Survey: Doctors Overestimate HT’s Risks, Benefits

BY NICOLE S. G. SULLIVAN
Mid-Atlantic Bureau

WASHINGTON — Brooke Gurland, M.D., realized that, despite her training as a colorectal surgeon, she didn’t have a complete perspective on pelvic floor dysfunction.

Fellows in colorectal surgery “weren’t even trained to know the anatomy of the other organs, much less how to work with other pelvic specialists in the hospital system,” said Dr. Gurland, a colorectal surgeon at Maimonides Hospital in New York.

A multidisciplinary approach to women’s pelvic floor disorders is important, because multiple pelvic floor defects often exist in the absence of patient complaints, she said at the annual meeting of the Gerontological Society of America.

Older women tend to underreport pelvic floor problems, especially those associated with fecal incontinence or defecation problems, because they don’t feel comfortable raising the subject with their doctors, or because they find ways to compensate, such as using an enema or finger to complete their defecation.

By Heidi Splete
Senior Writer

Research in pelvic floor symptomatology is limited, and many physicians don’t know that different treatment options exist for pelvic floor dysfunction, said Dr. Gurland, who is spearheading a pelvic floor program at Maimonides Hospital.

In 2004, Dr. Williams presented the results of a similar survey he conducted among 1,000 women aged 45-65. This study showed that up to 30% believed that their attributable risk for heart disease and stroke was 10%-30% per year of HT use.

Most respondents understood that there is no change in overall mortality rates associated with HT use. About 85% of ob.gyns., 65% of internalists and family physicians answered correctly. But a few respondents said the overall mortality risk increased 3%-10% per year of use.

Dr. Williams also asked respondents’ views of HT on a scale of 1-5, with 5 being positive. The average rating was 3.89 among ob.gyns., 3.0 among family physicians, and 2.7 among internists.

In 2004, Dr. Williams presented the results of a survey similar to the one conducted among 1,000 women aged 45-65. This study showed that up to 30% believed that their attributable risk for heart disease and stroke was 10%-30% per year of HT use.

More than half believed the risk for breast cancer was 10%-30% per year of use, and 60% believed HT could reduce their risk of osteoporotic hip fracture by up to 30% per year.

Dr. Gurland reported results from the first 70 patients treated at the center. The women enrolled in the database had symptoms of urinary dysfunction and prolapse and either fecal incontinence or difficult evacuation.

The average age was 66 years, with an average parity of 3. Seventeen had undergone hysterectomies.

Although urinary incontinence was the most common symptom, 18 patients had fecal incontinence, 28 had obstructive defecation, and 22 reported rectal pressure.

Of those with fecal incontinence, 89% had urinary incontinence, 61% had pelvic pressure or a bulge, and 3% had pelvic pain.

An overwhelming majority, 82%, of those with obstructed defecation had rectal pain, 43% had pelvic pressure or bulge, and 23% had pelvic pain. And of those with rectal pressure, 73% had urinary incontinence, 68% had pelvic pressure, and 18% had pelvic pain.

Rectoceles are one of the most common physical finding in the entire group (60% of patients), followed by cystocele, enterocoele, rectal prolapse, and anal sphincter defects diagnosed by endorectal ultrasound.

As for the outcomes, 35% had surgery, 25% are undergoing biofeedback treatment, and approximately 28% are considered surgical or nonsurgical treatment. An additional 10% decided they were satisfied with their quality of life and declined treatment.