

Activity Limits Often Don't Help Pelvic Ills

BY SHARON WORCESTER
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ATLANTA — Most activity restrictions recommended for preventing the progression or recurrence of pelvic floor disorders are unwarranted, results of a small study suggest.

Several daily activities, such as lifting and exercising, are often restricted in patients with pelvic floor disorders and in those who undergo pelvic floor surgery, because there is concern that the activities can increase intraabdominal pressure and thereby exacerbate the disorder, Larissa F. Weir, M.D., explained during the annual meeting of the American Urogynecologic Society.

In fact, of 23 physical activities tested in 30 women who were not undergoing treatment for pelvic floor disorders, most had no greater effect on intraabdominal pressure than unavoidable or typically unrestricted activities had, said Dr. Weir, who was a medical student at the University of Iowa, Iowa City, at the time of the study, but who currently is a first-year resident at the San Antonio Uniformed Services Health Education Consortium.

Lifting technique with higher-weight items did, however, have an effect on intraabdominal pressure, she noted.

Activity restrictions can have a significant impact on daily life, so it is important that they are based on evidence, Dr. Weir said.

These findings lay a foundation for evidence-based revisions of current activity restriction recommendations, but prospective long-term studies of the impact of intraabdominal pressure on pelvic floor function and of the effects of physical activity on intraabdominal pressure are needed, she added.

Women who participated in the study performed three repetitions of each activity, and intraabdominal pressures were measured using a microtip rectal catheter. The mean peak and net in-

traabdominal pressures associated with the repetitions were calculated and compared with the baseline values in each patient.

The peak values for activities such as coughing, climbing stairs, and lowering to and rising from the floor, and for exercises such as jumping jacks, abdominal crunches, walking, and jogging on a treadmill were not significantly different than those for rising from a chair. Rising from a chair produced significantly higher abdominal pressures than lifting 8-10 pounds, Dr. Weir said.

Lying supine on the ground produced intraabdominal pressure that was not significantly different from lifting 35 pounds from counter height.

The activities that produced the highest peak and net pressures included lifting 20 and 35 pounds off the ground, and forceful coughing; those that produced the lowest peak and net pressures were lifting 8 pounds from a low table, from counter height, and overhead.

As weight increased, lifting technique became more important: Compared with rising from a chair, lifting 8 or 13 pounds from the floor produced less intraabdominal pressure, while lifting 20 pounds from the floor did not. But lifting 20 pounds from counter height did produce less intraabdominal pressure.

Furthermore, lying supine on the ground—an unrestricted activity—produced intraabdominal pressure not significantly different from lifting 35 pounds off a counter. And lifting 35 pounds off a counter produced pressure significantly less than lifting 20 pounds off the ground.

In this study, body mass index and abdominal circumference were positively correlated with peak abdominal pressures—but not net abdominal pressures—for many of the activities studied, Dr. Weir noted. No such trend was observed with grip strength (which was used as a proxy for overall strength) or grip pressure. That suggests that overall strength has no impact on the effect of various activities on intraabdominal pressure, she said. ■

Anal Sphincter Injury Has Lasting Impact on Sex Life

BY KATE JOHNSON
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MONTREAL — Obstetric anal sphincter injuries can cause fecal incontinence for decades, and also may wreak havoc on a couple's sex life, according to Jan Willem de Leeuw, M.D., a consultant ob.gyn. from the Ikazia Ziekenhuis hospital in Rotterdam, the Netherlands.

"Women told us that they were very surprised that we were asking about fecal incontinence during sex, but that it was a real problem. The women who were incontinent during intercourse and other sexual behavior were very reluctant to engage in sexual activity," Dr. de Leeuw said in an interview.

In a study he presented at the annual meeting of the International Continence Society, Dr. de Leeuw identified 171 women who were surgically treated for obstetric anal sphincter injuries immediately after delivery from 1971 to 1990.

In 1995, these women and 131 controls, who were matched for parity and date of delivery, were mailed a questionnaire that asked about fecal and urinary incontinence. Women who responded were then sent a second similar questionnaire about 10 years later that contained additional questions about sexuality. The median follow-up period was 24 years.

Responses from the first questionnaire showed that the prevalence of anorectal complaints was much higher in the patients who had sphincter injury, compared with controls (40% vs. 15%). Similarly, fecal incontinence, urgency, and soiling were reported by 31%, 26%, and 10% of the patients, respectively, compared with 13%, 6%, and 1% of the controls.

Ten years later, the second questionnaire produced similar responses. Anorec-

tal complaints were reported by 64% of sphincter injury patients, compared with 24% of controls. Fecal incontinence, urgency, and soiling were reported by 56%, 31%, and 15% of sphincter injury patients, respectively, compared with 16%, 12%, and 4% of controls.

Unlike the prevalence of urinary incontinence, which tends to equalize with increasing age between women who have delivered vaginally and those who have not, there was no such effect seen with fecal incontinence, Dr. de Leeuw said.

Perhaps the most interesting finding was the "hidden problem" of fecal incontinence during sex, he said. Few physicians think to ask about this, yet 13% of the sphincter injury patients reported this problem, compared with none of the controls.

In addition, superficial dyspareunia was more common in the patients (22%), compared with the controls (9%).

Menopausal status appeared irrelevant. "Our results do not corroborate the widespread theory that postmenopausal status has a deteriorating effect on these complaints," he said.

Of the sphincter injury patients who were free of anorectal complaints at the first questionnaire, 46% developed anorectal complaints by the second questionnaire—but only 32% of these women were postmenopausal, he said.

The study's findings about the long-lasting and intimate consequences of obstetric sphincter damage underscore the need for primary prevention of these injuries, he said.

"This is of primary importance. I am still waiting for the randomized trial between midline and mediolateral episiotomies, because I think that midline episiotomies are a major risk factor, and this is quite common in the United States. I don't understand it." ■

Impact of Obstetric Sphincter Injury on Sex Life

	Patients With Obstetric Sphincter Injury (n = 171)	Controls (n = 131)
Superficial dyspareunia	22%	9%
Fecal incontinence during sex	13%	0%

Source: Dr. de Leeuw

Review Pegs Anal Incontinence Rate in Women at 4.5%; Age Key Factor

MONTREAL — Anal incontinence is four times more prevalent than previously thought, and it affects older men and women almost equally, according to what British researchers describe as the first systematic review of the prevalence of this disorder.

"Age, not gender, is the most important factor, and obstetric trauma does not have a major effect," Philip Toozs-Hobson, M.D., reported at the annual

meeting of the International Continence Society.

The review of 29 studies with a total of 69,152 participants found an overall rate of anal incontinence of 3.5% in men and 4.5% in women across all age groups. "It suggests that the 1% rate presumed by government agencies is an underestimate," said Dr. Toozs-Hobson, a consultant gynecologist at Birmingham (England) Women's Hospital.

Moreover, the effects of obstetric trauma could not be seen in this data, he said.

"It has long been thought that the incidence of anal incontinence is higher in women because trauma occurs to the anal sphincter during childbirth," Dr. Toozs-Hobson said during the meeting.

"However, this study does not provide evidence that women under 60 years have significantly higher rates of incontinence,

when compared with men of similar age."

When data were broken down according to age, the prevalences for men and women under age 60 years were 0.8% and 1.6%, respectively.

Although the rates were much higher in people over age 60 years, they remained similar across the genders, at 5.1% for men and 6.2% for women, Dr. Toozs-Hobson said.

"Many experts believe that the

effects of obstetric trauma may only appear in older age, but we did not find significant interaction between age and gender," he said.

Inasmuch as anal incontinence is increasingly becoming recognized as a significant cause of physical and psychological morbidity, these data may well have implications for community health care providers, Dr. Toozs-Hobson said.

—Kate Johnson