Consequences, Economic Burden and Access Barriers to Pelvic floor Dysfunctions in Mediterranean countries

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If we get free and well-educated people then we shall undoubtedly have healthy ones as well.

Rudolf Virchow [1821- 1902] the “Father” of Social Medicine- The Medical Reform, 1848.

Background

- Pelvic floor dysfunction disorders (urinary incontinence, pelvic organ prolapse and fecal incontinence) in women must be addressed from a broader outlook that falls in the health status/ roles of women.

- The health status in any society cannot be understood apart from the cultural factors determining the individuals' attitudes towards health and their behavior in seeking health care.

Introduction

- The biological influences of socio-demographic, lifestyle, economic, environmental and genetic factors on pelvic floor dysfunctions are well-recognized in the uro-gynecological literature.

- The impact of **anthropological** and **societal variables**: ethnicity, culture, religion, geo-political orientation, indigenous psychology, personality and gender on the individual's realization of health role, experience of health and illness and health services utilization are less appreciated.

The Mediterranean Region

The Mediterranean Countries are different

- Attitudes towards pregnancy, childbirth and women's health are rooted in the broader milieu of culture.

- Formal health services may be bypassed and under-utilized, even when available.

- In some countries, male-dominated culture-*patriarchy*- represents a strong factor in shaping the health behaviour of women.

The Mediterranean Paradox

- A pro-natal society with an average total fertility rate >4 in some countries and a female life expectancy at birth of >70 years in most countries.

- High prevalence rates of pelvic floor dysfunction of 20-30 % were reported in women.

- Affected women, however, rarely seek medical help for several reasons and barriers.

Consequences

- In view of this increased risk of pelvic floor dysfunctions in the Mediterranean region, a growing demand for uro-gynecological services is anticipated.

- The need may be EVEN higher than the projected and reported prevalence rates since the majority of patients in these countries do NOT seek health care.

The “Intrinsic” Barriers
I- Cultural Beliefs

- Affected women particularly incontinent women continue to live silently because of the embarrassment in admitting incontinence (only a childhood-related condition) even when they are aware that this may be related to childbirth.

II- Knowledge Gap

- Women's knowledge level of the causes and available treatment options for any disease has a positive impact on their health-care seeking behaviour.

- Pelvic floor dysfunction is perceived by the majority of Mediterranean women as a neurological, normal senile or untreatable disorder rather than a manageable gynecological condition caused by childbirth, menopause or ageing.

II- Knowledge Gap

- Women in Mediterranean countries are less privileged to access patient information and education resources about pelvic floor dysfunction that is usually available in English because of the language barrier.

III- Perceptions of Childbirth

- Popular beliefs in the Mediterranean region consider pregnancy and childbirth as natural episodes in the female's life.

- Cesarean delivery, therefore, does not represent a socially accepted option for childbirth.

- This observation has an important bearing on counseling of Mediterranean women about the benefit/risk ratio of elective cesarean delivery.

IV- Socialization of Health Role

- The intimate and sensitive nature of uro-gynecologic disorders in a conservative socio-cultural environment in some Mediterranean countries significantly influences a preference for same-gender physician.

- Most women in these countries thus feel more comfortable to consult a female uro-gynecologist due to embarrassment during pelvic examination, reproductive counselling and sexual interviewing.

IV- Socialization of Health Role

- This finding may adversely affect the access to care provided by male clinicians.

- Gender-based recruitment policy initiatives for uro-gynecologic providers may be needed in some parts of the Mediterranean region.

V- Religion

- The life style and social norms of Muslim Mediterranean women may be different from other women and is sometimes principally dictated by their religious faith.

- Praying is a daily and ritually-prescribed activity in Muslim women that involves kneeling down (may precipitate an incontinence episode) and requires ablution after urination or defecation for cleansing before each prayer.

V- Religion

- Interference with praying ALONE can severely impair the quality of life of incontinent Muslim women and highlights the cross cultural and ethnic differences in women attitudes to incontinence in Mediterranean countries.

The External barriers to care

- Difficult access to and/or inadequate health care facilities.
- Inconvenience of consultation because pelvic floor dysfunction clinics are not clientele-friendly.
- Low expectations from health care.
- Fear of medical encounter.
- Incurred service cost.
- Limited availability of public toilets.

Inadequate health care facilities

Economic burden

- Costs associated with pelvic floor dysfunctions:
  1- **Diagnostic costs**: Urodynamic tests
  2- **Treatment costs**: Surgery AND Conservative
  3- **Routine care costs**: Disposable garments and laundry
  4- **Consequence costs**: Falls, fractures, infections, co-morbidities and hospital admissions
  5- **Indirect costs**: Lost productivity and absenteeism of patients AND caregivers
  6- **Intangible costs**: Pain, suffering and decreased health-related quality of life.

Economic burden

- Cost is associated with pelvic floor dysfunction whether the woman is treated or NOT.
- If a woman is afraid to seek medical attention, then diagnostic and treatment costs will be zero.
- Costs are STILL incurred when the woman is untreated including routine care, consequence, indirect and intangible costs.

Incontinence Costs in Canada

Impacts of Incontinence in Canada- A briefing document from the Canadian Continence Foundation (May, 2009)

- Costs to the individual $2,070,990,000
- Costs to the employer $1,580,733,217
- Costs to the health care system $1,947,420,930

- **Total cost** **CAD $ 5,599,144,147**

Incontinence Costs in USA

- Review of the cost of urge and mixed urinary incontinence from a societal and patient perspective (1991-2011):

National costs in 2007	$ 65.9 Billion
Projected costs in 2015	$ 76.2 Billion
Projected costs in 2020	$ 82.6 Billion

- National costs of stress urinary incontinence in 2011 was $12 billion.

- Diagnostic and treatment costs were the main driver of the overall cost but routine care costs represented a meaningful contribution to the economic burden.

Incontinence Costs in Europe

- Review of prevalence-based cost of urge and mixed urinary incontinence (1991-2013).
- In a 2005 multinational study, the annual cost estimate in Germany, Italy, Spain, Sweden and the United Kingdom was €7 billion each.
- The economic burden is substantial and will continue to increase markedly as the population ages.
- The costs of routine care and nursing home admissions were major contributors to the cost.

Recommendations

- Expert medical advice to women in the Mediterranean countries is necessary to correct the myth about pelvic floor dysfunctions being normal or untreatable.

- Education of more health professionals is also required in the Mediterranean region about normal pelvic floor function and mechanism of continence.

Recommendations

- A constructive way is needed to disseminate public information to Mediterranean women about pelvic floor dysfunctions because of its adverse effect on the quality of life.

- The message is that this interferes with a woman’s daily activities and is a source of frustration unless she seeks proper medical care and does not shy away from the situation.

Recommendations

- National health policies should be formulated to improve delivery of care, accessibility, cost and public image of pelvic floor dysfunction services.

- Birth attendants should try to minimize obstetric pelvic floor injury during childbirth since some Mediterranean mothers will strongly disagree to undergo elective cesarean delivery for reducing the likelihood of this complication.

Contribution by Professional Societies

- ICS: http://www.icsoffice.org
- IUGA: http://www.iuga.org *
- SGS: http://www.sgsonline.org
- BSUG/RCOG: http://www.rcog.org.uk/bsug

Now have a dedicated patient education/information menu on their website and translation is available.