Implementation of an evidence based pelvic floor muscle training intervention for women with pelvic organ prolapse (PROlapse and PFMT: implementing Evidence Locally - PROPEL)

Record Status
This is a bibliographic record of an ongoing health technology assessment being undertaken by a member of INAHTA. Links to the published report and any other relevant documentation will be added when available.

Citation
Implementation of an evidence based pelvic floor muscle training intervention for women with pelvic organ prolapse (PROlapse and PFMT: implementing Evidence Locally - PROPEL) Health Services and Delivery Research

Authors' objectives
Pelvic Organ Prolapse (POP) can affect up to half the female population aged over 40. Surgery has been the main treatment option for most women but many women end up with an additional prolapse and around 30% of women have repeat surgery. A recent large scale trial has shown that pelvic floor muscle training (PFMT) is an effective and potentially cost effective treatment and should be recommended as the first treatment option. It showed that using PFMT improved prolapse symptoms and also that women who used PFMT had less further treatment. We know that running a trial can be different from real life practice. We also know that having evidence that something works does not always mean that it is put into practice. There can be many reasons for this within the NHS. PFMT is currently not widely available across the NHS and there are a limited number of physiotherapists specialising in women’s health and prolapse. To provide PFMT to the large numbers of women who would benefit from it we need to try out other ways of delivering it. This could involve training other healthcare professionals to deliver PFMT; and seeing how many sessions a woman needs with a PFMT specialist to be able to do it properly by herself. We want to understand how PFMT can be provided in the real world of the NHS and in the context of local services. Different sites will have access to different resources and their care pathways may be different. We need to allow local NHS sites to determine how they can best deliver PFMT. We will suggest using different types of staff and different numbers of sessions for women but they may have other ideas that can help give PFMT to the women who need it. We can learn important lessons from sites that are trying out different ways to deliver PFMT to lots more women and we can share this knowledge across the NHS - to let other areas know what works. We will work with 3 NHS sites in the UK to increase their provision of PFMT for women with prolapse. Sites will determine how they want to achieve this and we will provide training to new groups of staff to deliver PFMT. We will study their decisions, monitor how their new services are working and any problems that arise, and help services make changes if needed. We will study what the benefits (outcomes) are for the service, and most importantly for the women receiving PFMT. This will involve observing meetings and doing interviews with staff, NHS managers, and women who are referred to PFMT. We want to be sure that however local services decide to deliver PFMT does not affect the outcomes for women that we would expect. We hope to recruit around 120 women who will receive PFMT across our 3 study sites (Glasgow, Leicester and Caithness/Inverness) and to follow their progress and outcomes. We will use the same outcome measures that were used in the original trial so that we can know whether these new ways of delivering the PFMT still lead to improvements in symptoms for women. We will measure women’s perceptions of their prolapse symptoms and how it affects their quality of life before and after PFMT; whether the severity of their prolapse has changed; and whether they need further prolapse treatment. We will assess the costs and benefits of different delivery methods. Finally, we will follow up original trial participants (through existing NHS datasets) to see if they have had further treatment, or if PFMT has indeed prevented surgery in the longer term.

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