

GYNECOLOGY

Effect of professional society recommendations on women's desire for a routine pelvic examination

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BACKGROUND: The American College of Physicians strongly recommends against performing pelvic examinations in asymptomatic, nonpregnant women, citing evidence of harm (false-positive testing, unnecessary surgery) and no evidence of benefit. In contrast, the American Congress of Obstetricians and Gynecologists recommends pelvic examinations in asymptomatic women beginning at age 21 years, citing expert opinion.

OBJECTIVE: We sought to evaluate if providing women with professional societies' conflicting statements about pelvic examinations (recommendations and rationales) would influence their desire for a routine examination.

STUDY DESIGN: We recruited 452 women ages 21–65 years from 2 women's clinics to participate in a 50-minute face-to-face interview about cervical cancer screening that included a 2-phase study related to pelvic examinations. In the first phase, 262 women were asked about their desire for the examination without being provided information about professional societies' recommendations. In the second phase, 190 women were randomized to review summaries of the American College of Physicians or American Congress of Obstetricians and Gynecologists statement followed by an interview.

RESULTS: First-phase participants served as the referent: 79% (208/262) indicated they would want a routine examination if given a choice. In the second phase, a similar percentage of women randomized to the American Congress of Obstetricians and Gynecologists summary had this desire (82%: 80/97; adjusted odds ratio, 1.37; 95% confidence interval, 0.69–2.70). Women randomized to the American College of Physicians summary, however, were less likely to indicate they would opt for an examination (39%: 36/93; adjusted odds ratio, 0.12; 95% confidence interval, 0.06–0.21). Overall, 94% (170/190) believed the potential benefits and harms should be discussed prior to the examination.

CONCLUSION: Providing women with a professional society's recommendation advising against routine pelvic examinations substantially reduced their desire to have one. Educational materials are needed to ensure women's informed preferences and values are reflected in decisions about pelvic examinations.

Key words: patient preferences, patient view, professional society recommendation, routine pelvic examination

Introduction

Pelvic examinations are commonly performed in the United States with >62 million performed in 2010.¹ These examinations have long provided the foundation of the annual well-woman visit.^{2,3} In fact, obstetrician-gynecologists indicate that they would perform a routine examination in >85% of asymptomatic women of a variety of ages, believing it to be important to accommodate patients' expectations and reassure them of their health.⁴

Recently, the value of the routine pelvic examination has been questioned.^{2,3,5} Most notably, the American

College of Physicians (ACP) strongly recommended against routine pelvic examinations in asymptomatic, nonpregnant women in 2014.⁶ The recommendation was based on a systematic review that found no evidence supporting the use of pelvic examination in asymptomatic, average-risk women, but did find evidence of harm.⁷ In response to this recommendation, the American Congress of Obstetricians and Gynecologists (ACOG) acknowledged the lack of evidence of benefit, but stood by its 2012 recommendation supporting annual pelvic examinations in asymptomatic women aged ≥ 21 years, "based on expert opinion."⁸

An accompanying ACOG Practice Advisory further stated that the pelvic examination provides an opportunity for clinicians to recognize incontinence and sexual dysfunction, and allows gynecologists "to explain a patient's anatomy, reassure her of normalcy, and answer her specific questions thus establishing open communication

between patient and physician."⁹ In 2015, ACOG reaffirmed its recommendation and reinforced its suggestion that women discuss whether or not to have a pelvic examination with their provider before making a decision.¹⁰ Thus, current recommendations by 2 influential professional societies are in direct conflict.

Little is known about women's attitudes and beliefs about these examinations. We recently reported the first phase of this study in which we interviewed 262 women about their perceptions of the examination; about half of women did not know the examination's purpose, although many believed it to be of value, especially in reassuring them of their health.¹¹ Here, we report the second phase of the interview study focused on understanding whether professional societies' conflicting statements (recommendation and rationale) would influence women's desires to have the examination. To address this question, we

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randomly assigned women to review summaries of either the ACP or the ACOG statements followed by a series of attitudinal questions.

Materials and Methods

This study was imbedded in a larger study of patient preferences regarding cervical cancer screening. The traditional coupling of cervical cancer screening with pelvic examinations allowed us an opportunity to explore women's attitudes and beliefs about the examination. From September 2014 through June 2016, we recruited women from 2 women's health clinics at an academic medical center (University of California, San Francisco) and an inner-city clinic (Zuckerberg San Francisco General Hospital and Trauma Center) to participate in a 50-minute face-to-face interview during which a demographics questionnaire and series of preference elicitation exercises were completed. Eligible women were aged 21-65 years and spoke either English or Spanish. Written consent was obtained and participants were compensated with a \$50 gift card. Both the University of California, San Francisco Committee on Human Research and the Zuckerberg San Francisco General Hospital Institutional Review Board approved the study.

To prepare participants for answering questions about cervical cancer screening, we showed them an illustration of a woman in dorsal lithotomy position undergoing a pelvic examination, specifically a speculum examination with collection of cervical specimens. At the end of the preference elicitations, we provided participants with an illustration of a bimanual examination and asked about their prior experiences with, and attitudes and beliefs about, this examination.

The portion of the study focused on pelvic examinations was performed in 2 phases. In the first phase (September 2014 through October 2015), we sought to describe women's understanding of the examination's purpose and its perceived value within a sample of patients who were not exposed to summary statements describing professional societies' recommendations regarding the

examination; these results were recently reported.¹¹ We focused the second phase on evaluating the effect of professional societies' statements on participants' desire to undergo the examination. The randomized second phase of the study took place from October 2015 through June 2016.

Because neither professional society had materials regarding this examination designed specifically for patients, we wrote plain-language summaries through an iterative process to assure accuracy. Study interviewers and research associates of other study teams further reviewed the summaries to insure readability at a low literacy level and clarity (Table 1). Randomization was performed by the research assistant using the computerized Research Electronic Data Capture System and was stratified by interview language (English or Spanish) and by recruitment site.

Each participant was given the assigned summary to read on her own in either English or Spanish. The research assistant was present to answer any questions in the participant's chosen language and provide clarifications if necessary. In both the first and second phases, the research assistant asked: "Given a choice, would you want to have this examination even if you were having no problems?" and "Do you think this examination helps establish open communication between you and your health care provider?" In phase 2 alone, the research assistant asked 3 additional questions regarding other advantages of the examination cited by ACOG in the practice advisory: "Do you think this examination would prompt you to talk to your provider about problems with urine leakage that you would otherwise not discuss?"; "Do you think this examination would prompt you to talk to your provider about sexual problems that you would otherwise not discuss?"; and "Do you think this examination would prompt you to talk to your provider about concerns about your anatomy that you would otherwise not discuss?" Finally, the research assistant asked "Do you believe that women with no health problems should discuss the potential

benefits and harms of this examination with their provider before deciding to have one?" The response options for all questions were "yes"; "no"; and "don't know."

Our primary outcome was the response to the question regarding desire to have a pelvic examination. Responses in the nonrandomized first phase served as the comparator. We used χ^2 tests to evaluate differences in demographic and medical history characteristics among the 3 groups and if present ($P < .05$), included these variables in multivariable logistic regression models. The outcome referent category combined "no" and "don't know" responses. Univariate and multivariate odds ratios (OR) and 95% confidence intervals (CI) are reported ($P < .05$ significant, 2-sided). The number needed to treat was calculated as the inverse of the absolute risk difference between the randomized groups. For responses to the questions unique to the second phase regarding incontinence, sexual problems, and concerns about anatomy, we report only univariate outcomes because there were no significant demographic or health history differences between the randomized groups. Our planned sample size of a total of 450 for both phases of the study was based on precision of preference score estimates; we performed no formal power or sample size analyses for hypotheses related to pelvic examinations.

Results

A total of 452 women completed interviews: 262 in the first phase and 190 in the second phase. In the second phase, 93 women were randomized to review the summarized ACP statement, and 97 were randomized to review the summarized ACOG statement. Participants were racially and ethnically diverse (57% nonwhite); most were educated and of reproductive age. Compared with participants in the first phase, those in second phase had attained a higher educational level, reported a higher income, and were less likely to be interviewed in Spanish (Table 2).

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