

Health-Related Quality of Life and other Predictors of Hysterectomy Use in a Diverse Population of Women with Fibroids

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Objectives: Most hysterectomies performed in women with fibroids aim to relieve symptoms and improve quality of life. Little is known about health-related quality of life preceding hysterectomy.

Methods: We assembled a cohort of 633 racially/ethnically diverse women seeking care for symptomatic fibroids from four clinical settings. Participants were followed for 2 years and completed baseline questionnaires measuring patient and provider characteristics, use of and satisfaction with treatments, health-related quality of life and satisfaction, sexual functioning, depression and urinary incontinence.

Results: The most frequently reported symptom was bleeding (58%), followed by pressure (24%) and pain (19%). Prior treatments included ibuprofen (70%), oral contraceptives (39%), narcotics (31%) and progestins (33%), herbs (34%) and acupuncture (15%), as well as dilatation and curettage (23%) and myomectomy (8%). At baseline nearly half (43%) felt their pelvic problems had “not at all” been solved and 13% were “mostly or very” dissatisfied with their health. Pelvic problems interfered “a lot” with the sex lives of 29%. SF-12 MCS (41; scale 0-100) and PCS (44; scale 0-100) and current health utility (0.86) scores resembled those of primary care patients with depression or a serious medical condition. Univariate predictors of hysterectomy included high degree of pelvic problem impact (OR 1.36, 95% CI 1.02-1.81, $p=.04$), feeling dissatisfied with health (OR 2.54, 95% CI 1.29-5.02 $p=.007$), and lack of symptom resolution (OR 3.11, 95% CI 1.74-5.56, $p=.001$), with the latter two retaining their significance in multivariate analysis ($p=.05$ and $.001$ respectively).

Conclusions: Symptomatic fibroids have a profound impact on the overall well being of women. Baseline feelings about health and symptom resolution predict who will have a hysterectomy within 2 years of follow-up.