

Title: Posttraumatic stress in women with pelvic floor disorders – a case for trauma-informed urogynecologic care

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Background: Lower urinary tract symptoms (LUTS) from pelvic floor dysfunction are often a functional manifestation of emotional distress. We found an association between anxiety and LUTS in a pilot RCT of CBT for women with LUTS and anxiety. Prior studies also show associations between LUTS and childhood trauma. Studies have not examined lifetime trauma, which we hypothesize strengthens the relationship between posttraumatic stress symptoms (PTSS) and LUTS.

Objective: A secondary analysis of baseline pilot RCT data to quantify relationships among lifetime trauma, PTSS, and LUTS for women with LUTS (Trial: NCT03623880).

Methods: We recruited patients presenting to a urogynecologic clinic, with anxiety and chief complaint of LUTS (urgency, frequency, nocturia, leakage, hesitancy, straining), to attend 12 therapy sessions. Pelvic Floor Distress Inventory (PFDI-20) measured bothersome pelvic floor distress. PTSD Checklist for DSM-5 (PCL-5) with Life Events Checklist assessed trauma history and PTSS.

Results: $N=38$ patients, (76% White, 16% Black) with mean(SD) age = 43(16). 74% directly experienced/witnessed ≥ 2 traumatic life events. Baseline mean(SD) PCL-5 score = 20.38(17.81). 24% had a baseline PCL-5 ≥ 33 , consistent with PTSD. PCL-5 total was not significantly associated with LUTS, $r=.08$, $p=.63$, but was associated with colorectal-anal distress, $r=.34$, $p=.04$.

Conclusion: Although PTSS were not associated with LUTS, PTSS were associated with bowel symptoms. Women with LUTS experienced PTSD at a higher level (24%) than US women (yearly prevalence estimates $\sim 5\%$). Usual pelvic floor disorder care can be invasive (pelvic floor physical therapy, surgery)— future research should investigate trauma-informed care for these patients.