HEALTH-RELATED QUALITY OF LIFE AND OTHER PREDICTORS OF HYSTERECTOMY USE IN A DIVERSE POPULATION OF WOMEN WITH FIBROIDS

Miriam Kuppermann PhD, MPH; Lee Learman MD, PhD; Elena Gates MD; Christina Wassel Fyr MS, Alison Jacoby MD, Rebecca Jackson MD, James Lewis MD, A Eugene Washington MD, MSc

University of California, San Francisco and Kaiser Permanente Medical Group, San Francisco

Background

Most hysterectomies performed in women with fibroids aim to relieve symptoms and improve quality of life. Little is known about the health-related quality of life preceding hysterectomy among women with symptomatic fibroids. Moreover, the determinants of treatment use and satisfaction have not been clearly identified.

Study Objectives

As part of a larger study of predictors and outcomes of hysterectomy and alternative treatments for non-cancerous uterine conditions we interviewed 1548 racially/ethnically diverse women with symptomatic fibroids, abnormal uterine bleeding, pelvic pain and/or symptomatic uterine prolapse. The overall goal of the larger study is to follow these women for up to 8 years, to:

1. identify predictors of hysterectomy and alternative treatment use and associated satisfaction,
2. assess the impact of non-cancerous uterine conditions on health-related quality of life, and
3. explore decision making regarding treatments for these conditions.

In this presentation, we provide general descriptive statistics for 1003 women with symptomatic uterine fibroids and focus baseline predictors of hysterectomy use among the first 633 women reaching two years of follow-up.

Study Protocol

- English-, Spanish-, Cantonese- and Mandarin-speaking women with symptomatic leiomyomata who had not undergone a hysterectomy were recruited from gynecology clinics and practices at UCSF, SFGH, Kaiser, and several other community based sites.
- Each woman participated in a baseline, year 1 and year 2 face-to-face interview during which they completed 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.
- Participants also completed a series of preference or "utility" assessments, in which they generated time tradeoff values for their current health and 3 to 6 potential outcomes of treatment decisions.
- At the 6-month point of each year, these women participated in brief telephone interviews in which a subset of the questions were asked.

Results

Primary Symptom
Among women with fibroids, the most frequently reported primary symptom was bleeding, followed by pressure, and pain.

| Primary Symptom	N	%
Bleeding	614	61%
Pressure	225	22%
Pain	168	17%

Prior Treatments
The treatments these women had tried prior to entry in our study included traditional medicines, surgical interventions and complementary treatments.

Traditional Medical Treatments	N	%
Ibuprofen	731	73%
Oral Contraceptives	391	39%
Narcotics	318	32%
Progestins	269	27%
Surgical Treatments		
Dilation and Curettage	177	18%
Myomectomy	103	10%
Complementary Treatments		
Herbs	340	34%
Acupuncture	170	17%

Symptom Resolution and Health-Related Quality of Life
At baseline nearly half (43%) felt their pelvic problems had "not at all" been solved and many were "mostly or very" dissatisfied with their health. Pelvic problems interfered "a lot" with the sex lives of these women. SF-12 MCS and PCS scores resembled those of primary care patients with depression or a serious medical condition. Women whose primary symptom was pain were significantly more impacted than those reporting abnormal bleeding or pressure as their primary symptom.
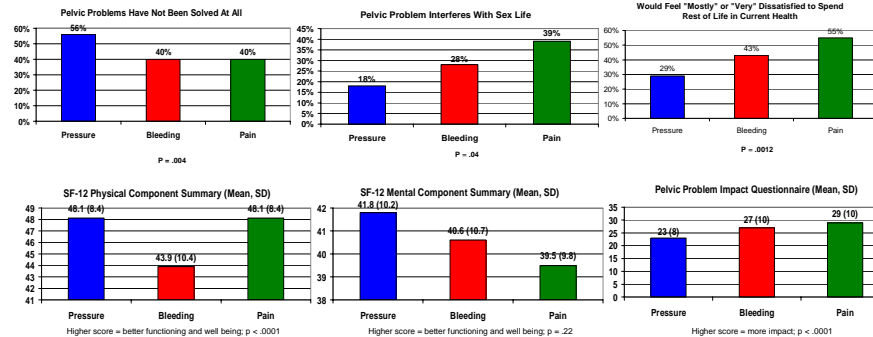
Baseline Predictors of Hysterectomy Use
Univariate predictors of hysterectomy included lack of symptom resolution, high degree of pelvic problem impact, feeling dissatisfied with sex life and current health, and lack of symptom resolution. Only pelvic problem resolution retained its significance in the multivariate analysis.

Unadjusted and Adjusted Predictors of Hysterectomy Use Within Two Years

	Unadjusted OR (95% CI)	P-value	Adjusted OR (95% CI)	P-value
Would feel "mostly" or "very" dissatisfied to spend rest of life with current health	2.54 (1.29-5.02)	.007	1.41 (.66-3.05)	.38
Pelvic problems have not been solved at all	3.11 (1.34-5.56)	.0001	2.78 (1.51-5.13)	.0001
High degree of pelvic problem impact	1.36 (1.02-1.81)	.04	1.24 (0.90-1.7)	.19
Feel dissatisfied with sex life	1.95 (1.04-3.66)	.04	1.57 (.80-3.1)	.19

Conclusions

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

Sponsorship

UCSF
University of California
San Francisco

KAISER PERMANENTE