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# Women's Health, Obstetrics and Female Reproductive System

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## Enhancing pelvic health: Leveraging interprofessional collaboration within primary care teams

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Pelvic floor dysfunction is lack of optimal functioning of the pelvic floor, weakness, lack of endurance, excessive tension, poor coordination, etc. Many symptoms and conditions manifest as a result of urinary incontinence, pelvic organ prolapse, pelvic pain. Urinary incontinence (UI) denotes the involuntary leakage of urine with three common subtypes: stress (problem with pelvic floor mechanism), urge (problem with detrusor activity) and mixed (pelvic floor and detrusor dysfunction). Conservative management strategies are the recommended first-line treatment (level 1A). Pelvic organ prolapses (POP) is defined as a downward movement of pelvic organs, which can result in herniation into or through the vagina. Cystocele's (bladder/anterior vaginal wall), Uterine, Rectocele (posterior vaginal wall), Conservative management recommended as first-line treatment for grades 1-3. Pelvic floor dysfunction contributes to social isolation, reduced mobility, a higher risk of falls, and reduced quality of life. Women with symptomatic POP have more depressive symptoms, distress and a poorer quality of life. With such sequelae related to UI and POP, there is a concomitant increase in the use of the healthcare system for medical and surgical management. There is significant high-quality evidence to support the assessment and conservative management of pelvic floor dysfunction by physicians, nurses, and physiotherapists. In Ontario, Family Health Teams have been operating since 2005 and represent the largest interprofessional primary care model. Physiotherapists have been working with these teams since 2015. A collaborative care approach within primary teams represents a feasible evidenced-based approach to improving care provision for pelvic floor dysfunction. Such a model builds on the recognition of the need to consider health beyond biomedical episodic management and truly promote health and foster successful self-management.

### Biography

When Research Associate Dr Sinead Dufour began to analyze data from Study #1 she came across one very clear message: older adults with multiple chronic conditions (MCC), and their family caregivers are frustrated by not being able to live life the way they're used to. A physiotherapist and a strong advocate for life-long exercise, Dufour sees this frustration as the beginning of a downhill slide into social isolation and that it has a lot to do with a lack of exercise. From her research, she observes that "it's interesting that neither the caregiver or individual, ever made a foundational link from their level of physical activity to their current health status. Instead, discussions focused on medication and diagnostic tests as the key links to health. When the exercise was mentioned, it was done so as a peripheral phenomenon, when really one physical activity translates to a central pillar of health."

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