THE IMPACT OF UTERINE FIBROIDS ON QUALITY OF LIFE; A STUDY ON UTERINE FIBROID CASES ATTENDING GYNECOLOGY CLINICS IN NATIONAL AYURVEDA TEACHING HOSPITAL, BORELLA.- AN OBSERVATIONAL STUDY

[1]KAUMADI KARUNAGODA, [2]PATHIRAGE KAMAL PERERA, [3]HEMANTHA SENANAYAKE

[1]Department of PrasutitantraKaumarabhritya, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka
[2]Department of DravyagunaVignana, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka
[3]Department of Obstetrics and Gynecology, Faculty of Medicine, University of Colombo, Sri Lanka

Abstract - This study is aimed to find out the impact of uterine fibroid related symptoms on health related quality of life using a disease specific instrument, the UFS-QOL. Identify the specificity of uterine fibroid cases attending to Ayurveda treatment will be another objective. This prospective cross-sectional observational study was carried out at National Ayurveda Teaching Hospital, Borella. Sri Lanka. 100 cases have been recruitedon consecutive basis by convenience sampling between May 2018 and July 2018.Data has been collected included demographics, risk factors, symptoms, HRQL(health related quality f life). To assess the quality of life Uterine Fibroid Symptom and Health Related Quality of LifeQuestionnaire (UFS-QOL) was used. Questionnaire was translated to Sinhala language and validated. This study was approved by Ethics ReviewCommittee of theinstitute. Mean age of study sample was 32.8 yrs,77% were married. Commonly reported risk factors were null parity and high BMI 54%. Most common symptoms reported were subfertility (64%), heavy menstrual bleeding and pelvic pain.The mean (SD) symptom severity score in the UFS QoL questionnaire (range 0–100) 61.51,was moderately severe, could be another specific factor of following Ayurveda treatment as they can bear up the difficulties up to some extent till the treatment show the results. In the present study, the results clearly suggest that uterine fibroids is a precipitating factor of QoL, total HRQL was 60.41(±16.79).Study show that the profile of Sri Lankan women attend to Ayurveda treatments for uterine fibroids are of child bearing age, married and suffering from subfertility. Avoid surgeries and preserving uterus for future pregnancy by following medicine based treatment could be the reason for that. This study provides baseline assessment for the health status of the patients using Ayurveda and results could be applied in clinical practice and further research work.

Key words - Uterine fibroids, Quality of life, Ayurveda

I. INTRODUCTION

Uterine fibroid is not a life threatening condition although it may cause major negative impact on quality of life due to its various clinical presentations. These impacts have included fatigue, self-consciousness, weight gain, interference with physical activities, and interference with daily and social activities, and effect on relationships with partners and with family and friends, impaired ability to take care of home or children, and missed work days [1]. Studies says, with the increasing availability of noninvasive therapies to hysterectomy, it will be important to assess symptom reduction of uterine fibroids of patients who choose these treatment options [2]. In Ayurveda,it does not just deal with the treatment of the physical body; it also focuses on balancing and harmonizing all aspects of a person's mind, body and spirit as well as that of social wellbeing [3]. But studies are very limited on assessing quality of life of cases attending Ayurveda clinics in Sri Lanka.

This study is aimed to find out the impact of uterine fibroid related symptoms on health related quality of life using a disease specific instrument, the UFS-QOL. Identify the specificity of uterine fibroid cases attending to Ayurveda clinic in Sri Lanka will be another objective.

II. METHODOLOGY

This prospective cross-sectional observational study was carried out at National Ayurveda Teaching Hospital, Borella. Sri Lanka. Total 100 Outpatients with diagnosed uterine fibroids attending a gynecology clinic were recruited on consecutive basis by convenience sampling between May 2018 and July 2018. Patients with a confirmed diagnosis of single or multiple symptomatic uterine fibroids, older than 18 years of age who could able to provide written informed consent where included. Data collected included demographics, risk factors, symptoms, HRQL. To assess the quality of life Uterine Fibroid Symptom and Health Related Quality of Life Questionnaire (UFS-QOL) was used. Questionnaire was translated to Sinhala language and validated at the same study setting [4]. This study was approved by Ethics Review Committee of Institute of Indigenous Medicine, University of Colombo. Data were collected in consultation without disturbing usual clinical functions after obtaining the consent.

III. STATISTICAL ANALYSIS

Categorical variables are presented as frequencies and proportions. Quantitative variables were described as means and standard deviations. Statistical analysis was conducted by using SPSS 22.0 statistical software.

IV. RESULTS

In this study data were collected from 100 fibroid cases attend to Ayurveda treatment. The baseline socio demographic characteristics of this study sample is available in table 1.]

Most patients' turns to Ayurveda treatment after following allopathic treatments (75%), only 21 cases attended without following any previous treatments.

Table 1 – baseline characteristics of individuals

Group variable	N= 100 (%)		Group variable	N=100(%)
Age (median, years)	32.8 (29-38)		Occupation	
Marital status			Employed	53
Married	77		Unemployed	47
Unmarried	23		Treatment history	
Parity			H/O allopathic treatment	75
0	87		H/O myomectomy	10
1	09		H/O other treatments	04
2+	04		No history of previous treatments	21

Table 2 compile the data related to uterine fibroid. Some of the associated risk factors were demonstrated by the study sample. BMI was high in above 50% of cases, family history was positive only in 43% and 73% were married but high amount of them are nulliparous. Many of the cases get only one myoma (43%), of size between 3 cm to 6 cm (48%), mean size of the longest length is 3.67 cm.

Table 2 – data related to uterine fibroids

Variables	N (%)		Variable	N (%)
Family history			Size of myoma	
Positive	43%		≤ 3 cm	37%
Negative	57%		3-6 cm	48%
Mean age of Menarche	12.5 (08-16)		> 6 cm	15%
BMI			Mean size (longest length)	3.67 (2- 16)
Low (< 18)	08		Number of myomas	
Normal (18-25)	38		1	43
High (> 25)	54		2	19
			multiple	36

Present symptoms of 100 cases are presented by proportions and quality of life variables were demonstration as mean and standard deviation. QoL variables were calculated on 98 questioner as two were in completed (table 3).

Table 3 – Symptomatology and QoL

Current symptoms	N=100	UFS-QoL, mean ± SD	N= 98
Menorrhagia	47 (47%)	Symptom severity	61.51±14.72
Dysmenorrhea	31 (31%)	Concern	54.64±23.59
Dyspareunia	23 (23%)	Activities	61.77±20.57
Noncyclic pelvic pain	37 (37%)	Energy/mood	61.40±21.39
Subfertility	64 (64%)	Self-conscious	58.97±18.73
Urinary dysfunction	13 (13%)	Sexual function	77.58±33.58
		HRQL Total	60.41±16.79

DISCUSSION

UFS-QOL questionnaire is used in a number of studies of uterine fibroid treatment, including studies of uterine artery embolization [5,6], radiofrequency thermal ablation [9,10], magnetic-resonance-guided ultrasound surgery [7,8] and medical management [11,12]. The UFS-QOL has demonstrated reliability and validity among women with uterine fibroids by Spies et al. 2002 [13]. Out of 100 cases who received the questionnaire, 98 has been completed and 2 wereuncompleted. For this responsiveness analysis, missing data was not included. Mean age was 32.8 years and mean age of menarche was 12.5 years, 77% were married. Commonly reported risk factors were null parity and high BMI. Most common symptoms reported were subfertility,heavy menstrual bleeding and pelvic pain. High incidence of subfertility is

explicit demonstration of this study than previous studies [14] (64 from 77 married women). Thiscould be due to women seeking noninvasive management such Ayurveda to preserve their fertility. The 75% of cases turns to Ayurveda after allopathic treatment which may have relation with above assumption. The mean (SD) symptom severity score in the UFS QoL questionnaire (range 0–100) was 61.51.This is a moderate level of severity when higher score indicate greater symptom severity. This could be another specific factor of following Ayurveda treatment as they can bear up the difficulties up to some extend till the treatment show results. Quality of Life is an important index in daily and social life. In the present study, the results clearly suggest that uterine fibroids is a precipitating factor of QoL.Total HRQL was 60.41(±16.79), by almost equal contributions of the subscale scores. Due to cultural background of Sri Lanka all the unmarried ladies do not answer to the last two questions of the questionnaire. Therefore, sample size was less to the sexual functions sub score of UF-QOL. Non availability of previous studies carried out in Sri Lanka on this study area is a major limitation as we could not compare the findings with previous studies. Again it was plan to conduct multicenter study and compare the finding with normal control group in future.

CONCLUSION

Our study shows that the profile of Sri Lankan women attend to Ayurveda treatments for uterine fibroids are of child bearing age, married and suffering from subfertility. Avoid surgeries and preserving uterus for future pregnancy by following medicine based treatment could be the reason for that. This study provides baseline assessment for the health status of the patients using Ayurveda and results could be applied in clinical practice and further research work.

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