

Pelvic floor muscle training for women with pelvic organ prolapse: the PROPEL realist evaluation

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Plain English summary

The PROPEL realist evaluation

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Plain English summary

Pelvic organ prolapse (or prolapse) affects 40–50% of women aged > 40 years. Previous research [the Pelvic Organ Prolapse Physiotherapy (POPPY) trial (Hagen S, Stark D, Glazener C, Dickson S, Barry S, Elders A, *et al.* Individualised pelvic floor muscle training in women with pelvic organ prolapse (POPPY): a multicentre randomised controlled trial. *Lancet* 2014;**383**:796–806)] found that pelvic floor muscle training can improve women's prolapse symptoms and quality of life. However, pelvic floor muscle training for prolapse is not widely available in the UK, and there are few specialist physiotherapists who are trained to deliver it. We wanted to know whether or not other staff types could deliver pelvic floor muscle training and still achieve the same outcomes for women, which would mean that more pelvic floor muscle training could be made available to women. We worked with five NHS sites to train different staff to deliver pelvic floor muscle training to women with prolapse. Sites had access to different resources (staff) and their current pathways for prolapse were different. We worked more in depth with three sites, at four time points, to learn lessons about 'what worked and why'.

We recruited a total of 102 women (out of a target of 120) and measured their prolapse symptoms, their self-reported quality of life, whether or not the severity of their prolapse had changed and whether or not they needed further treatment. We studied the benefits (outcomes) of pelvic floor muscle training for women and for the services that delivered it. We assessed the costs and benefits of different delivery methods. Finally, we followed up the original POPPY trial participants to see if pelvic floor muscle training had prevented treatment in the longer term.

Women's prolapse symptoms significantly improved at 6 and 12 months following pelvic floor muscle training. All services successfully delivered pelvic floor muscle training. There was no statistically significant difference in outcomes between pelvic floor muscle training delivered by specialist physiotherapists and pelvic floor muscle training delivered by other health-care professionals. Services that used higher-band physiotherapists only were more costly. Longer-term pelvic floor muscle training still reduced the likelihood of further treatment.

Conclusion

Pelvic floor muscle training can be successfully delivered by non-specialist health-care professionals with the relevant background, training and support. This has important implications for delivering pelvic floor muscle training to the large numbers of women who could benefit from this treatment.

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