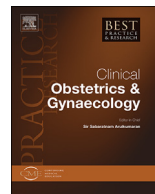




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Alternatives to hysterectomy: The burden of fibroids and the quality of life

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A B S T R A C T

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Uterine fibroids are the most common benign tumor in reproductive-aged women. While the majority of women are asymptomatic, those with symptoms may suffer from abnormal uterine bleeding, infertility, pelvic pain or pressure, and urinary dysfunction. Fibroids represent a significant healthcare burden for women and society as a whole. Women with fibroids have compromised overall quality of life and impairment in many specific domains including work productivity, sexuality, self-image, relationships, and social emotional and physical well-being. Many women are reluctant to ask for help and delay seeking treatment. To date, myomectomy remains the gold standard for treating fibroid-related symptoms in reproductive-aged women. However, many less invasive uterine preserving approaches have been developed. Quality of life is improved in many women following treatment for fibroids. This article aims to provide an overview of the substantial impact of fibroids on health-related quality of life.

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Introduction

Uterine fibroids remain one of the most common gynecologic conditions in the United States (US), affecting as many as 80% of reproductive-aged women [1]. While up to two-thirds of women with

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fibroids are asymptomatic, many experience symptoms severe enough to significantly impact quality of life. Over 50% of women with symptomatic fibroids report that their fibroid symptoms have negatively impacted their lives. In one study, 15% of women reported a severe negative impact and 18% reported a moderate negative impact [2]. Furthermore, a quarter of women with fibroids report that their symptoms impact activities of daily living or are severe enough to require treatment [3]. In fact, fibroid-related symptoms may represent a greater health burden than other chronic conditions such as asthma, irritable bowel syndrome, and gastroesophageal reflux disease [4]. Previous research has demonstrated that African-American women with fibroids are significantly more likely to report their symptoms as “severe” or “very severe” compared to their Caucasian counterparts [5].

Fibroid symptoms

Pain and bleeding

Pain and bleeding are the two most commonly reported symptoms among women with symptomatic fibroids. Nearly 60% of women with symptomatic fibroids experience heavy or prolonged menstrual bleeding, with almost one in three reporting severe or very severe bleeding [3,6]. Pain is usually abdominal and described as cramping in nature (reported in 75% of women with symptomatic fibroids), but a similar proportion of women also suffer from backaches or leg pains. Of those women with pain, approximately 30% rate their pain as “severe” or “very severe” [3].

Urinary symptoms

Because of their location within the abdominal cavity, larger fibroids can impinge upon surrounding organs, commonly the bladder. Consequently, many women with symptomatic fibroids (between 59% and 73%) experience urinary symptoms, including urinary urgency, frequency, and incontinence [3,7,8]. In one study, stress urinary incontinence and mixed urinary incontinence were significantly more common in women with anterior fibroids and fibroids larger than 5 cm in diameter. Furthermore, scores on the Incontinence Impact Questionnaire regarding physical activity, travel, and emotional health were significantly worse in women with fibroids larger than 5 cm than in other women. The significantly higher urinary distress inventory scores among women with fibroids than in control patients demonstrates the detrimental effect that urinary symptoms can have on well-being and overall quality of life [8].

Infertility

While it has long been believed that fibroids decrease fertility, the degree to which fibroids actually contributes to infertility remains controversial. Different mechanisms have been proposed to explain this pathogenesis, including abnormal vascularization, abnormal endometrial development, chronic intracavitary inflammation, abnormal endocrine milieu, dysfunctional uterine contractility, and mechanical blockage of tubal ostia impairing sperm or embryo transport through the fallopian tubes [9]. Many studies have demonstrated the relationship between fibroids and infertility and obstetrical complications among women with fibroids—namely preterm delivery, miscarriage, cesarean delivery, placenta previa, postpartum hemorrhage, and malpresentation [10]. Infertility and its treatment pose serious challenges to many aspects of an individual’s quality of life, and indeed, previous research has consistently demonstrated that women experiencing infertility and undergoing assisted reproductive technologies suffer from sub-optimal emotional well-being and quality of life [11–16]. Interestingly, women who have experienced more life-events perceived as having a negative impact on quality of life have been found to have poorer IVF success rates [17].

Societal impact

On a more global level, fibroids represent an enormous economic burden to the United States healthcare system. Women with fibroids have significantly higher resource utilization and healthcare costs [18]. The annual direct costs for fibroids in the US—including surgery, hospital admissions,

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