

PREVENTION

PFMT reduces the incidence of pelvic-organ-prolapse symptoms

Pelvic organ prolapse (POP) — a condition involving the descent of the anterior or posterior vaginal wall, the cervix, or the apex of the vagina — can cause urinary, bowel and/or sexual dysfunction, and requires surgery in the majority of patients. Now, data from a multicentre randomized controlled trial demonstrate that pelvic floor muscle weakness can contribute to the severity of these symptoms, and that such muscle weaknesses can be addressed using pelvic-floor-muscle training (PFMT).

A total of 412 women with stage 1–3 POP were randomly assigned to receive either one-to-one training in PFMT exercises, with optional classes and physiotherapy appointments for the assessment of pelvic floor muscle function, or a prolapse lifestyle advice leaflet. Both groups had similar baseline characteristics in terms of parity, method of delivery and stage of prolapse. Patients' outcomes were assessed using the pelvic organ prolapse symptom score (POP-SS), a validated, patient-completed questionnaire

designed to assess the frequency of prolapse symptoms in the previous 4 weeks.

Patient outcomes were assessed at 1 year and 2 years after starting the trial, and mean POP-SS scores were significantly lower in the intervention group compared with the control group at both 1 year (mean difference -0.98 ; $P = 0.002$) and 2 years (mean difference -1.01 ; $P = 0.004$). Furthermore, women in the intervention group were less likely to require treatment of POP symptoms during the follow-up period compared with those in the control group. These findings likely reflect that women in the intervention group were significantly more likely to report having done PFMT exercises in the past 4 weeks than those in the control group (OR 3.22; 95% CI 1.94–5.32),

This one-point reduction in symptom scores (measured using a 28-point scale) seems insubstantial, and, notably, falls short of the minimum clinically important difference of 1.5 that has been suggested for this scale. However,

this difference was derived from a population of women whose symptoms required surgery, as opposed to those with less severe POP, who are likely to have a less noticeable difference in POP symptoms following an intervention. Furthermore, the use of an extended follow-up duration, ideally including entry into the post-menopausal period in more of the women involved in this trial, could reveal more substantial differences.

In conclusion, women with POP of stages 1–3 are likely to benefit from regular use of PFMT, although the true extent of this benefit and the most effective form of PFMT intervention for this patient population remain unknown.

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ORIGINAL ARTICLE Hagen, S. et al. Pelvic floor muscle training for secondary prevention of pelvic organ prolapse (PREVPROL): a multicentre randomised controlled trial. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(16\)32109-2](http://dx.doi.org/10.1016/S0140-6736(16)32109-2) (2016).

