisciplinary care of women's health and wellness.
3. Describe patient diagnoses, signs, and symptoms consistent with appropriate Pelvic Floor Physical Therapy (PFPT) consults.
4. Summarize the interaction between pelvic floor dysfunction and mental health.
5. Discuss how Women's Health Psychology supports integrated care of pelvic floor disorders.

Before we start … question for the audience

What are pelvic floor disorders?

What are Pelvic Floor Disorders (PFDs)

- A group of conditions that affect the pelvic floor and include:
  - urinary incontinence
  - overactive bladder
  - pelvic organ prolapse
  - bowel incontinence
  - pelvic pain disorders (including bladder pain syndrome)
- These disorders are very common – 1 in 20 adult women will suffer from PFDs
  - 20% risk of surgery by age 80 for either stress urinary incontinence (SUI) or pelvic organ prolapse (in the US population) (Wu et al., 2014)
- Risk factors include pregnancy and childbirth, age, menopause, genetic factors, race and ethnicity, obesity, smoking, chronic straining/chronic heavy lifting

Urinary Complaints

- Overactive bladder/urgency urinary incontinence
  - Continuum of symptoms that includes urgency (sudden urge, difficult to defer), frequency, nocturia, urgency-related leakage)
  - Clinical/symptom-based diagnosis (can easily start treatment without exam/via telemedicine)
  - But evaluation should include a urinary analysis to look for microscopic hematuria
- Stress urinary incontinence
  - Leakage of urine with increased abdominal pressure (cough, laugh, sneeze, exercise)
  - Clinical/symptom-based diagnosis
- Difficulty voiding
  - Hesitancy, slow or intermittent stream, feeling of incomplete emptying
- Bladder pain
  - Pain related to the bladder – classically pain with a full bladder that gets better with emptying
  - Very commonly will present with recurrent urinary tract infection (UTI) symptoms (irritative voiding symptoms) and have negative cultures
  - Symptoms significantly overlap with overactive bladder

Prolapse

- Patients report being able to see or feel a bulge in the vagina
  - Pelvic pressure is also common but there is significant overlap with other pelvic floor disorders (pelvic floor muscle spasm/high tone, overactive bladder, constipation)
  - Can only be diagnosed by exam
- Will sometimes have difficulty emptying their bladder and bowel
  - May have to “splint” (push prolapse back in digitally or put pressure on the perineal body)

Other Disorders

- Bowel incontinence
  - Even if infrequent, tends to be much more bothersome to patients
  - Many patients will not bring this as a complaint – need to be intentional about asking
  - Prevalence underestimated but range of around 5-15% of community-dwelling adult population
- Pelvic pain, pelvic muscle spasm
  - Common symptoms include dyspareunia, pelvic pressure, pelvic pain, difficulty urinating or defecating
  - Frequently radiates to lower abdomen and lower back
  - May be intermittent or persistent/chronic with acute exacerbations
  - Can be difficult to break the cycle

Question for the audience

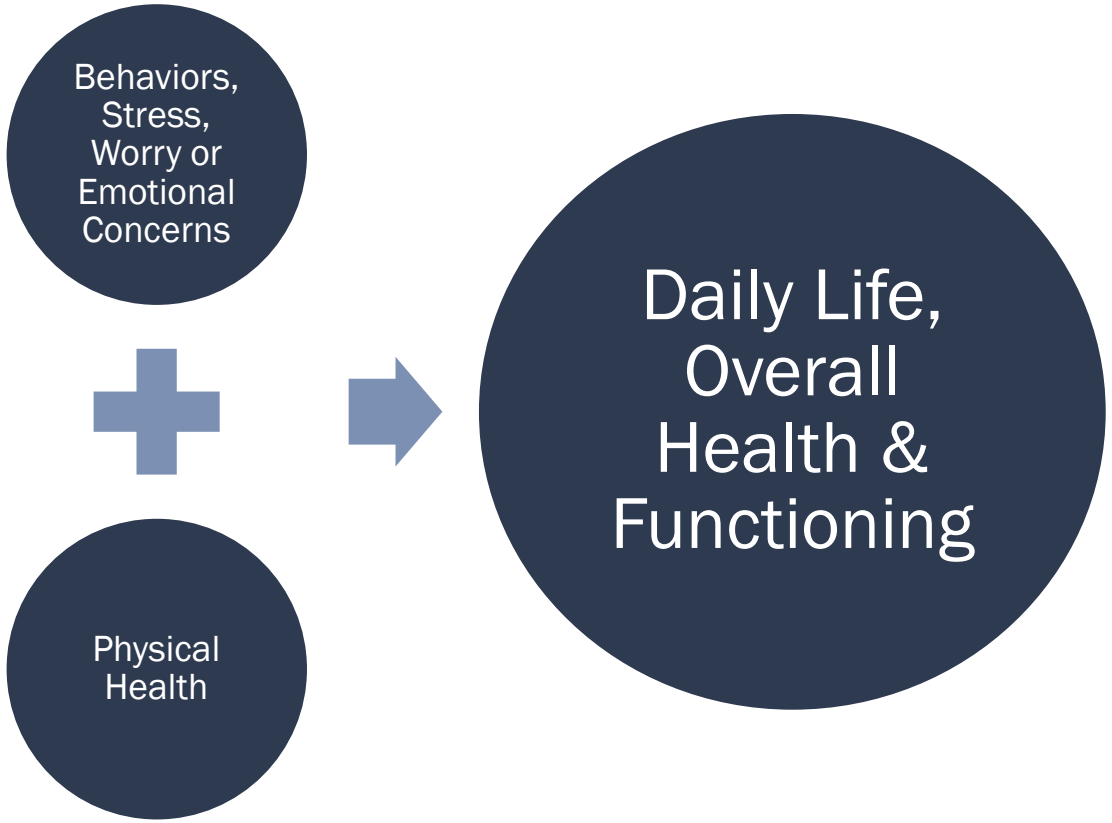
What are some treatment options that you are already aware of for pelvic floor disorders?

Resources for Patients and Providers

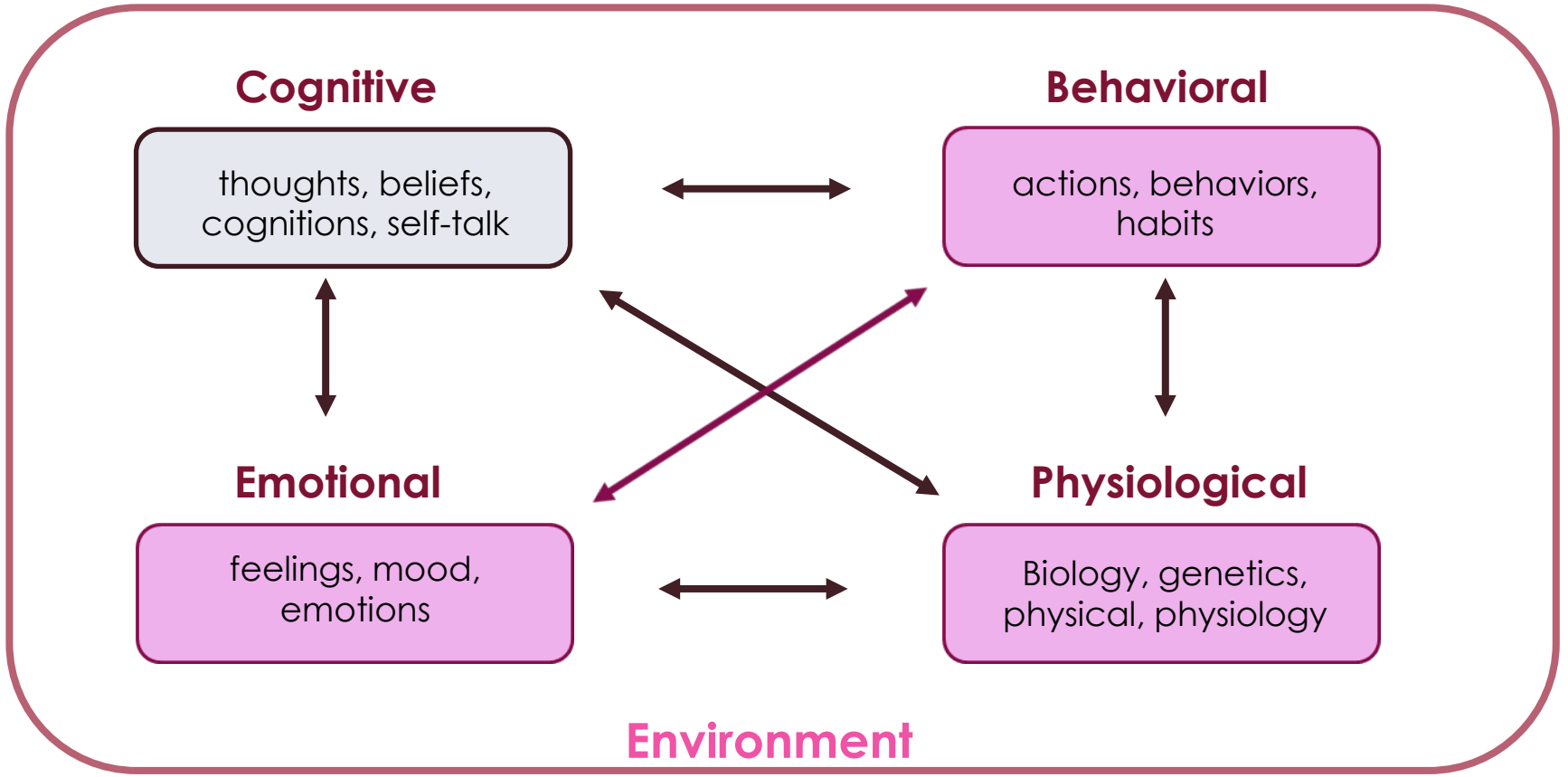
- American Urogyn Society (AUGS)
  - https://www.voicesforpfd.org/
  - Patient handouts - https://www.voicesforpfd.org/resources/fact-sheets-and-downloads/ (English and Spanish language handouts)
- International Urogyn Association (IUGA)
  - https://www.yourpelvicfloor.org/leaflets/ (multiple langauges)
- American Urologic Association (AUA) Guidelines
  - https://www.auanet.org/guidelines-and-quality/guidelines/non-oncology-guidelines
  - Microhematuria (2020), overactive bladder (2019), IC/bladder pain syndrome (2022), rUTI in women (2022)

Women's Health Psychology

What is behavioral health consultation (BHC)?



"Biopsychosocial Web"



Outpatient Mental Health Services?

- Part of patient's medical care
- Treatment is coordinated with health care providers (PFPT, OBGYN, primary care medicine (PCM), etc.)
- BHC is not specialty mental health
  - Typically short-term, focused care
  - Directed towards improving immediate functioning and well-being
- Referrals to traditional psychotherapy/psychiatry are made as needed

Importance of Multidisciplinary Care in Women's Health

- Female patients receive less accurate diagnoses, made with less confidence, and fewer appropriate treatment recommendations than male patients

- Physician perceptions and treatment of female patients' reported pain suggest implicit bias (Zhang et al., 2021)
  - Physicians are more likely to treat women's pain as a product of mental health vs physical conditions
  - Physicians reported a belief that women exaggerate their pain
  - Women reporting high pain are described as "emotional" and "hysterical"

- For many women pelvic floor dysfunction has significant impact on well-being and functioning
  - Can be embarrassing and difficult to discuss in professional settings
  - Causes distress in interpersonal relationships
  - Reduces sense of confidence and identity as a woman

Improving Care with Multidisciplinary Approaches:

- Access to care
- Timing of care/Appropriate care
- Cost of care
- Patient understanding and adherence to care
- Patient/physician communication
- Provider efficiency/Reducing burnout
- Health outcomes

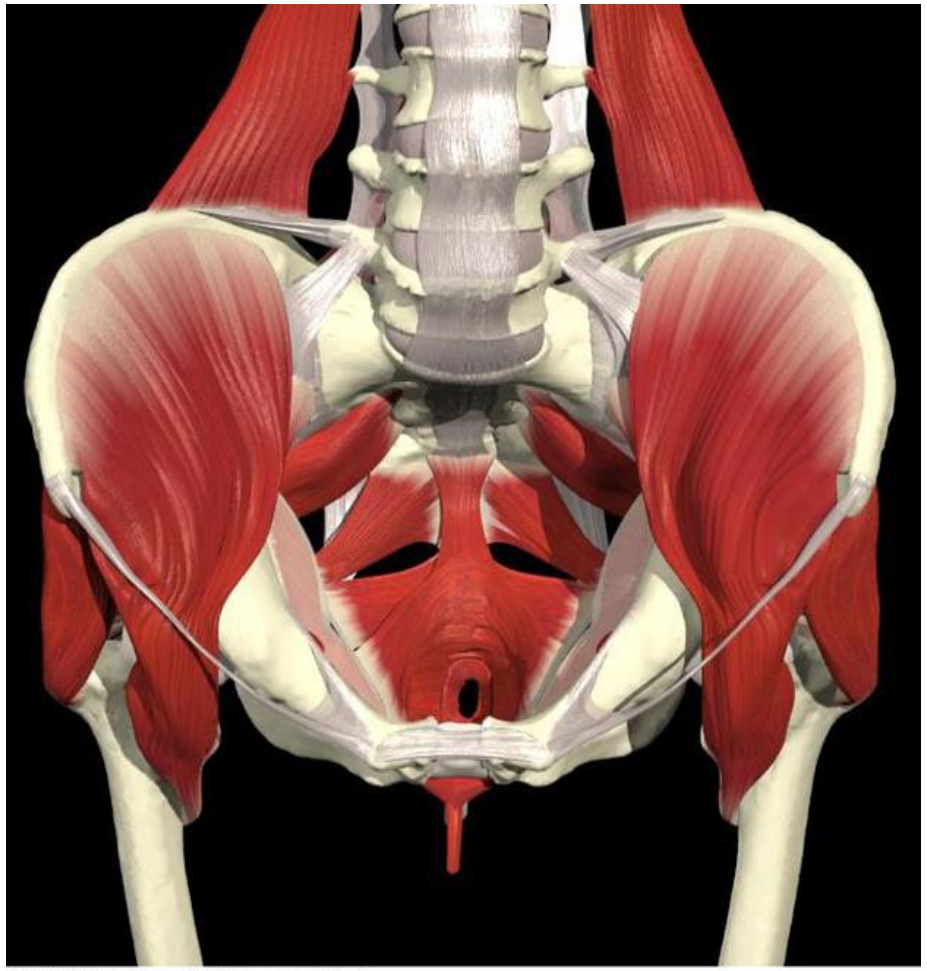
Common Areas of Focus in Women's Health Psychology Visits

- Check patient understanding and adherence to medical care plan
- Address barriers and motivation to engage with care plan
- Identify psychosocial and behavioral factors to address which may be interacting with physical symptoms
- Introduction, practice and/or review of behavioral interventions:
  - Voiding Diary, Pain and Mood Log
  - Relaxation training with breathing techniques, progressive muscle relaxation
  - Cognitive restructuring
  - Distress tolerance
  - Planned exposures
  - Assertive communication training

Pelvic Health Physical Therapy (PT)

(huffingtonpost.com, n.d.)

(istockphoto.com, n.d.)



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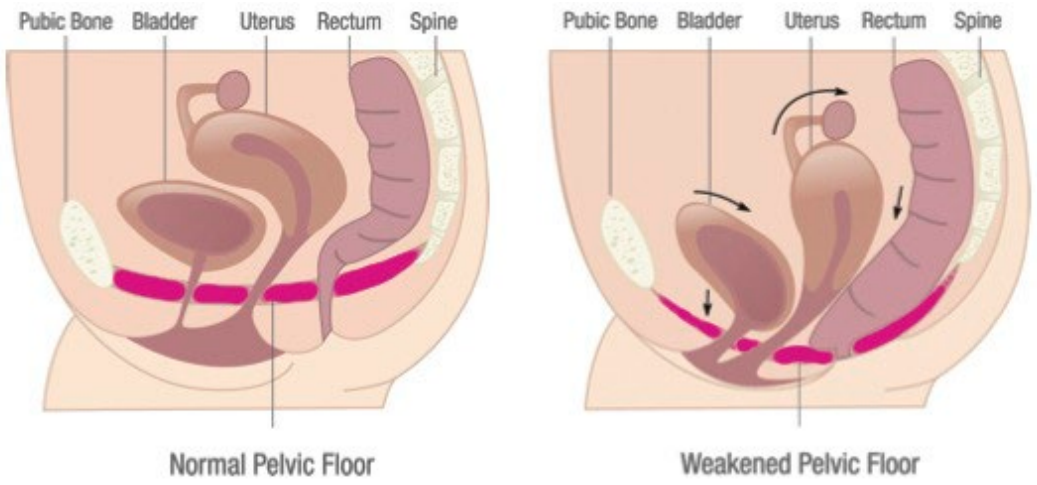
What Exactly is Pelvic PT?

- **Physical Therapy Subspecialty**
  - All genders and ages
- Assess & treat **musculoskeletal** and **neuromuscular** components of
  - Bladder, Bowel, and Sexual Function
- **Rehabilitation & Fitness**
  - Strength and conditioning
  - Injury prevention and management
  - Loading and running assessments

Performance > Injury Management?

(http://lunapads.com/blog/wp-content/uploads/2016/06/stronger.jpg)

Pelvic Floor Muscle (PFM) Functions



(https://www.birthtrauma.org.au/physical-birth-trauma/pelvic-floor-muscle-damage/)

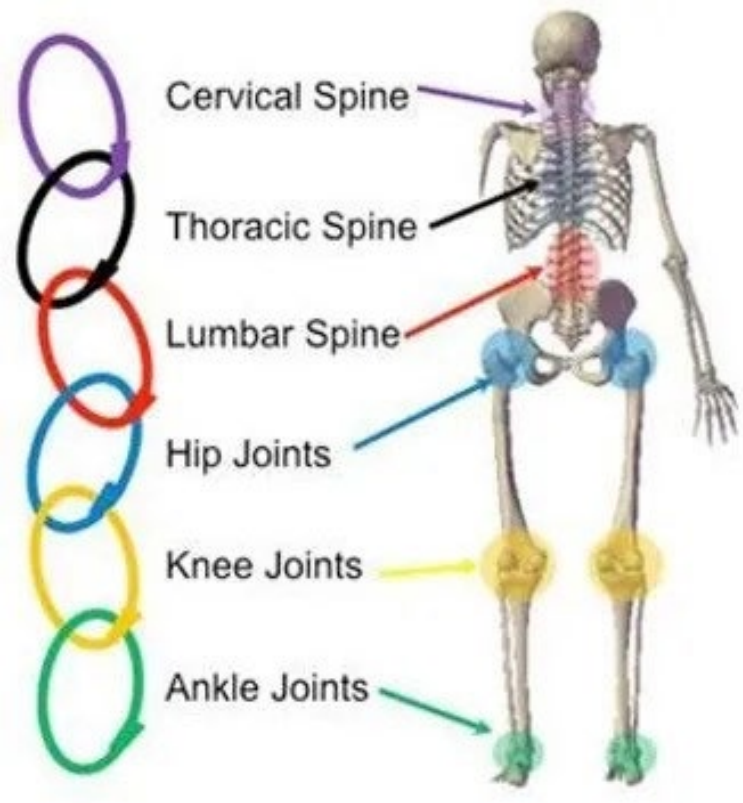
- **Supportive**
  - Force regulation
  - Pressure management
- **Sphincteric**
  - Bowel & bladder control
- **Sexual**
  - Arousal & erection

What to Expect… When you're referring

(https://media.licdn.com/dms/image/C4D22AQEH-Z-fR0ChBQ/feedshare
shrink_800/0/1612290882336?e=2147483647&v=beta&t=NAE1IoyuN5IT9aw
oOGMbHBJxcOsj9eVy_2DBChdF28Y)

- **Biopsychosocial Assessment**
  - History of Present Illness
  - Lifestyle & Modifiable Factors
- **External & Internal Examination**
  - Musculoskeletal
  - Neuromuscular

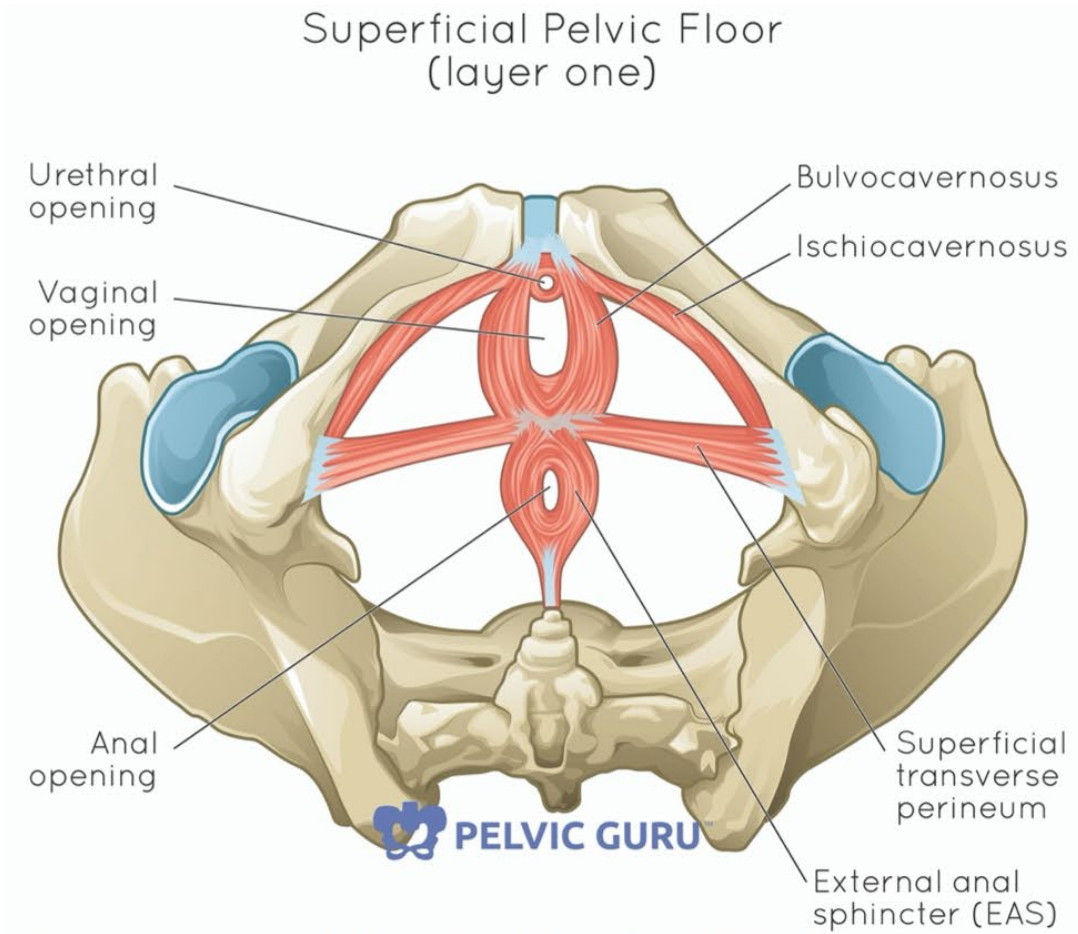
Pelvic PT Exam



(www.physioqinesis.com)

- Orthopedic Screening
- Movement System Impairments
  - Body mechanics
  - Gait analysis
- Pelvic Exam

Pelvic PT Exam



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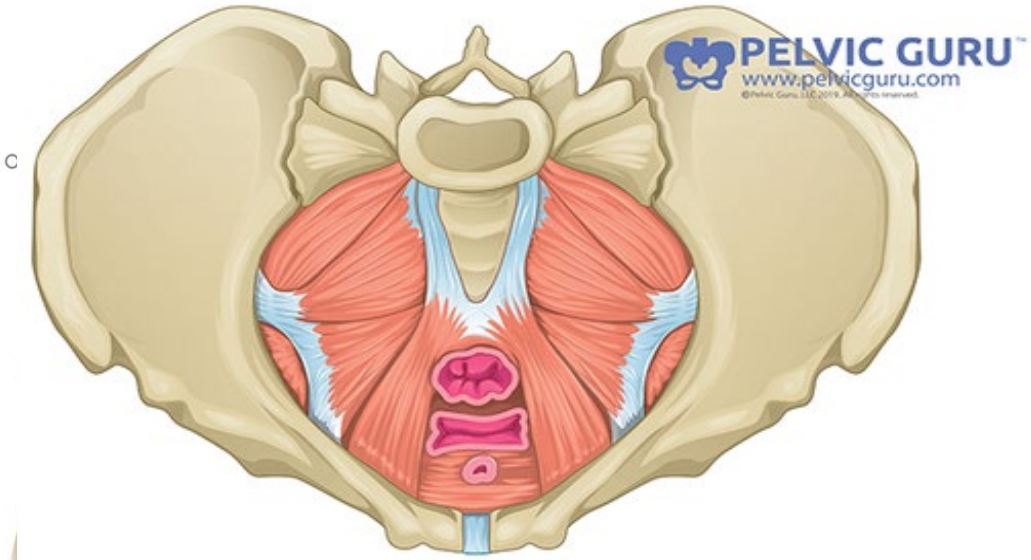
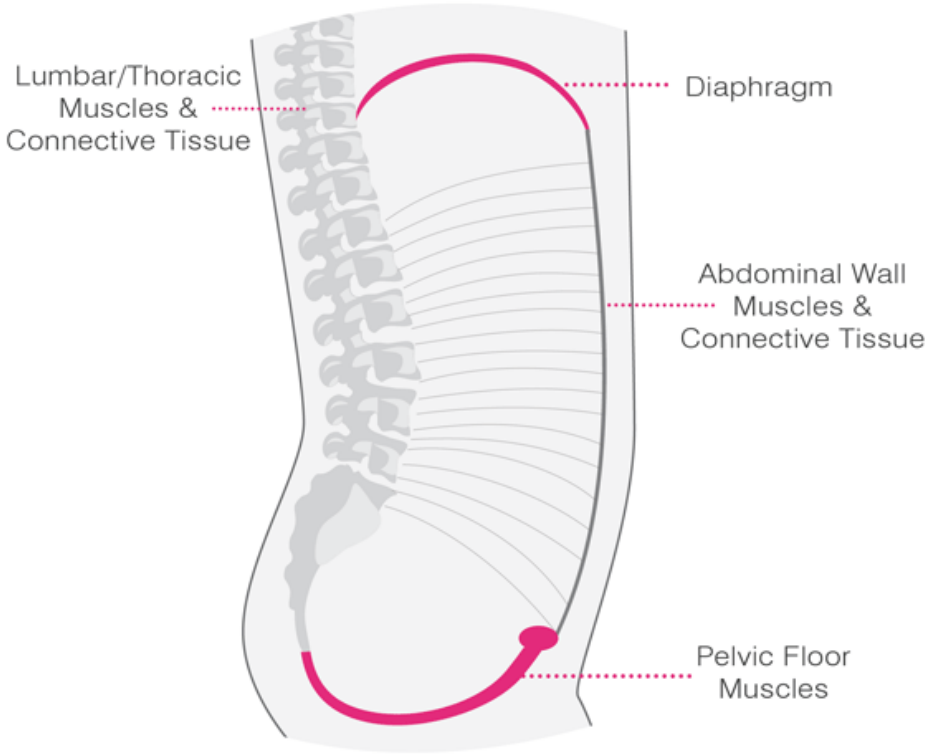
(https://www.eastridgechiropractic.com/blog)



(https://www.newjourneypt.com/blog/2019/10/1/do-i-need-pelvic-floor-physical-therapy)

Pelvic PT Treatments

- Education
- Lifestyle Modifications
- Manual Therapy
- Biofeedback
- Extrinsic Support
- Electrical Stimulation



Core Activation: The 'Expansion and Compression' cycle of the Core driven by the breath

www.burrelleducation.com

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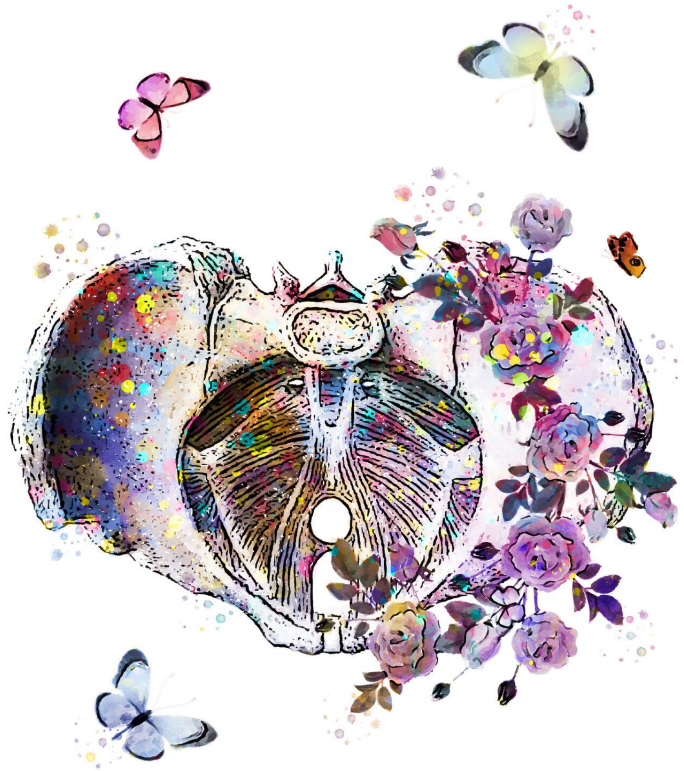
Finding the Right Fit

- Zipcode
  - https://pelvicrehab.com/
  - https://www.aptapelvichealth.org/ptlocator
- Diagnoses Specific *
- Alphabet Soups
  - PT, MSPT, DPT
  - Certificate of Achievement in Pelvic Physical Therapy (CAPP) Certification
  - Women's Health Clinical Specialist (WCS)- Board-Certified Specialist



(essentialphysiotherapy.com/blogs/tag/running)

Other PFD Treatments

- Overactive bladder/urgency urinary incontinence
  - Expectant
  - Behavioral changes (avoidance of bladder irritants, fluid intake management, bladder retraining)
  - Pelvic floor PT
  - Oral medications (modest benefit, can have bothersome side effects with antimuscarinics – cognitive side effects even in younger women)
  - Intravesicular Botox® – office procedure, highly effective (repeat q6-12 months)
  - Sacral neuromodulation
    - Percutaneous tibial nerve stim
    - Sacral nerve stim (require surgery to implant – basically a pacemaker for the bladder)

- Stress urinary incontinence
  - Expectant
  - Pelvic floor exercises, pelvic floor PT
  - Weight loss (can be difficult when UI with exercise)
  - Pessary
  - Surgical options
    - sling is "gold standard"

(https://www.graylinemedical.com/)

PFD Treatments

- Prolapse
  - Expectant
  - Manual reduction to ensure bladder emptying
  - Pessary
  - Surgery
    - Native tissue vs mesh augmented repairs
    - Reconstructive vs obliterative
    - +/- hysterectomy
- Bowel incontinence
  - Dietary modification, fiber
  - Pelvic floor PT
  - Oral medications to manage stool consistency (Lomotil, Lonox, Vi-Atro)
  - Sacral neuromodulation (same device as for overactive bladder/urge urinary incontinence)
    - Can be particularly good if they have both disorders
  - Other surgical options (sphincteroplasty, diversion) are less common

PFD Treatments

- Bladder pain syndrome (interstitial cystitis)
  - Multimodal therapy is commonly needed
  - Behavioral – avoidance of irritants
  - Stress management
  - Pain management
  - Oral medications (tricyclic antidepressants [TCA], antihistamines – all are off label but inexpensive, well tolerated, may require trial and error)
    - Elmiron® – limited benefit, high cost, risk of retinal damage (FDA approved for use but not the best option)
  - Cystoscopy with hydrodistention
  - Intravesicular Botox®
  - Sacral neuromodulation
- Pelvic floor muscle spasm
  - Common with any of the other pelvic floor disorders
  - Stress management, relaxation techniques
  - Pelvic floor PT
  - Pelvic floor Botox®
    - Generally used if other options haven't been successful enough
    - Needs to be repeated (3-4 months)
    - Can get resistance/tachyphylaxis to treatment after repeated treatments

Key Takeaways

- Pelvic floor disorders are common and treatable
  - Treatment is often multi-modal and multi-disciplinary
- Treatment goals should be patient-driven and focusing on improving functional status and quality of life
  - Shared decision making is important in developing a treatment plan
- Women's Health Psychology and Pelvic Floor Physical Therapy are key components of the management of pelvic floor disorders
  - Appropriate referral and getting the patient to the appropriate specialist are both important aspects of this care
- Feel free to reach out with clinical questions if you are unsure about whether referral is needed or if you have any treatment questions before referring

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Questions?

How to Obtain CE/CME Credits

To receive CE/CME credit, you must register by 0715 ET on 23 February 2024 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 7 March 2024 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: https://www.dhaj7-cepo.com/content/2024-feb-ccss
2. Click on the REGISTER/TAKE COURSE tab.
   a. If you have previously used the CEPO CMS, click login.
   b. If you have not previously used the CEPO CMS click register to create a new account.
3. Follow the onscreen prompts to complete the post-activity assessments:
   a. Read the Accreditation Statement
   b. Complete the Evaluation
   c. Take the Posttest
4. After completing the posttest at 80% or above, your certificate will be available for print or download.
5. You can return to the site at any time in the future to print your certificate and transcripts at: https://www.dhaj7-cepo.com/
6. If you require further support, please contact us at: dha.ncr.j7.mbx.cepo-cms-support@health.mil