Obstetrics and gynaecology

Pelvic floor exercises may be helpful for vaginal prolapse

Women with mild prolapse reported that pelvic floor muscle training (PFMT) helped to alleviate symptoms, in a study in primary care.

Overall, 287 women, aged 55 or over, with symptomatic uterovaginal prolapse to, but not beyond, the hymenal remnants were recruited to the study from 15 general practices in Groningen, the Netherlands. Symptoms included vaginal bulging, a feeling of heaviness or urinary difficulties or incontinence.

Baseline investigations included pelvic examination and ultrasound examination.

Around half the women, 145, were randomised to an intense course of PFMT with a specialist physiotherapist, offered on a weekly basis, supplemented with a programme of home exercises. Eight per cent did not attend any sessions and 13% discontinued prematurely. An average of seven treatment sessions were attended over a median period of 3.6 months. The remaining 142 women were allocated to a period of watchful waiting.

All participants completed the 20-item Pelvic Floor Distress Inventory questionnaire (PFDI-20). Further questionnaires enquiring about quality of life, sexual function and perception of change in symptoms since the start of the study were also collected.

Women allocated to active PFMT showed a significantly greater statistical improvement in PFDI-20 score, 9.1 points (95% CI:2.8-15.4; P = 0.005) more than those in the watchful waiting group. However, the threshold score for clinical significance is 15 points. The domain with greatest improvement was urinary distress.

When asked whether they felt worse, the same or better, the women who received PFMT were more likely to respond favourably. Overall, 57% in the PFMT group compared with 13% in the watchful waiting group felt better (P < 0.001).

Female genital prolapse includes vaginal wall laxity (cystocoele, rectocoele, enterocoele) and uterine descent. Prolapse is common and often asymptomatic.

Intensive and expert PFMT does seem to make women with mild symptomatic genital prolapse feel subjectively better, at least by the end of the course, despite the fact that no clinically significant objective measures of improvement were observed.

The authors conclude that: 'Pelvic floor muscle training might be considered for the treatment of women with bothersome symptomatic mild prolapse who do not qualify for pessary treatment or surgical correction.

'Further research might identify factors related to the success of pelvic floor muscle training. Additionally, more research on long term follow-up is needed to investigate whether the effects of pelvic floor muscle training are sustained in the long term and to establish whether pelvic floor muscle training can prevent symptomatic mild prolapse from getting worse.'

DR CHRIS BARCLAY

● **Wiegersma M, Panman CMCR, Kollen BJ et al. Effect of pelvic floor muscle training compared with watchful waiting in older women with symptomatic mild pelvic organ prolapse: randomised controlled trial in primary care. *BMJ* 2014;349:g7378**

Sexual health

Hormonal contraceptive prescribing in teenagers rises

Use of hormonal contraceptives by adolescents has increased over the past decade, a national retrospective cohort study has found.

Data were obtained from the IMS Disease Analyzer (IMS DA) database, on girls aged 12-18 years who had had at least one prescription for a contraceptive drug between 1 January 2002 and 31 December 2011. IMS DA contains anonymised information, including drug prescriptions, diagnoses and demographics, recorded by GPs in the UK.

Annual prevalence of contraceptive prescribing was calculated for two age bands: 12-15 years and 16-18 years.

A total of 44,532 girls aged 12-18 years were identified in 2002 from the database compared with 34,676 in 2011.

- The annual prevalence of contraceptive prescribing to those aged 12-15 years increased from 3.3% (95% CI:3.1-3.6%) in 2002 to 5.2% (95% CI:4.9-5.5%) in 2011.
- For the 16-18 age group, this rose from 25.7% (95% CI:25.0-26.3%) in 2002 to 34.6% (95% CI:33.7-35.5%) in 2011.

Contraceptive prescribing was consistently higher in the 16-18 years age group compared with the 12-15 age group from 2002 to 2011.

The most frequent indication for hormonal contraceptive prescriptions for both age groups was 'contraceptive management', followed by 'excessive, frequent and irregular menstruation'.

The most common form of contraception for both groups of adolescents was the combined oral