

## Emotional, Mental, and Social Aspects of Pelvic Floor Disorders and Urogenital Pain

### A Guide for Women

1. What are pelvic floor disorders?
2. What are common urogenital pain conditions?
3. What is depression?
4. What is anxiety?
5. What are the mental and emotional effects caused by pelvic floor dysfunctions and urogenital pain?
6. How is depression and anxiety surrounding pelvic floor dysfunctions or urogenital pain treated?

### What are Pelvic Floor Disorders?

Pelvic floor disorders are the disruption in the normal functioning of the pelvic floor muscles and/or pelvic organs, such as the bladder or bowels. These conditions can be seen together or in isolation from one another. The following are common pelvic floor disorders.

#### Pelvic Floor Disorders

- Overactive bladder (OAB)- increased bladder activity wherein you have the urgency to use the toilet that cannot be delayed and can be accompanied by going frequently to the toilet to relieve the urgency sensation. OAB can occur during the day and night.
- Urgency incontinence (UII)- involuntary loss of urine, which occurs with a sensation of urgency to use the toilet.
- Stress incontinence (SUI)- involuntary leakage of urine during activities with increased abdominal pressure, such as coughing, sneezing, lifting, laughing, or running.
- Fecal incontinence- loss of control over bowel movements with the inability to hold off the urge to open the bowels, resulting in the leakage of gas or stool (feces) through the anus (back passage).
- Pelvic Organ Prolapse- refers to the bulging of the vagina and/or uterus due to weakness of the surrounding supportive tissues.

### What are Common Urogenital Pain Conditions?

#### Urogenital Pain Conditions

Urogenital pain is pain in the urogenital tract and can include the bladder, vulva, vagina, or other pelvic organs. It can come and go

or be persistent. Pain is considered chronic when it lasts six months or longer. The following are common urogenital pain conditions.

- Dyspareunia- also known as female sexual pain, is a term used to describe pelvic and/or vaginal pain during intercourse. This can be divided into superficial dyspareunia, wherein there is pain only on initiating penetration, or deep dyspareunia, wherein there is discomfort and/or pain through the entire process of penetrative intercourse.
- Recurrent urinary tract infections (UTIs)- infections of the bladder and/or urethra. Most UTIs are caused by bacteria, such as E. coli. When two or more infections occur within six months, UTIs are considered recurrent.
- Vulvodynia- a chronic localized inflammatory and pain syndrome at the vulva, labia, and/or the vaginal opening. This can be provoked by a stimulus such as sexual intercourse or vaginal exams or unprovoked.
- Bladder pain syndrome- bladder or urethral pain or discomfort with a frequent and urgent need to pass urine. Pain is often relieved upon voiding.

### Prevalence of Disorders

Fecal Incontinence: 7-15%  
 Stress incontinence: 4-35%  
 Overactive bladder: ~43%  
 Dyspareunia (painful intercourse): 3-18%  
 Recurrent UTI: ~27%  
 Pelvic Organ Prolapse: ~40%  
 Bladder pain syndrome: 2.7%-6.5%

#### **Diagnosis of pelvic floor disorders and urogenital pain:**

Diagnosis of pelvic floor disorders or urogenital pain varies based on the presenting symptoms. If you suffer from any of the above disorders, please discuss it with your physician for further instructions and management. Although some disorders are not curable, most are treatable, and your physician can advise on the interventions, both non-surgical (ex.,pessary supports and garments) and surgical, that can improve your quality of life.

#### **What is Depression?**

Depression is a commonly diagnosed mental disorder described as persistent sadness for more than two weeks and includes a loss of interest and enjoyment from activities that were previously sought out for pleasure, such as spending quality time with family or going out with friends.

#### **What is Anxiety?**

Another common mental health diagnosis is Anxiety. It is best described as excessive worry about either real or anticipated situations. This mental state may represent itself physically with symptoms of increased heart rate, sweating, and muscle tension. Anxiety can often lead to avoidance of certain activities, such as avoiding social events like travel, dinners, movie theaters, etc.

## What are the Mental and Emotional Effects Caused by Pelvic Floor Disorders and Urogenital Pain?

### Common Psychosocial Issues:

- 1 Anxiety and depression
2. Increased stress and low self-esteem
3. Isolation in relationships
4. Sleep disturbance
5. Body image issues

Many patients feel a sense of isolation when suffering from pelvic floor disorders or urogenital pain. They often believe they are the only ones experiencing this condition or that there are limited options to deal with their health concerns. Disorders or pain in this area pose a constant threat of potentially embarrassing situations among friends, family, and sexual partners.

For example, patients experiencing bladder or bowel incontinence often face increased anxiety around traveling, with worries about whether there will or will not be easy access to a toilet. This can cause people to limit themselves to specific comfortable locations where they are confident that they can access a toilet when needed. This can result in restricting even short trips like going to the market or out for small social gatherings such as dinner. There may also be increased emotional stress caused by the fear of personal hygiene issues such as odor from urine or feces, as well as the potential for soiling clothes in public.

Pelvic floor disorders and urogenital pain can impact the most intimate parts of our bodies and impair sexual closeness, in addition to the inability to maintain continence of the bowel or bladder. Fears of acceptance and understanding from one's sexual partner further contribute to the anxiety surrounding these disorders. This is especially prevalent among patients experiencing urogenital pain disorders such as recurrent urinary tract infections, vulvodynia, and bladder pain syndrome.

### How is depression and anxiety surrounding pelvic floor disorders or urogenital pain treated?

The first step in addressing your pelvic floor disorder and/or urogenital pain is to understand these conditions are treatable and help is available. The prevalence of these disorders ranges from 7% to 40%, depending on the severity and type.

Unfortunately, due to the embarrassment surrounding the pelvic floor, most patients put off seeking help for years after the beginning of their symptoms. It is essential to address these pelvic floor disorders with your healthcare provider, as postponing this conversation can lead to unnecessary distress and suffering.

You can ask your doctor about behavioral management and refer you to a pelvic floor physiotherapist for a thorough assessment and to teach you about different pelvic floor exercises (see leaflet on [Pelvic floor exercises](#)) to provide you with bladder, bowel, and pelvic organ prolapse management strategies. Your doctor and your pelvic floor physiotherapist can advise you of coping mechanisms for urogenital pain issues and

exercises to help with the pain as well as incontinence management.

When further interventions are needed, ask your urogynecologist or colorectal physician for assistance with your symptoms. They can help treat the conditions that are exacerbating your distress and improve your quality of life.

Your primary care doctor can guide you with treatment strategies for dealing with anxiety, such as stress-reducing activities, lifestyle modifications, and medication for anxiety and depression when indicated. You can also learn how to manage anxiety and depression surrounding your health conditions. These skills can be applied to a wide range of life stressors and can improve your overall well-being. Practices such as walking in nature, weight training, breathing exercises, yoga, meditation, and prayer have been clinically shown to improve your well-being and reduce mental distress.

In some cases, a consultation with a psychiatrist or psychologist may be required. These mental health specialists can provide the necessary evaluation and treatment for anxiety, depression, or any other underlying mental health concerns. Cognitive behavioral therapy is often utilized to improve your mental state and may include medications to help attain a healthy mental balance.

While confronting pelvic floor disorders or urogenital pain and the depression and anxiety that commonly accompany these conditions, it is important that you know that you are not alone, and addressing these challenges is an essential step in recovery. Your medical providers are ready to help guide you through the various ways to address your mental and physical well-being to improve your urogenital symptoms.

### Summary of Treatment Considerations:

1. Seek professional help
2. Self-education by staying informed with online resources
3. Join support groups and seek support through psychologists and primary care providers
4. Open communication with loved ones for understanding and empathy
5. Relaxation strategies, stress management by meditation, mindfulness, yoga, prayer
6. Promoting a healthy lifestyle- nutritious diet, sleep hygiene, physical activity

For more information, visit [www.YourPelvicFloor.org](http://www.YourPelvicFloor.org).

