ABSTRACT and CITATION

Assessing Abnormal Uterine Bleeding: Are Physicians Taking a Meaningful Clinical History?

Lam Christina, Anderson Britta, Lopes Vrishali, Schulkin Jay, and Matteson Kristen. Journal of Women's Health. July 2017, 26(7): 762-767.

DOI:10.1089/jwh.2016.6155

PMCID: PMC5512463

Introduction: Women with abnormal uterine bleeding (AUB) report significant reductions in quality of life (QOL), which can be attributed in many cases to the fear of embarrassing episodes of bleeding. We performed this study to determine whether or not during clinical encounters physicians addressed the impact of AUB on patient-reported QOL.

Materials and Methods: Between October 2008 and May 2009, we conducted a cross-sectional study of members of the American College of Obstetricians and Gynecologists. Surveys were distributed using a mixed method (web- and mail-based) and included questions about physician characteristics and types of questions used when obtaining a clinical history from a patient with AUB. We calculated the proportion of physicians who endorsed asking each type of clinical question with 95% confidence intervals (CIs).

Results: Four hundred seventeen questionnaires were returned (52%). Ninety-nine percent (95% CI 98.4%–99.9%) reported always asking a bleeding heaviness question, 87.2% (95% CI 83.2%–90.5%) reported always asking a QOL question, and 17.5% (95% CI 13.6%–21.9%) reported always asking a mood associated with bleeding question. Seventy-eight percent specifically asked patients about bleeding through their clothes, and 55% asked about changing social plans because of bleeding. Only 18% endorsed that asking about QOL was most essential for the evaluation of women with AUB. No physician characteristics such as years since completing residency, geography, or gender were associated with how commonly providers reported asking questions regarding impact of bleeding on QOL.

Conclusions: Physicians may not be optimizing patient–provider interactions during menstrual history taking with patients with AUB by failing to assess impact of AUB on QOL in a way that is meaningful to patients.