National Institute for Health and Care Excellence

Final

Pelvic floor dysfunction: prevention and non-surgical management

[I] Assessment in non-specialist care

NICE guideline NG210

Evidence reviews underpinning recommendations 1.5.1 and 1.5.2 as well as 1.5.4 to 1.5.7 in the NICE guideline (recommendation 1.5.3 is supported by evidence review G)

December 2021

Final

These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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Assessment in non-specialist care

Review question

What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

Introduction

The assessment of symptomatic women in non-specialist settings is important to ensure early diagnosis and care. Therefore, the aim of this review was to determine whether there were any elements of a clinical history and examination or primary care investigations that could indicate a woman has pelvic floor dysfunction.

Summary of the protocol

See Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of this review.

Table 1: Summary of the protocol (PICO table)

Population	Women and young women (aged 12 years and older) with suspected pelvic floor dysfunction
Intervention	• Baseline assessments: ○ Prolapse/UI/bowel/sexual function/pain history ○ Surgical history/obstetric history ○ Symptoms that would suggest PFD (such as combination of symptoms), duration of symptoms ○ Red flag symptoms that would indicate another diagnosis/more pressing diagnosis • General examination ○ Abdominal and pelvic examination ○ Speculum and bimanual examination ○ Pelvic floor muscle contraction examination ○ Digital rectal examination • Investigations ○ Urine dip assessments ○ Bladder Diary ○ Investigations to exclude other diagnoses (for example high vaginal and chlamydia swabs, stool sample)
Comparison	• Any of the above (in isolation or in combination) • Waiting list • Usual care
Outcome	**Critical** • Identification of pelvic floor dysfunction symptoms: ○ urinary incontinence ○ emptying disorders of the bladder ○ faecal incontinence ○ emptying disorders of the bowel ○ pelvic organ prolapse ○ sexual dysfunction

	○ chronic pelvic pain syndromes • Time to treatment / time to referral **Important** • Satisfaction with care

PFD: pelvic floor dysfunction

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and the methods document (supplementary document 1).

Declarations of interest were recorded according to NICE's conflicts of interest policy.

Clinical evidence

Included studies

A systematic review of the literature was conducted but no studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of studies included in the evidence review

No studies were identified which were applicable to this review question (and so there are no evidence tables in Appendix D). No meta-analysis was undertaken for this review (and so there are no forest plots in Appendix E).

Quality assessment of studies included in the evidence review

No studies were identified which were applicable to this review question and so there are no evidence profiles in appendix F.

Economic evidence

Included studies

A single economic search was undertaken for all topics included in the scope of this guideline but no economic studies were identified which were applicable to this review question. See the literature search strategy in appendix B and economic study selection flow chart in appendix G..

Excluded studies

Economic studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation because any recommendations were unlikely to have a significant resource impact.

Brief summary of evidence

No evidence was identified for this review question.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The aim of this review question was to determine whether there are any specific signs, symptoms or primary care investigations that could indicate a woman has pelvic floor dysfunction. Determining what tests can be done in non-specialist settings is important for getting a woman with symptoms early diagnosis and care. Therefore, the committee agreed that the critical outcomes were the identification of pelvic floor dysfunction systems and the time to treatment. Important outcomes were the woman's satisfaction with the care she received.

The quality of the evidence

No clinical evidence was identified was identified for this review.

Benefits and harms

The committee acknowledged that no clinical evidence was identified for this review. The committee discussed whether the terminology 'non-specialist' would be readily understood and took into consideration where it is most likely that a woman would first present with symptoms. They noted that the assessments that are needed in case of suspected pelvic floor dysfunction could be carried out by different roles in primary care, including GPs or in community-based services (which may include assessments by physiotherapists, bladder and bowel team members and continence advisors).

Based on their expertise and experience, they agreed that a holistic approach should be taken, including a general history focusing on symptoms associated with pelvic floor dysfunction, a focused history to consider other causes for these symptoms and a clinical examination. They agreed that pelvic floor dysfunction is a complex and multi-factorial process, therefore symptoms may be caused by other conditions, including infection, neurological and inflammatory. The committee decided to list the symptoms to guide the history taken process at the initial assessment.

The committee was clear that women should be referred for specialist evaluation when certain diagnoses are suspected or identified, such as vaginal atrophy, a pelvic mass or other pathology. They recommended carrying out a focused history, clinical examination and investigations to exclude such diagnoses.

Many medications and interactions between medications can have an impact on symptoms and the committee decided that it is important to conduct a medicine review so that potential changes can be made to improve symptoms. They thought that this can be the case in older women because commonly the number of medications for various conditions increase with age. They discussed this also in the context of equality consideration because it is common to assume that symptoms such as urinary incontinence are associated with old age and therefore not to take them serious enough for a thorough assessment. The committee noted

that this can be conducted by a number of healthcare and allied healthcare professionals in community-based services or within primary care, such as GPs.

Depending on the symptoms a clinical examination should also be considered. The committee discussed whether this should take place in a non-specialist setting and concluded that this should take place to assess whether the reported symptoms may be associated with pelvic floor dysfunction. For example, in those with faecal incontinence, or emptying disorders of the bowel and at risk of faecal impaction (such as people with chronic constipation or older women), a rectal examination could be performed. They agreed that this was particularly important in women who could not give an accurate symptom history (for example those with cognitive impairment or dementia).

The committee also took into account other relevant NICE guidelines (see the 'Other considerations' section below). The committee agreed that by bringing together the recommendations from the published guidance on aspects of pelvic floor dysfunction, this will ensure that a more comprehensive assessment of the different aspects of PFD will take place at initial assessment prior to any treatment being considered.

Although no clinical evidence was identified, the committee chose not make a research recommendation. Given the various symptoms associated with PFD they agreed a holistic assessment is generally needed and any research study may prove infeasible due to the need to compare multiple assessments, examinations and investigations.

Cost effectiveness and resource use

There was no clinical evidence available and therefore the committee made a qualitative assessment of cost-effectiveness made on their expertise and experience. They considered that many of their recommendations were in line with current practice. They considered it would be cost-effective to make specific recommendations for women who have just given birth as pelvic floor symptoms can be overlooked at this time leading to sub-optimal levels of care and management. It was also thought that asking women who have recently given birth about symptoms of pelvic floor dysfunction would be cost-effective as there are misconceptions around these symptoms which can prevent women seeking early care with potential "downstream" implications for health related quality of life and resource use.

The committee also took into account other relevant NICE guidance to ensure that the different features of PFD are addressed at the initial assessment in order to determine optimal management and treatment decisions. The committee considered that their recommendations would not have a significant unit cost as they largely reflect current best practice with respect to history taking and clinical examination. For units not following this practice then there may be some increase in resource use associated from more clinical examinations and investigations but the committee would expect this to be offset to some extent by "downstream" savings from as a result of improved management.

Other considerations

The committee cross referred to guidance about assessment in the NICE guideline on urinary incontinence and pelvic organ prolapse in women and in the NICE guideline on faecal incontinence for further detail on a range of assessments. They acknowledged that these guidelines are for adults but decided the recommendations in these guidelines may also be relevant for young women under the age of 18. They also decided that at the assessment stage it would be appropriate to conduct a medication review and referred to the NICE guideline on medicines optimisation.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.5.1 and 1.5.2 as well as 1.5.4 to 1.5.7 in the NICE guideline in the NICE guideline (recommendation 1.5.3 is supported by evidence review G information valued by women with pelvic floor dysfunction).

References

No clinical evidence was identified for this review

Appendices

Appendix A – Review protocol

Review protocol for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

Table 2: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42020170323
1.	Review title	Assessment in non-specialist care
2.	Review question	What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?
3.	Objective	The objective of this review is to determine whether there are any specific signs, symptoms or primary care investigations that could indicate a woman has pelvic floor dysfunction. Determining what tests can be done in non-specialist settings is important for getting a woman with symptoms early diagnosis and care.
4.	Searches	The following databases will be searched: [Amend if required] • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE • Cinhal or Emcare • PsycINFO Searches will be restricted by: • Date: 1980 onwards (see section 10 for justification) • Human studies • English language studies only Other searches: • Inclusion lists of systematic reviews The full search strategies for MEDLINE database will be published in the final review.

ID	Field	Content
		For each search, the principal database search strategy is quality assured by a second information scientist using an adaptation of the PRESS 2015 guideline evidence-based checklist
5.	Condition or domain being studied	The following symptoms will be addressed as long as they are associated with pelvic floor dysfunction: urinary incontinence, emptying disorders of the bladder, faecal incontinence, emptying disorders of the bowel, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain syndromes.
6.	Population	Inclusion: • Women and young women (aged 12 years and older) with suspected pelvic floor dysfunction Exclusion: • Studies which include women with confirmed pelvic floor dysfunction, or women with urinary incontinence, emptying disorders of the bladder, faecal incontinence, emptying disorders of the bowel, pelvic organ prolapse, sexual dysfunction and chronic pelvic pain syndromes which are not due to pelvic floor dysfunction will be excluded. For example, women who have urinary incontinence due to a neurological condition or pelvic cancer will be excluded. • Men • Babies and children (younger than 12 years)
7.	Intervention	• The following interventions will be considered: ○ Baseline assessments: ○ Prolapse/UI/bowel/sexual function/pain history ○ Surgical history/obstetric history ○ Symptoms that would suggest PFD (such as combination of symptoms), duration of symptoms ○ Red flag symptoms that would indicate another diagnosis/more pressing diagnosis • General examination ○ Abdominal and pelvic examination ○ Speculum and bimanual examination ○ Pelvic floor muscle contraction examination ○ Digital rectal examination • Investigations ○ Urine dip assessments ○ Bladder Diary ○ Investigations to exclude other diagnoses (for example high vaginal and chlamydia swabs, stool sample)
8.	Comparator	• Any of the above (in isolation or in combination) • Waiting list

ID	Field	Content
		• Usual care
9.	Types of study to be included	• Systematic reviews of RCTs • RCTs • Non-randomised or quasi-randomised controlled trials • Prospective and retrospective before and after study Note: For further details, see the algorithm in appendix H, Developing NICE guidelines: the manual.
10.	Other exclusion criteria	• Conference abstracts will be excluded because these do not typically provide sufficient information to fully assess risk of bias. • Only articles published after 1980 will be included. This was agreed by the committee as this is the date that the condition "pelvic floor dysfunction" was recognised to include agreed terminology on symptoms. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815805/
11.	Context	Recommendations will apply to those receiving care in any healthcare settings (such as community, primary, secondary care) who are identified with symptoms potentially associated with pelvic floor dysfunction and who need assessing. Specific recommendations for groups listed in the Equality Considerations section of the scope may be also be made as appropriate.

12.	Primary outcomes (critical outcomes)	• Identification of pelvic floor dysfunction symptoms:
		  ○ urinary incontinence
		  ○ emptying disorders of the bladder
		  ○ faecal incontinence
		  ○ emptying disorders of the bowel
		  ○ pelvic organ prolapse
		  ○ sexual dysfunction
		  ○ chronic pelvic pain syndromes
		
		• Time to treatment / time to referral
		
		For diagnosis outcomes, only validated tools will be included (for example: ICIQ-UI, ICIQ-VS, BFLUTS, UDI, ISI, ePAQ, POPSS, PISQ, POPQ, FISI, FIQL, GIQLI, PAC-QM, PAC –SYM, PDI, BPI)

13.	Secondary outcomes (important outcomes)	• Satisfaction with care

ID	Field	Content
14.	Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Duplicate screening will not be undertaken for this question. Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. Draft included and excluded study lists will be circulated to the committee for their comments, resolution of any disputes will be by discussion between the senior reviewer, topic advisor and chair. A standardised form will be used to extract data from studies. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer. Information to be extracted from studies includes: study type, study dates, location of study, funding, inclusion and exclusion criteria, participant characteristics, and details of the intervention and comparator.
15.	Risk of bias (quality) assessment	Quality assessment of individual studies will be performed using the following checklists • ROBIS tool for systematic reviews • Cochrane RoB tool v.2 for RCTs • ROBINS- I for non-randomised trials The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.
16.	Strategy for data synthesis	Depending on the availability of the evidence, the findings will be summarised narratively or quantitatively. <u>Data Synthesis</u> Where possible, pair wise meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios for dichotomous outcomes. Peto odds ratio will be used for outcomes with zero events Mean differences or standardised mean differences will be calculated for continuous outcomes. <u>Heterogeneity</u> Heterogeneity in the effect estimates of the individual studies will be assessed using the I^2 statistic. I^2 values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively. In the presence of heterogeneity sub-group analysis will be conducted • According to risk of bias of individual studies

ID	Field	Content
		• According to socioeconomic status of population included • By ethnicity of included populations Exact subgroup analysis may vary depending on differences identified within included studies. If heterogeneity cannot be explained through subgroup analysis, then a random effects model will be used for meta-analysis. If heterogeneity remains above 80% reviewers will consider if meta-analysis is appropriate given the characteristics of included Minimal important differences (MIDs) Published MIDs will be used where available, alternatively the committee will be asked for appropriate pre-specified MIDs. In the absence of these, default MIDs will be used for risk ratios and continuous outcomes as follows: • For risk ratios: 0.8 and 1.25. • For continuous outcomes: ○ For one study: the MID is calculated as +/-0.5 times the baseline SD of the control arm. ○ For two studies: the MID is calculated as +/-0.5 times the mean of the SDs of the control arms at baseline. If baseline SD is not available, then SD at follow up will be used. ○ For three or more studies (meta-analysed): the MID is calculated by ranking the studies in order of SD in the control arms. The MID is calculated as +/- 0.5 times median SD. ○ For studies that have been pooled using SMD (meta-analysed): +0.5 and -0.5 in the SMD scale are used as MID boundaries. <u>Validity</u> The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group: http://www.gradeworkinggroup.org/
17.	Analysis of sub-groups	Stratification If data is available, separate analysis will be conducted on: • Women who are pregnant • Postnatal women (1 year after birth) • Women before and after gynaecological surgery • Women aged 65 or older • Younger women • Women with physical disabilities • Women with cognitive impairment

ID	Field	Content			
		• Women who are in perimenopause (pre- and post-) • According to those who do not identify themselves as women, but who have female pelvic organs *Recommendations will apply to all those with pelvic floor dysfunction unless there is evidence of a difference in these stratified groups*			
18.	Type and method of review	☒	Intervention		
		☐	Diagnostic		
		☐	Prognostic		
		☐	Qualitative		
		☐	Epidemiologic		
		☐	Service Delivery		
		☐	Other (please specify)		
19.	Language	English			
20.	Country	England			
21.	Anticipated or actual start date	June 2020			
22.	Anticipated completion date	August 2021			
23.	Stage of review at time of this submission	Review stage		Started	Completed
		Preliminary searches		☐	☐
		Piloting of the study selection process		☐	☐
		Formal screening of search results against eligibility criteria		☐	☐
		Data extraction		☐	☐
		Risk of bias (quality) assessment		☐	☐
		Data analysis		☐	☐
24.	Named contact	5a. Named contact National Guideline Alliance			

ID	Field	Content
		5b Named contact e-mail PreventionofPOP@nice.org.uk 5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and the National Guideline Alliance
25.	Review team members	• NGA technical team
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists. NICE funds the National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10123/
29.	Other registration details	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=170323
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Assessment techniques, pelvic floor dysfunction
33.	Details of existing review of same topic by same authors	No applicable
34.	Current review status	☒ Ongoing

ID	Field	Content	
		☐	Completed but not published
		☐	Completed and published
		☐	Completed, published and being updated
		☐	Discontinued
35..	Additional information		
36.	Details of final publication	www.nice.org.uk	

BFLUTS: Bristol Female Lower Urinary Tract Symptoms Questionnaire; BPI: Brief pain inventory; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; ePAQ: Electronic personal health questionnaire; FIQL: Faecal incontinence quality of life scale; FISI: Faecal incontinence severity index; GIQLI: Gastrointestinal quality of life index; GRADE: Grading of Recommendations Assessment, Development and Evaluation; ICIQ-UI: International Consultation on Incontinence Questionnaire- Urinary incontinence; ICIQ-VA: International Consultation on Incontinence questionnaire – vaginal symptoms; ISI: Incontinence symptom index; KHQ: Kings health questionnaire; MID: minimally important difference; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; PAC-QL: patient assessment of constipation - quality of life; PAC-SYM: Patient assessment of constipation symptoms; PDI: Pain disability index; PISQ: Pelvic organ prolapse/urinary incontinence sexual questionnaire; POPQ: Pelvic organ prolapse quantification system; POP-SS: Pelvic organ prolapse symptom score; RCT: randomised controlled trial; UDI: Urinary distress index ; UI: Urinary incontinence

Appendix B – Literature search strategies

Literature search strategies for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

Clinical Search

Database: Medline & Embase (Multifile) – OVID interface
Embase Classic+Embase 1947 to 2020 April 21; **Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R)** 1946 to April 21, 2020
Date of last search: 22 April 2020

Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	Pelvic Floor/ or Pelvic Floor Disorders/ or exp *Urinary Incontinence/ or *Urinary Bladder, Overactive/ or exp *Pelvic Organ Prolapse/ or *Rectocele/ or *Fecal Incontinence/ or Urinary Retention/ or Fecal Impaction/ or Vaginismus/
2	1 use ppez
3	pelvis floor/ or pelvic floor disorder/ or exp *urine incontinence/ or *overactive bladder/ or *bladder instability/ or exp *pelvic organ prolapse/ or *rectocele/ or *feces incontinence/ or urine retention/ or defecation disorder/ or Feces Impaction/ or female sexual dysfunction/ or vaginism/
4	3 use emczd
5	(pelvi$ adj (floor$ or diaphragm$) adj3 (dysfunction$ or disorder$ or fail$ or impair$ or incompeten$ or insufficien$ or dyssynerg$ or symptom$ or laxity or change$ or care$ or health$ or wellbeing$ or well-being$ or prevent$ or rehabilitat$ or weak$ or hypertonic$ or overactiv$ or over activ$ or over-activ$)).tw.
6	(pelvi$ adj (dysfunction$ or disorder$ or fail$ or impair$ or incompeten$ or insufficien$ or dyssynerg$ or symptom$ or laxity or care$ or health$ or wellbeing$ or well-being$ or prevent$ or rehabilitat$ or weak$ or hypertonic$ or overactiv$ or over activ$ or over-activ$)).tw.
7	((stress$ or mix$ or urg$ or urin$) adj5 incontinen$).ti.
8	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).ti.
9	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).ti.
10	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
11	((urin$ or bladder$) adj2 (urg$ or frequen$)).ti.
12	(SUI or OAB).ti.
13	(pelvic$ adj3 organ$ adj3 prolaps$).ti.
14	(urinary adj3 bladder adj3 prolaps$).ti.
15	((vagin$ or urogenital$ or genit$ or uter$ or viscer$ or anterior$ or posterior$ or apical or pelvi$ or vault$ or urethr$ or bladder$ or cervi$ or rectal or rectum) adj3 prolaps$).ti.
16	(splanchnoptos$ or visceroptos$).ti.
17	(hernia$ adj3 (pelvi$ or vagin$ or urogenital$ or uter$ or bladder$ or urethr$ or viscer$)).ti.
18	(urethroc?ele$ or enteroc?ele$ or sigmoidoc?ele$ or proctoc?ele$ or rectoc?ele$ or cystoc?ele$ or rectoenteroc?ele$ or cystourethroc?ele$).ti.
19	((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat$ or defaecat$) adj5 (incontinence or incontinent or urge$ or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)).ti.
20	(urin$ adj3 (retention$ or retain$)).tw.
21	(voiding adj (disorder$ or dysfunction$ or problem$)).tw.
22	(empty$ adj disorder$ adj3 (bowel$ or bladder$ or vesical$ or stool$)).tw.
23	((urogeni$ or anorec$ or ano-rec$ or ano rec$) adj3 dysfunction$).tw.
24	((difficult$ or delay$ or irregular$ or infrequen$ or pain$) adj3 (defecat$ or defaecat$ or stool$ or faeces or feces or bowel movement$)).tw.
25	(obstruct$ adj3 (defecat$ or defaecat$)).tw.
26	((defecat$ or defaecat$ or evacuat$) adj3 (disorder$ or dysfunction$)).tw.
27	outlet$ dysfunction$ constipa$.tw.
28	(dys?ynerg$ adj (defecat$ or defaecat$)).tw.
29	(pelvi$ adj3 dyskines$).tw.
30	pelvi$ outlet$ obstruct$.tw.
31	anismus$.tw.
32	puborectal$ contract$.tw.
33	((rectal or rectum) adj3 urge$).tw.
34	(female adj sex$ adj (dysfunct$ or satisf$ or problem$ or symptom$ or arous$ or activit$ or disorder$)).tw.
35	(obstruct$ adj3 intercourse).tw.

#	Searches
36	(vagin$ adj3 laxity$).tw.
37	(vagin$ adj wind).tw.
38	vaginismus$.tw.
39	(vagin$ adj penetrat$ adj disorder$).tw.
40	or/2,4,5-39
41	Pelvic Floor/ or Pelvic Floor Disorders/
42	41 use ppez
43	pelvis floor/ or pelvic floor disorder/
44	43 use emczd
45	5 or 6 or 42 or 44
46	*Physical Examination/ or Medical History Taking/ or Gynecological Examination/ or Digital Rectal Examination/ or Palpation/ or Urinalysis/ or Clinical Laboratory Techniques/ or Symptom Assessment/ or Nursing Assessment/ or *Diagnosis, Differential/ or *Primary Health Care/ or *General Practitioners/ or *Family Practice/
47	46 use ppez
48	*examination/ or *clinical assessment/ or *clinical examination/ or *clinical evaluation/ or *physical examination/ or *anamnesis/ or gynecological examination/ or pelvic examination/ or digital rectal examination/ or palpation/ or *urinalysis/ or urine dipstick/ or urine test strip/ or case finding/ or bladder diary/ or symptom assessment/ or nursing assessment/ or *differential diagnosis/ or *primary health care/ or *primary medical care/ or *general practitioner/ or *general practice/
49	48 use emczd
50	(baseline adj assessment$).tw.
51	(symptom$ adj (exam$ or assessment$ or evaluation$)).tw.
52	((primary or secondary) adj symptom$).tw.
53	symptom screening.tw.
54	(red adj flag$).tw.
55	((patient or clinical) adj history).tw.
56	(clinical adj investigation$).tw.
57	(abdom$ adj3 exam$).tw.
58	((speculum$ or bimanual$ or bi-manual$ or contract$ or PFM) adj3 exam$).tw.
59	(pelvi$ adj (floor$ or diaphragm$) adj3 exam$).tw.
60	(muscle$ adj3 exam$).tw.
61	((rectal or digital) adj exam$).tw.
62	((urine or urinary) adj (dipstick$ or dip stick$)).tw.
63	(bladder adj2 (diary or diaries)).tw,kw.
64	or/47,49-63
65	40 and 64
66	limit 65 to english language
67	limit 66 to yr="1980 -Current"
68	letter/
69	editorial/
70	news/
71	exp historical article/
72	Anecdotes as Topic/
73	comment/
74	case report/
75	(letter or comment*).ti.
76	or/68-75
77	randomized controlled trial/ or random*.ti,ab.
78	76 not 77
79	animals/ not humans/
80	exp Animals, Laboratory/
81	exp Animal Experimentation/
82	exp Models, Animal/
83	exp Rodentia/
84	(rat or rats or mouse or mice).ti.
85	or/78-84
86	letter.pt. or letter/
87	note.pt.
88	editorial.pt.
89	case report/ or case study/
90	(letter or comment*).ti.
91	86 or 87 or 88 or 89 or 90
92	randomized controlled trial/ or random*.ti,ab.
93	91 not 92
94	animal/ not human/
95	nonhuman/
96	exp Animal Experiment/
97	exp Experimental Animal/
98	animal model/
99	exp Rodent/
100	(rat or rats or mouse or mice).ti.

#	Searches
101	or/93-100
102	85 use ppez
103	101 use emczd
104	102 or 103
105	67 and 104
106	67 not 105
107	Physical Examination/ or Differential Diagnosis/
108	107 use ppez
109	clinical assessment/ or clinical examination/ or clinical evaluation/ or physical examination/ or differential diagnosis/
110	109 use emczd
111	((physical or pelvi$ or gyn?e$ or clinical) adj exam$).tw.
112	symptomatology$.mp.
113	urinalysis.mp.
114	or/108,110-113
115	45 and 114
116	limit 115 to english language
117	limit 116 to yr="1980 -Current"
118	104 and 117
119	117 not 118
120	106 or 119

Database(s): Cochrane Library – Wiley interface
Cochrane Database of Systematic Reviews, Issue 4 of 12, April 2020; **Cochrane Central Register of Controlled Trials**, Issue 4 of 12, April 2020
Date of last search: 22 April 2020

#	Searches
#1	MeSH descriptor: [Pelvic Floor] this term only
#2	MeSH descriptor: [Pelvic Floor Disorders] this term only
#3	((pelvi* NEXT (floor* or diaphragm*) NEAR/3 (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or change* or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*))):ti,ab,kw
#4	((pelvi* NEXT (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*))):ti,ab,kw
#5	MeSH descriptor: [Urinary Incontinence] explode all trees
#6	MeSH descriptor: [Urinary Bladder, Overactive] this term only
#7	(((stress* or mix* or urg* or urin*) NEAR/5 incontinen*)):ti
#8	(((bladder* NEAR/5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*))):ti
#9	(((detrusor* NEAR/5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*))):ti
#10	((((urgency NEAR/2 frequency) or (frequency NEAR/2 urgency))):ti
#11	((((urin* or bladder*) NEAR/2 (urg* or frequen*))):ti
#12	(((SUI or OAB))):ti
#13	MeSH descriptor: [Pelvic Organ Prolapse] explode all trees
#14	MeSH descriptor: [Rectocele] this term only
#15	(((pelvic* NEAR/3 organ* NEAR/3 prolaps*))):ti
#16	(((urinary NEAR/3 bladder NEAR/3 prolaps*))):ti
#17	((((vagin* or urogenital* or genit* or uter* or viscer* or anterior* or posterior* or apical or pelvi* or vault* or urethr* or bladder* or cervi* or rectal or rectum) NEAR/3 prolaps*))):ti
#18	(((splanchnoptos* or visceroptos*))):ti
#19	(((hernia* NEAR/3 (pelvi* or vagin* or urogenital* or uter* or bladder* or urethr* or viscer*))):ti
#20	(((urethroc?ele* or enteroc?ele* or sigmoidoc?ele* or proctoc?ele* or rectoc?ele* or cystoc?ele* or rectoenteroc?ele* or cystourethroc?ele*))):ti
#21	MeSH descriptor: [Fecal Incontinence] this term only
#22	((((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat* or defaecat*) NEAR/5 (incontinence or incontinent or urge* or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction))):ti
#23	MeSH descriptor: [Urinary Retention] this term only
#24	(((urin* NEAR/3 (retention* or retain*))):ti,ab,kw
#25	(((voiding NEXT (disorder* or dysfunction* or problem*))):ti,ab,kw
#26	(((empty* NEXT disorder* NEAR/3 (bowel* or bladder* or vesical* or stool*))):ti,ab,kw
#27	((((urogeni* or anorec* or ano-rec* or ano rec*) NEAR/3 dysfunction*))):ti,ab,kw
#28	MeSH descriptor: [Fecal Impaction] this term only
#29	((((difficult* or delay* or irregular* or infrequen* or pain*) NEAR/3 (defecat* or defaecat* or stool* or faecal or fecal or faeces or feces or fecally or faecally or bowel movement*))):ti,ab,kw
#30	(((obstruct* NEAR/3 (defecat* or defaecat*))):ti,ab,kw
#31	((((defecat* or defaecat* or evacuat*) NEAR/3 (disorder* or dysfunction*))):ti,ab,kw
#32	((outlet* dysfunction* constipa*)):ti,ab,kw
#33	(((dys?ynerg* NEXT (defecat* or defaecat*))):ti,ab,kw

#	Searches
#34	(((pelvi* NEAR/3 dyskines*))):ti,ab,kw
#35	((pelvi* outlet* obstruct*)):ti,ab,kw
#36	((anismus*)):ti,ab,kw
#37	((puborectal* contract*)):ti,ab,kw
#38	((((rectal or rectum) NEAR/3 urge*))):ti,ab,kw
#39	(((female NEXT sex* NEXT (dysfunct* or satisf* or problem* or symptom* or arous* or activit* or disorder*)))):ti,ab,kw
#40	(((obstruct* NEAR/3 intercourse))):ti,ab,kw
#41	(((vagin* NEAR/3 laxity*))):ti,ab,kw
#42	(((vagin* NEXT wind))):ti,ab,kw
#43	MeSH descriptor: [Vaginismus] this term only
#44	((vaginismus*)):ti,ab,kw
#45	(((vagin* NEXT penetrat* NEXT disorder*))):ti,ab,kw
#46	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45
#47	MeSH descriptor: [Physical Examination] this term only
#48	MeSH descriptor: [Medical History Taking] this term only
#49	MeSH descriptor: [Gynecological Examination] this term only
#50	MeSH descriptor: [Digital Rectal Examination] this term only
#51	MeSH descriptor: [Palpation] this term only
#52	MeSH descriptor: [Urinalysis] this term only
#53	MeSH descriptor: [Clinical Laboratory Techniques] this term only
#54	MeSH descriptor: [Symptom Assessment] this term only
#55	MeSH descriptor: [Nursing Assessment] this term only
#56	MeSH descriptor: [Diagnosis, Differential] this term only
#57	MeSH descriptor: [Primary Health Care] this term only
#58	MeSH descriptor: [General Practitioners] this term only
#59	MeSH descriptor: [Family Practice] this term only
#60	((baseline NEXT assessment*)):ti,ab,kw
#61	((symptom* NEXT (exam* or assessment* or evaluation*))):ti,ab,kw
#62	(((primary or secondary) NEXT symptom*)):ti,ab,kw
#63	(symptom NEXT screening):ti,ab,kw
#64	((red NEXT flag*)):ti,ab,kw
#65	(((patient or clinical) NEXT history)):ti,ab,kw
#66	((clinical NEXT investigation*)):ti,ab,kw
#67	((abdom* NEAR/3 exam*)):ti,ab,kw
#68	(((speculum* or bimanual* or bi-manual* or contract* or PFM) NEAR/3 exam*)):ti,ab,kw
#69	((pelvi* NEXT (floor* or diaphragm*) NEAR/3 exam*)):ti,ab,kw
#70	((muscle* NEAR/3 exam*)):ti,ab,kw
#71	(((rectal or digital) NEXT exam*)):ti,ab,kw
#72	(((urine or urinary) NEXT (dipstick* or "dip stick*"))):ti,ab,kw
#73	((bladder NEAR/2 (diary or diaries))):ti,ab,kw
#74	#47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 OR #57 OR #58 OR #59 OR #60 OR #61 OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR #68 OR #69 OR #70 OR #71 OR #72 OR #73
#75	#46 AND #74
#76	(((physical or pelvi* or gyne* or gynae* or clinical) NEXT exam*)):ti,ab,kw
#77	(symptomatology*):ti,ab,kw
#78	(urinalysis):ti,ab,kw
#79	#1 OR #2 OR #3 OR #4
#80	(((physical or pelvi* or gyne* or gynae* or clinical) NEXT exam*)):ti,ab,kw
#81	(symptomatology*):ti,ab,kw
#82	(urinalysis):ti,ab,kw
#83	#80 OR #81 OR #82
#84	#79 AND #83
#85	#75 OR #84

Database(s): Database of Abstracts of Reviews of Effects (DARE); HTA Database – CRD interface

Date of last search: 22 April 2020

#	Searches
1	MeSH DESCRIPTOR Pelvic Floor IN DARE,HTA
2	MeSH DESCRIPTOR Pelvic Floor Disorders IN DARE,HTA
3	((pelvi* NEXT (floor* or diaphragm*) NEAR3 (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or change* or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*))) IN DARE, HTA
4	((pelvi* NEXT (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*))) IN DARE, HTA
5	MeSH DESCRIPTOR Urinary Incontinence EXPLODE ALL TREES IN DARE,HTA

#	Searches
6	MeSH DESCRIPTOR Urinary Bladder, Overactive IN DARE,HTA
7	(((stress* or mix* or urg* or urin*) NEAR5 incontinen*)) IN DARE, HTA
8	((bladder* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*))) IN DARE, HTA
9	((detrusor* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*))) IN DARE, HTA
10	(((urgency NEAR2 frequency) or (frequency NEAR2 urgency))) IN DARE, HTA
11	(((urin* or bladder*) NEAR2 (urg* or frequen*))) IN DARE, HTA
12	((SUI or OAB)) IN DARE, HTA
13	MeSH DESCRIPTOR Pelvic Organ Prolapse EXPLODE ALL TREES IN DARE,HTA
14	MeSH DESCRIPTOR Rectocele IN DARE,HTA
15	((pelvic* NEAR3 organ* NEAR3 prolaps*)) IN DARE, HTA
16	((urinary NEAR3 bladder NEAR3 prolaps*)) IN DARE, HTA
17	(((vagin* or urogenital* or genit* or uter* or viscer* or anterior* or posterior* or apical or pelvi* or vault* or urethr* or bladder* or cervi* or rectal or rectum) NEAR3 prolaps*)) IN DARE, HTA
18	((splanchnoptos* or visceroptos*)) IN DARE, HTA
19	((hernia* NEAR3 (pelvi* or vagin* or urogenital* or uter* or bladder* or urethr* or viscer*))) IN DARE, HTA
20	((urethroc?ele* or enteroc?ele* or sigmoidoc?ele* or proctoc?ele* or rectoc?ele* or cystoc?ele* or rectoenteroc?ele* or cystourethroc?ele*)) IN DARE, HTA
21	MeSH DESCRIPTOR Fecal Incontinence IN DARE,HTA
22	(((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat* or defaecat*) NEAR5 (incontinence or incontinent or urge* or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction))) IN DARE, HTA
23	MeSH DESCRIPTOR Urinary Retention IN DARE,HTA
24	((urin* NEAR3 (retention* or retain*))) IN DARE, HTA
25	((voiding NEXT (disorder* or dysfunction* or problem*))) IN DARE, HTA
26	((empty* NEXT disorder* NEAR3 (bowel* or bladder* or vesical* or stool*))) IN DARE, HTA
27	(((urogeni* or anorec* or ano-rec* or ano rec*) NEAR3 dysfunction*)) IN DARE, HTA
28	MeSH DESCRIPTOR Fecal Impaction IN DARE,HTA
29	(((difficult* or delay* or irregular* or infrequen* or pain*) NEAR3 (defecat* or defaecat* or stool* or faecal or fecal or faeces or feces or fecally or faecally or bowel movement*))) IN DARE, HTA
30	((obstruct* NEAR3 (defecat* or defaecat*))) IN DARE, HTA
31	(((defecat* or defaecat* or evacuat*) NEAR3 (disorder* or dysfunction*))) IN DARE, HTA
32	(((outlet* NEXT dysfunction* NEXT constipa*))) IN DARE, HTA
33	((dys?ynerg* NEXT (defecat* or defaecat*))) IN DARE, HTA
34	((pelvi* NEAR3 dyskines*)) IN DARE, HTA
35	((pelvi* NEXT outlet* NEXT obstruct*)) IN DARE, HTA
36	((anismus*)) IN DARE, HTA
37	((puborectal* NEXT contract*)) IN DARE, HTA
38	(((rectal or rectum) NEAR3 urge*)) IN DARE, HTA
39	((female NEXT sex* NEXT (dysfunct* or satisf* or problem* or symptom* or arous* or activit* or disorder*))) IN DARE, HTA
40	((obstruct* NEAR3 intercourse)) IN DARE, HTA
41	((vagin* NEAR3 laxity*)) IN DARE, HTA
42	((vagin* NEXT wind)) IN DARE, HTA
43	MeSH DESCRIPTOR Vaginismus IN DARE,HTA
44	((vaginismus*)) IN DARE, HTA
45	((vagin* NEXT penetrat* NEXT disorder*)) IN DARE, HTA
46	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45
47	MeSH DESCRIPTOR Physical Examination IN DARE,HTA
48	MeSH DESCRIPTOR Medical History Taking IN DARE,HTA
49	MeSH DESCRIPTOR Gynecological Examination IN DARE,HTA
50	MeSH DESCRIPTOR Digital Rectal Examination IN DARE,HTA
51	MeSH DESCRIPTOR Palpation IN DARE,HTA
52	MeSH DESCRIPTOR Urinalysis IN DARE,HTA
53	MeSH DESCRIPTOR Clinical Laboratory Techniques IN DARE,HTA
54	MeSH DESCRIPTOR Symptom Assessment IN DARE,HTA
55	MeSH DESCRIPTOR Nursing Assessment IN DARE,HTA
56	MeSH DESCRIPTOR Diagnosis, Differential IN DARE,HTA
57	MeSH DESCRIPTOR Primary Health Care IN DARE,HTA
58	MeSH DESCRIPTOR General Practitioners IN DARE,HTA
59	MeSH DESCRIPTOR Family Practice IN DARE,HTA
60	((baseline NEXT assessment*)) IN DARE, HTA
61	((symptom* NEXT (exam* or assessment* or evaluation*))) IN DARE, HTA
62	(((primary or secondary) NEXT symptom*)) IN DARE, HTA
63	((symptom NEXT screening)) IN DARE, HTA
64	((red NEXT flag*)) IN DARE, HTA
65	(((patient or clinical) NEXT history)) IN DARE, HTA

#	Searches
66	((clinical NEXT investigation*)) IN DARE, HTA
67	((abdom* NEAR3 exam*)) IN DARE, HTA
68	(((speculum* or bimanual* or bi-manual* or contract* or PFM) NEAR3 exam*)) IN DARE, HTA
69	((pelvi* NEXT (floor* or diaphragm*) NEAR3 exam*)) IN DARE, HTA
70	((muscle* NEAR3 exam*)) IN DARE, HTA
71	(((rectal or digital) NEXT exam*)) IN DARE, HTA
72	(((urine or urinary) NEXT (dipstick* or "dip stick*"))) IN DARE, HTA
73	((bladder NEAR2 (diary or diaries))) IN DARE, HTA
74	#47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 OR #57 OR #58 OR #59 OR #60 OR #61 OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR #68 OR #69 OR #70 OR #71 OR #72 OR #73
75	#46 AND #74
76	#1 OR #2 OR #3 OR #4
77	(((physical or pelvi* or gyne* or gynae* or clinical) NEXT exam*)) IN DARE, HTA
78	(symptomatology*) IN DARE, HTA
79	(urinalysis) IN DARE, HTA
80	#77 OR #78 OR #79
81	#76 AND #80
82	#75 OR #81

Database(s): EMCare & PsycINFO (Multifile) – OVID interface
Emcare 1995 to present; **APA PsycINFO** 1806 to April Week 2 2020
Date of last search: 22 April 2020

Multifile database codes: emcr = Emcare; psyh = APA PsycINFO

#	Searches
1	pelvis floor/ use emcr
2	pelvic floor disorder/ use emcr
3	(pelvi$ adj (floor$ or diaphragm$) adj3 (dysfunction$ or disorder$ or fail$ or impair$ or incompeten$ or insufficien$ or dyssynerg$ or symptom$ or laxity or change$ or care$ or health$ or wellbeing$ or well-being$ or prevent$ or rehabilitat$ or weak$ or hypertonic$ or overactiv$ or over activ$ or over-activ$)).tw.
4	(pelvi$ adj (dysfunction$ or disorder$ or fail$ or impair$ or incompeten$ or insufficien$ or dyssynerg$ or symptom$ or laxity or care$ or health$ or wellbeing$ or well-being$ or prevent$ or rehabilitat$ or weak$ or hypertonic$ or overactiv$ or over activ$ or over-activ$)).tw.
5	1 or 2 or 3 or 4
6	exp *Urinary Incontinence/ use emcr,psyh
7	*overactive bladder/ use emcr
8	*bladder instability/ use emcr
9	((stress$ or mix$ or urg$ or urin$) adj5 incontinen$).ti.
10	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).ti.
11	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).ti.
12	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
13	((urin$ or bladder$) adj2 (urg$ or frequen$)).ti.
14	(SUI or OAB).ti.
15	6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14
16	exp *pelvic organ prolapse/ use emcr
17	*rectocele/ use emcr
18	(pelvic$ adj3 organ$ adj3 prolaps$).ti.
19	(urinary adj3 bladder adj3 prolaps$).ti.
20	((vagin$ or urogenital$ or genit$ or uter$ or viscer$ or anterior$ or posterior$ or apical or pelvi$ or vault$ or urethr$ or bladder$ or cervi$ or rectal or rectum) adj3 prolaps$).ti.
21	(splanchnoptos$ or visceroptos$).ti.
22	(hernia$ adj3 (pelvi$ or vagin$ or urogenital$ or uter$ or bladder$ or urethr$ or viscer$)).ti.
23	(urethroc?ele$ or enteroc?ele$ or sigmoidoc?ele$ or proctoc?ele$ or rectoc?ele$ or cystoc?ele$ or rectoenteroc?ele$ or cystourethroc?ele$).ti.
24	16 or 17 or 18 or 19 or 20 or 21 or 22 or 23
25	exp *Fecal Incontinence/ use emcr,psyh
26	((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat$ or defaecat$) adj5 (incontinence or incontinent or urge$ or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)).ti.
27	25 or 26
28	urine retention/ use emcr
29	(urin$ adj3 (retention$ or retain$)).tw.
30	(voiding adj (disorder$ or dysfunction$ or problem$)).tw.
31	(empty$ adj disorder$ adj3 (bowel$ or bladder$ or vesical$ or stool$)).tw.
32	((urogeni$ or anorec$ or ano-rec$ or ano rec$) adj3 dysfunction$).tw.
33	defecation disorder/ use emcr
34	feces impaction/ use emcr

#	Searches
35	((difficult$ or delay$ or irregular$ or infrequen$ or pain$) adj3 (defecat$ or defaecat$ or stool$ or faeces or feces or bowel movement$)).tw.
36	(obstruct$ adj3 (defecat$ or defaecat$)).tw.
37	((defecat$ or defaecat$ or evacuat$) adj3 (disorder$ or dysfunction$)).tw.
38	outlet$ dysfunction$ constipa$.tw.
39	(dys?ynerg$ adj (defecat$ or defaecat$)).tw.
40	(pelvi$ adj3 dyskines$).tw.
41	pelvi$ outlet$ obstruct$.tw.
42	anismus$.tw.
43	puborectal$ contract$.tw.
44	((rectal or rectum) adj3 urge$).tw.
45	28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44
46	Female Sexual Dysfunction/ use emcr,psyh
47	(female adj sex$ adj (dysfunct$ or satisf$ or problem$ or symptom$ or arous$ or activit$ or disorder$)).tw.
48	(obstruct$ adj3 intercourse).tw.
49	(vagin$ adj3 laxity$).tw.
50	(vagin$ adj wind).tw.
51	Vaginismus/ use emcr,psyh
52	vaginismus$.tw.
53	(vagin$ adj penetrat$ adj disorder$).tw.
54	46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	5 or 15 or 24 or 27 or 45 or 54
56	*Physical Examination/ or *Urinalysis/ or *Differential Diagnosis/ or *Primary Health Care/ or *General Practitioner/ use emcr,psyh
57	*examination/ or *clinical assessment/ or *clinical examination/ or *clinical evaluation/ or *anamnesis/ or gynecological examination/ or pelvic examination/ or digital rectal examination/ or palpation/ or urine dipstick/ or urine test strip/ or case finding/ or bladder diary/ or symptom assessment/ or nursing assessment/ or *primary medical care/ or *general practice/ use emcr
58	(baseline adj assessment$).tw.
59	(symptom$ adj (exam$ or assessment$ or evaluation$)).tw.
60	((primary or secondary) adj symptom$).tw.
61	symptom screening.tw.
62	(red adj flag$).tw.
63	((patient or clinical) adj history).tw.
64	(clinical adj investigation$).tw.
65	(abdom$ adj3 exam$).tw.
66	((speculum$ or bimanual$ or bi-manual$ or contract$ or PFM) adj3 exam$).tw.
67	(pelvi$ adj (floor$ or diaphragm$) adj3 exam$).tw.
68	(muscle$ adj3 exam$).tw.
69	((rectal or digital) adj exam$).tw.
70	((urine or urinary) adj (dipstick$ or dip stick$)).tw.
71	(bladder adj2 (diary or diaries)).tw,kw.
72	56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71
73	55 and 72
74	Physical Examination/ or Differential Diagnosis/ use emcr,psyh
75	clinical assessment/ or clinical examination/ or clinical evaluation/ use emcr
76	((physical or pelvi$ or gyn?e$ or clinical) adj exam$).tw.
77	symptomatology$.mp.
78	urinalysis.mp.
79	74 or 75 or 76 or 77 or 78
80	5 and 79
81	73 or 80
82	limit 81 to english language
83	limit 82 to yr="1980 -Current" [General Exclusions filter applied]

Economic Search

One global search was conducted for economic evidence across the guideline.

Database(s): NHS Economic Evaluation Database (NHS EED); HTA Database – CRD interface

Date of last search: 3 February 2021

#	Searches
1	MeSH DESCRIPTOR Pelvic Floor IN NHSEED,HTA
2	MeSH DESCRIPTOR Pelvic Floor Disorders IN NHSEED,HTA
3	MeSH DESCRIPTOR Urinary Bladder, Overactive IN NHSEED,HTA
4	(((pelvi* NEXT (floor* or diaphragm*) NEAR3 (dysfunction* or disorder* or fail* or impair* or incompeten* or insufficien* or dyssynerg* or symptom* or laxity or change* or care* or health* or wellbeing* or well-being* or prevent* or rehabilitat* or weak* or hypertonic* or overactiv* or over activ* or over-activ*)))) IN NHSEED, HTA

#	Searches
5	MeSH DESCRIPTOR Urinary Incontinence EXPLODE ALL TREES IN NHSEED,HTA
6	MeSH DESCRIPTOR Urinary Bladder, Overactive IN NHSEED,HTA
7	((((stress* or mix* or urg* or urin*) NEAR5 incontinen*))) IN NHSEED, HTA
8	(((bladder* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex* or incontinen*)))) IN NHSEED, HTA
9	(((detrusor* NEAR5 (overactiv* or over activ* or over-activ* or instabilit* or hyper-reflex* or hyperreflex* or hyper reflex*)))) IN NHSEED, HTA
10	((((urgency NEAR2 frequency) or (frequency NEAR2 urgency)))) IN NHSEED, HTA
11	((((urin* or bladder*) NEAR2 (urg* or frequen*)))) IN NHSEED, HTA
12	(((SUI or OAB))) IN NHSEED, HTA
13	MeSH DESCRIPTOR Pelvic Organ Prolapse EXPLODE ALL TREES IN NHSEED,HTA
14	MeSH DESCRIPTOR Rectocele IN NHSEED,HTA
15	(((pelvic* NEAR3 organ* NEAR3 prolaps*))) IN NHSEED, HTA
16	(((urinary NEAR3 bladder NEAR3 prolaps*))) IN NHSEED, HTA
17	((((vagin* or urogenital* or genit* or uter* or viscer* or anterior* or posterior* or apical or pelvi* or vault* or urethr* or bladder* or cervi* or rectal or rectum) NEAR3 prolaps*))) IN NHSEED, HTA
18	(((splanchnoptos* or visceroptos*))) IN NHSEED, HTA
19	(((hernia* NEAR3 (pelvi* or vagin* or urogenital* or uter* or bladder* or urethr* or viscer*)))) IN NHSEED, HTA
20	(((urethroc?ele* or enteroc?ele* or sigmoidoc?ele* or proctoc?ele* or rectoc?ele* or cystoc?ele* or rectoenteroc?ele* or cystourethroc?ele*))) IN NHSEED, HTA
21	MeSH DESCRIPTOR Fecal Incontinence IN NHSEED,HTA
22	((((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat* or defaecat*) NEAR5 (incontinence or incontinent or urge* or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)))) IN NHSEED, HTA
23	MeSH DESCRIPTOR Urinary Retention IN NHSEED,HTA
24	(((urin* NEAR3 (retention* or retain*)))) IN NHSEED, HTA
25	(((voiding NEXT (disorder* or dysfunction* or problem*)))) IN NHSEED, HTA
26	(((empty* NEXT disorder* NEAR3 (bowel* or bladder* or vesical* or stool*)))) IN NHSEED, HTA
27	((((urogeni* or anorec* or ano-rec* or ano rec*) NEAR3 dysfunction*))) IN NHSEED, HTA
28	MeSH DESCRIPTOR Fecal Impaction IN NHSEED,HTA
29	((((difficult* or delay* or irregular* or infrequen* or pain*) NEAR3 (defecat* or defaecat* or stool* or faecal or fecal or faeces or feces or fecally or faecally or bowel movement*)))) IN NHSEED, HTA
30	(((obstruct* NEAR3 (defecat* or defaecat*)))) IN NHSEED, HTA
31	((((defecat* or defaecat* or evacuat*) NEAR3 (disorder* or dysfunction*)))) IN NHSEED, HTA
32	((((outlet* NEXT dysfunction* NEXT constipa*)))) IN NHSEED, HTA
33	(((dys?ynerg* NEXT (defecat* or defaecat*)))) IN NHSEED, HTA
34	(((pelvi* NEAR3 dyskines*))) IN NHSEED, HTA
35	(((pelvi* NEXT outlet* NEXT obstruct*))) IN NHSEED, HTA
36	(((anismus*))) IN NHSEED, HTA
37	(((puborectal* NEXT contract*))) IN NHSEED, HTA
38	((((rectal or rectum) NEAR3 urge*))) IN NHSEED, HTA
39	(((female NEXT sex* NEXT (dysfunct* or satisf* or problem* or symptom* or arous* or activit* or disorder*)))) IN NHSEED, HTA
40	(((obstruct* NEAR3 intercourse))) IN NHSEED, HTA
41	(((vagin* NEAR3 laxity*))) IN NHSEED, HTA
42	(((vagin* NEXT wind))) IN NHSEED, HTA
43	MeSH DESCRIPTOR Vaginismus IN NHSEED,HTA
44	(((vaginismus*))) IN NHSEED, HTA
45	(((vagin* NEXT penetrat* NEXT disorder*))) IN NHSEED, HTA
46	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45) IN NHSEED, HTA

Database(s): Medline & Embase (Multifile) – OVID interface
Embase Classic+Embase 1947 to 2021 February 01; **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to February 01, 2021
Date of last search: 3 February 2021

Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	Pelvic Floor/ use ppez
2	Pelvic Floor Disorders/ use ppez
3	pelvis floor/ use emczd
4	pelvic floor disorder/ use emczd
5	(pelvi$ adj (floor$ or diaphragm$) adj3 (dysfunction$ or disorder$ or fail$ or impair$ or incompeten$ or insufficien$ or dyssynerg$ or symptom$ or laxity or change$ or care$ or health$ or wellbeing$ or well-being$ or prevent$ or rehabilitat$ or weak$ or hypertonic$ or overactiv$ or over activ$ or over-activ$)).tw.

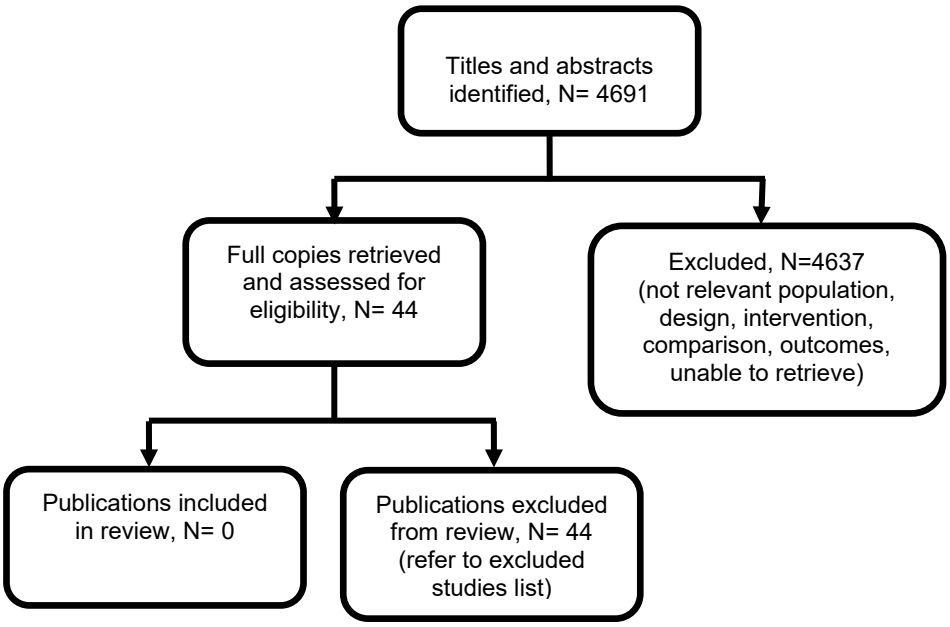
#	Searches
6	(pelvi$ adj (dysfunction$ or disorder$ or fail$ or impair$ or incompeten$ or insufficien$ or dyssynerg$ or symptom$ or laxity or care$ or health$ or wellbeing$ or well-being$ or prevent$ or rehabilitat$ or weak$ or hypertonic$ or overactiv$ or over activ$ or over-activ$)).tw.
7	or/1-6
8	exp *Urinary Incontinence/ use ppez
9	*Urinary Bladder, Overactive/ use ppez
10	exp *urine incontinence/ use emczd
11	*overactive bladder/ use emczd
12	*bladder instability/ use emczd
13	((stress$ or mix$ or urg$ or urin$) adj5 incontinen$).ti.
14	(bladder$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$ or incontinen$)).ti.
15	(detrusor$ adj5 (overactiv$ or over activ$ or over-activ$ or instabilit$ or hyper-reflex$ or hyperreflex$ or hyper reflex$)).ti.
16	((urgency adj2 frequency) or (frequency adj2 urgency)).ti.
17	((urin$ or bladder$) adj2 (urg$ or frequen$)).ti.
18	(SUI or OAB).ti.
19	or/8-18
20	exp *Pelvic Organ Prolapse/ use ppez
21	exp *pelvic organ prolapse/ use emczd
22	*Rectocele/ use ppez
23	*rectocele/ use emczd
24	(pelvic$ adj3 organ$ adj3 prolaps$).ti.
25	(urinary adj3 bladder adj3 prolaps$).ti.
26	((vagin$ or urogenital$ or genit$ or uter$ or viscer$ or anterior$ or posterior$ or apical or pelvi$ or vault$ or urethr$ or bladder$ or cervi$ or rectal or rectum) adj3 prolaps$).ti.
27	(splanchnoptos$ or visceroptos$).ti.
28	(hernia$ adj3 (pelvi$ or vagin$ or urogenital$ or uter$ or bladder$ or urethr$ or viscer$)).ti.
29	(urethroc?ele$ or enteroc?ele$ or sigmoidoc?ele$ or proctoc?ele$ or rectoc?ele$ or cystoc?ele$ or rectoenteroc?ele$ or cystourethroc?ele$).ti.
30	or/20-29
31	*Fecal Incontinence/ use ppez
32	*feces incontinence/ use emczd
33	((faecal or fecal or faeces or feces or fecally or faecally or anal or anally or stool or stools or bowel or double or defecat$ or defaecat$) adj5 (incontinence or incontinent or urge$ or leak or leaking or leakage or soiling or seeping or seepage or impacted or impaction)).ti.
34	or/31-33
35	Urinary Retention/ use ppez
36	urine retention/ use emczd
37	(urin$ adj3 (retention$ or retain$)).tw.
38	(voiding adj (disorder$ or dysfunction$ or problem$)).tw.
39	(empty$ adj disorder$ adj3 (bowel$ or bladder$ or vesical$ or stool$)).tw.
40	((urogeni$ or anorec$ or ano-rec$ or ano rec$) adj3 dysfunction$).tw.
41	defecation disorder/ use emczd
42	Fecal Impaction/ use ppez
43	Feces Impaction/ use emczd
44	((difficult$ or delay$ or irregular$ or infrequen$ or pain$) adj3 (defecat$ or defaecat$ or stool$ or faeces or feces or bowel movement$)).tw.
45	(obstruct$ adj3 (defecat$ or defaecat$)).tw.
46	((defecat$ or defaecat$ or evacuat$) adj3 (disorder$ or dysfunction$)).tw.
47	outlet$ dysfunction$ constipa$.tw.
48	(dys?ynerg$ adj (defecat$ or defaecat$)).tw.
49	(pelvi$ adj3 dyskines$).tw.
50	pelvi$ outlet$ obstruct$.tw.
51	anismus$.tw.
52	puborectal$ contract$.tw.
53	((rectal or rectum) adj3 urge$).tw.
54	or/35-53
55	female sexual dysfunction/ use emczd
56	(female adj sex$ adj (dysfunct$ or satisf$ or problem$ or symptom$ or arous$ or activit$ or disorder$)).tw.
57	(obstruct$ adj3 intercourse).tw.
58	(vagin$ adj3 laxity$).tw.
59	(vagin$ adj wind).tw.
60	Vaginismus/ use ppez
61	vaginism/ use emczd
62	vaginismus$.tw.
63	(vagin$ adj penetrat$ adj disorder$).tw.
64	or/55-63
65	7 or 19 or 30 or 34 or 54 or 64
66	Economics/ use ppez
67	Value of life/ use ppez

#	Searches
68	exp "Costs and Cost Analysis"/ use ppez
69	exp Economics, Hospital/ use ppez
70	exp Economics, Medical/ use ppez
71	Economics, Nursing/ use ppez
72	Economics, Pharmaceutical/ use ppez
73	exp "Fees and Charges"/ use ppez
74	exp Budgets/ use ppez
75	health economics/ use emczd
76	exp economic evaluation/ use emczd
77	exp health care cost/ use emczd
78	exp fee/ use emczd
79	budget/ use emczd
80	funding/ use emczd
81	budget*.ti,ab.
82	cost*.ti.
83	(economic* or pharmaco?economic*).ti.
84	(price* or pricing*).ti,ab.
85	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
86	(financ* or fee or fees).ti,ab.
87	(value adj2 (money or monetary)).ti,ab.
88	or/66-87
89	65 and 88
90	limit 89 to english language

Appendix C – Clinical evidence study selection

Study selection for: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

Figure 1: Study selection flow chart



Appendix D – Evidence tables

Evidence tables for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No evidence was identified which was applicable to this review question.

Appendix E – Forest plots

Forest plots for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No meta-analysis was conducted for this review question and so there are no forest plots.

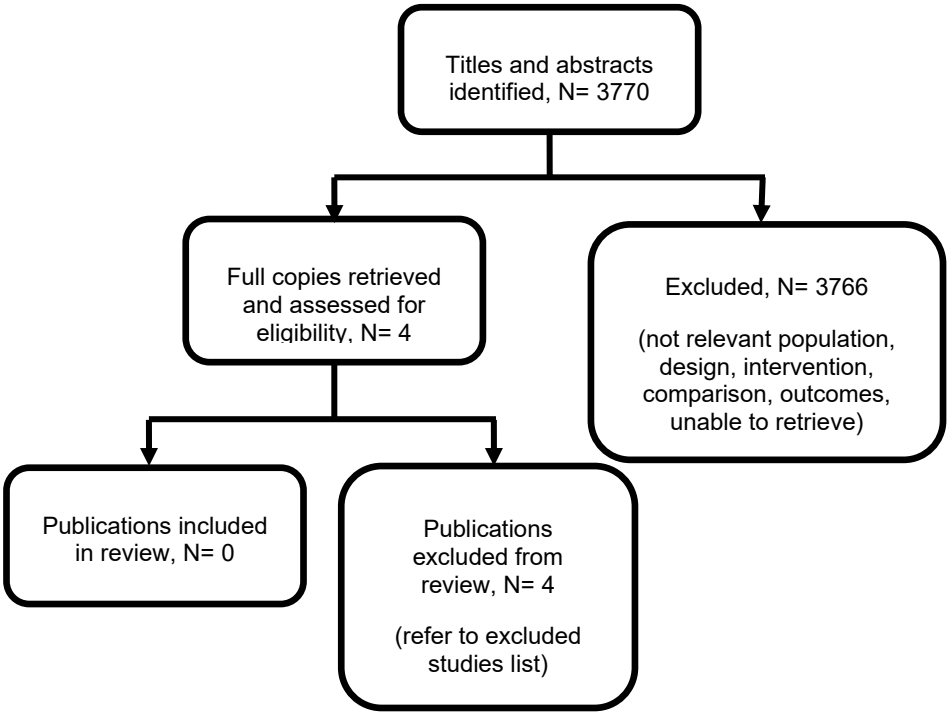
Appendix F – GRADE tables

GRADE tables for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No evidence was identified for this review question so there are no GRADE tables.

Appendix G – Economic evidence study selection

Economic evidence study selection for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?



Appendix H – Economic evidence tables

Economic evidence tables for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No evidence was identified which was applicable to this review question.

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No economic evidence was identified which was applicable to this review question.

Appendix J – Economic analysis

Economic evidence analysis for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

Clinical studies

Table 3: Excluded studies and reasons for their exclusion

Study –	Reason for exclusion
Abrams, P., Paty, J., Martina, R., Newgreen, D. T., van Maanen, R., Paireddy, A., Kuipers-deGroot, T., Ridder, A., Electronic bladder diaries of differing duration versus a paper diary for data collection in overactive bladder, Neurourology & Urodynamics, 35, 743-9, 2016	Population: Males and females included, data not reported for females only.
Antosh, D. D., Iglesia, C. B., Vora, S., Sokol, A. I., Outcome assessment with blinded versus unblinded POP-Q exams, American Journal of Obstetrics & Gynecology, 205, 489.e1-4, 2011	Intervention: same assessment conducted by different assessors
Barber, M. D., Lambers, A., Visco, A. G., Bump, R. C., Effect of patient position on clinical evaluation of pelvic organ prolapse, Obstetrics & GynecologyObstet Gynecol, 96, 18-22, 2000	POP-Q examination is a specialist examination and would not be used in non-specialist care
Barber, M. D., Neubauer, N. L., Klein-Olarte, V., Can we screen for pelvic organ prolapse without a physical examination in epidemiologic studies?, American Journal of Obstetrics and Gynecology, 195, 942-948, 2006	Women not identified from a primary care setting
Basra, R. K., Cortes, E., Khullar, V., Kelleher, C., A comparison study of two lower urinary tract symptoms screening tools in clinical practice: The B-SAQ and OAB-V8 questionnaires, Journal of obstetrics and gynaecology, 32, 666-671, 2012	Study data not presented in a format we can extract.
Bhide, A. A., Puccini, F., Bray, R., Khullar, V., Digesu, G. A., The pelvic floor muscle hyperalgesia (PFMH) scoring system: a new classification tool to assess women with chronic pelvic pain: multicentre pilot study of validity and reliability, European Journal of Obstetrics, Gynecology, & Reproductive BiologyEur J Obstet Gynecol Reprod Biol, 193, 111-3, 2015	Study data not presented in a format we can extract.
Bo, K., Stien, R., Kulseng-Hanssen, S., Kristofferson, M., Clinical and urodynamic assessment of nulliparous young women with and without stress incontinence symptoms: a case-control study, Obstetrics & GynecologyObstet Gynecol, 84, 1028-32, 1994	No relevant data
Bradley, C. S., Brown, J. S., Van Den Eeden, S. K., Schembri, M., Ragins, A., Thom, D. H., Urinary incontinence self-report questions: reproducibility and agreement with bladder diary, International Urogynecology Journal, 22, 1565-71, 2011	Women not identified from a primary care setting
Broekhuis, S. R., Kluivers, K. B., Hendriks, J. C. M., Futterer, J. J., Barentsz, J. O., Vierhout, M. E., POP-Q, dynamic MR imaging, and perineal ultrasonography: Do they agree in the quantification of female pelvic organ prolapse?, International Urogynecology Journal, 20, 541-549, 2009	Outcomes not relevant
Burgers, R., Levin, A. D., Di Lorenzo, C., Dijkgraaf, M. G. W., Benninga, M. A., Functional defecation disorders in children: Comparing the Rome II with the Rome III criteria, Journal of pediatrics, 161, 615-620.e1, 2012	Population - mixed gender and age, subgroup for girls 12 not reported
Cardozo, L., Staskin, D., Currie, B., Wiklund, I., Globe, D., Signori, M., Dmochowski, R., MacDiarmid, S., Nitti, V. W., Noblett, K.,	Women not identified from a primary care setting

Study –	Reason for exclusion
Validation of a bladder symptom screening tool in women with incontinence due to overactive bladder, International urogynecology journal and pelvic floor dysfunction, 25, 1655-1663, 2014	
Cetinel, B., Demirkesen, O., Onal, B., Erdal, S., Gezer, M., Is it possible to predict urodynamic stress urinary incontinence in women with minimal diagnostic evaluation?, Urologia internationalis, 93, 444-448, 2014	Intervention - compares patients with detrusor overactivity and those without
Chase, J., Bower, W., Gibb, S., Schaeffer, A., von Gontard, A., Diagnostic scores, questionnaires, quality of life, and outcome measures in pediatric continence: A review of available tools from the International Children's Continence Society, Journal of pediatric urology, 14, 98-107, 2018	Review
Chou, E. C. L., Hung, M. J., Yen, T. W., Chuang, Y. C., Meng, E., Huang, S. T., Kuo, H. C., The translation and validation of Chinese overactive bladder symptom score for assessing overactive bladder syndrome and response to solifenacin treatment, Journal of the Formosan Medical Association, 113, 506-512, 2014	Population: Males and females included, data not reported for females only.
Crane, A. K., Geller, E. J., Myers, E. M., Fenderson, J. L., Wells, E., Jannelli, M., Connolly, A. M., Matthews, C. A., Implementation of a standardized digital rectal exam to improve the accuracy of rectocele diagnosis, International Urogynecology Journal and Pelvic Floor Dysfunction, 26, 107-111, 2014	POPQ and SDRE using Q-tip would require additional training and so would not be conducted in non-specialist care
Culha, M. G., Degirmentepe, R. B., Ozbir, S., Cakir, S. S., Homma, Y., Turkish validation of the overactive bladder symptom score (OABSS) and evaluation of mirabegron treatment response, International Urogynecology Journal, 30, 2121-2126, 2019	Population: Males and females included, data not reported for females only.
Diehl, Alessandra, Rassool, G. Hussein, dos Santos, Manoel Antonio, Pillon, Sandra Cristina, Laranjeira, Ronaldo, Abdo, Clark Cohen Diehl Diehl Finger Giuliano Gonzalez Harte Harte Harvey Hayes Humburg Kadri Kopetz Lamont Latif Lau Laumann Laumann Leaffer Meneses-Gaya Nappo Niv Rosa-Oliveira Thakar Wilsnack Yudko, Assessment of sexual dysfunction symptoms in female drug users: Standardized vs. unstandardized methods, Substance Use & Misuse, 51, 419-426, 2016	No relevant data
Elmer, C., Murphy, A., Elliott, J. O., Book, N. M., Twenty-Four-Hour Voiding Diaries Versus 3-Day Voiding Diaries: A Clinical Comparison, Female pelvic medicine & reconstructive surgery, 23, 429-432, 2017	No relevant data
Espuna-Pons, M., Dilla, T., Castro, D., Carbonell, C., Casariego, J., Puig-Clota, M., Analysis of the value of the ICIQ-UI SF questionnaire and stress test in the differential diagnosis of the type of urinary incontinence, Neurourology and Urodynamics, 26, 836-841, 2007	Women not identified from a primary care setting
Fenton, B. W., Grey, S. F., Armstrong, A., McCarroll, M., Von Gruenigen, V., Latent profile analysis of pelvic floor muscle pain in patients with chronic pelvic pain, Minerva Ginecologica, 65, 69-77, 2013	Not non-specalist care setting
Globerman, D., Gagnon, L. H., Tang, S., Brennand, E., Kim-Fine, S., Robert, M., A prospective study investigating the diagnostic agreement between urodynamics and dynamic cystoscopy in women presenting with mixed urinary incontinence, International urogynecology journal, 30, 823-829, 2019	Intervention not relevant
Hatzichristou, D., Rosen, R. C., Derogatis, L. R., Low, W. Y., Meuleman, E. J. H., Sadovsky, R., Symonds, T., Recommendations for the clinical evaluation of men and women with sexual dysfunction, Journal of sexual medicine, 7, 337-348, 2010	Study design - suggested testing questionnaire

Study –	Reason for exclusion
Hikita, K. S., Honda, M., Hirano, S., Kawamoto, B., Panagiota, T., Muraoka, K., Sejima, T., Takenaka, A., Comparison of the overactive bladder symptom score and the overactive bladder symptom score derived from the bladder diaries, Neurourology & UrodynamicsNeurourol Urodyn, 35, 349-53, 2016	Women not identified from a primary care setting
Holtedahl, K., Verelst, M., Schiefloe, A., Hunskaar, S., Usefulness of urodynamic examination in female urinary incontinence. Lessons from a population-based, randomized, controlled study of conservative treatment, Scandinavian Journal of Urology and Nephrology, 34, 169-174, 2000	Intervention not relevant
Homma, Y., Kakizaki, H., Yamaguchi, O., Yamanishi, T., Nishizawa, O., Yokoyama, O., Takeda, M., Seki, N., Yoshida, M., Assessment of overactive bladder symptoms: comparison of 3-day bladder diary and the overactive bladder symptoms score, Urology, 77, 60-4, 2011	Population: Males and females included, data not reported for females only.
Jones, J. S., Vasavada, S. P., Rackley, R. R., Prospective randomized controlled trial of modified hypermobility test for urinary incontinence, Journal of pelvic medicine and surgery, 13, 13-17, 2007	Outcomes not relevant
Karp, D. R., Peterson, T. V., Jean-Michel, M., Lefevre, R., Davila, G. W., Aguilar, V. C., "Eyeball" POP-Q examination: shortcut or valid assessment tool?, International Urogynecology Journal, 21, 1005-9, 2010	POP-Q examination is a specialist tool and would not be used in non-specialist care
Lopez-Fando, L., Carracedo, D., Jimenez, M., Gomez de Vicente, J. M., Martinez, L., Gomez-Canizo, C., Gomez, V., Burgos, F. J., Cost-effectiveness analysis of main diagnosis tools in women with overactive bladder. Clinical history, micturition diary and urodynamic study, Actas Urologicas Espanolas, 39, 40-6, 2015	No relevant data
Manonai, J., Wattanayingcharoenchai, R., Relationship between pelvic floor symptoms and POP-Q measurements, Neurourology and Urodynamics, 35, 724-727, 2016	Women not identified from a primary care setting
Margolis,M.K., Fox,K.M., Cerulli,A., Ariely,R., Kahler,K.H., Coyne,K.S., Psychometric validation of the overactive bladder satisfaction with treatment questionnaire (OAB-SAT-q), Neurourology and Urodynamics, 28, 416-422, 2009	Population: Males and females included, data not reported for females only.
Martin, J. L., Williams, K. S., Abrams, K. R., Turner, D. A., Sutton, A. J., Chapple, C., Assassa, R. P., Shaw, C., Cheater, F., Systematic review and evaluation of methods of assessing urinary incontinence, Health technology assessment (Winchester, England), 10, 1-132, iii-iv, 2006	Systematic review - includes checked for relevance
Martin, J. L., Williams, K. S., Sutton, A. J., Abrams, K. R., Assassa, R. P., Systematic review and meta-analysis of methods of diagnostic assessment for urinary incontinence, Neurourology and urodynamics, 25, 674-683, 2006	Duplicate of HTA paper
Norderval, S., Rydningen, M. B., Falk, R. S., Stordahl, A., Johannessen, H. H., Strong agreement between interview-obtained and self-administered Wexner and St. Mark's scores using a single questionnaire, International urogynecology journal, 30, 2101-2108, 2019	Population: Males and females included, data not reported for females only.
O'Sullivan, R., Karantanis, E., Stevermuer, T. L., Allen, W., Moore, K. H., Definition of mild, moderate and severe incontinence on the 24-hour pad test, BJOG: An International Journal of Obstetrics & Gynaecology, 111, 859-62, 2004	No relevant data
Peterson, A. C., Amundsen, C. L., Webster, G. D., The 1-hour pad test is a valuable tool in the initial evaluation of women with urinary	No relevant data

Study –	Reason for exclusion
incontinence, Journal of Pelvic Medicine and Surgery, 11, 251-256, 2005	
Posthuma, S., van der Ploeg, J. M., van Etten-deBruijn, B. A. H., van der Ham, D. P., Time efficiency of a web-based questionnaire in urogynecology: a randomized study, International urogynecology journal, 27, 621-627, 2016	No relevant data
Raizada, N., Mittal, P., Suri, J., Puri, A., Sharma, V., Comparative study to evaluate the intersystem association and reliability between standard pelvic organ prolapse quantification system and simplified pelvic organ prolapse scoring system, Journal of Obstetrics & Gynaecology of India, 64, 421-4, 2014	POP-Q and S-POP are specialist examinations and would not be completed in non-specialist care
Schüssler-Fiorenza Rose, S. M., Gangnon, R. E., Chewning, B., Wald, A., Increasing Discussion Rates of Incontinence in Primary Care: a Randomized Controlled Trial, Journal of women's health (2002), 24, 940â□□949, 2015	No relevant data
Seim, A., Talseth, T., Haukeland, H., Hoye, K., Berg, N., Bergeland, T., Validation of a simple patient questionnaire to assist self-detection of overactive bladder: A study in general practice, Scandinavian journal of primary health care, 22, 217-221, 2004	Population: Males and females included, data not reported for females only.
Stav,K., Dwyer,P.L., Rosamilia,A., Women overestimate daytime urinary frequency: the importance of the bladder diary, Journal of Urology, 181, 2176-2180, 2009	No relevant data
Thiagamoorthy, G., Zacche, M., Cardozo, L., Naidu, M., Giarenis, I., Flint, R., Srikrishna, S., Robinson, D., Digital assessment and quantification of pelvic organ prolapse (DPOP-Q): a randomised cross-over diagnostic agreement trial, International Urogynecology Journal, 27, 433-7, 2016	POP-Q is a specialist examination and would not be completed in non-specialist care
Walters,M.D., Shields,L.E., The diagnostic value of history, physical examination, and the Q-tip cotton swab test in women with urinary incontinence, American Journal of Obstetrics and Gynecology, 159, 145-149, 1988	No relevant data
Wanichsetakul, P., Lekskulchai, O., Mairiang, K., A study of the relationship between pelvic organ prolapse and positive dipstick urinalysis in postmenopausal women, Journal of the Medical Association of Thailand, 99, S275-S280, 2016	Intervention - tests arent both to diagnose PFD
Yang, C. C., Miller, J. L., Omidpanah, A., Krieger, J. N., Physical Examination for Men and Women With Urologic Chronic Pelvic Pain Syndrome: A MAPP (Multidisciplinary Approach to the Study of Chronic Pelvic Pain) Network Study, Urology, 116, 23-29, 2018	No relevant data

Economic studies

Table 4: Excluded studies and reasons for their exclusion

Study –	Reason for exclusion
Goranitis, I., Barton, P., Middleton, L. J., Deeks, J. J., Daniels, J. P., Latthe, P., Coomarasamy, A., Rachaneni, S., McCooty, S., Verghese, T. S., Roberts, T. E., Testing and Treating Women after Unsuccessful Conservative Treatments for Overactive Bladder or Mixed Urinary Incontinence: A Model-Based Economic Evaluation Based on the BUS Study, PLoS ONE [Electronic Resource], 11, e0160351, 2016	Specialist care
Lopez-Fando, L., Carracedo, D., Jimenez, M., Gomez de Vicente, J. M., Martinez, L., Gomez-Canizo, C., Gomez, V., Burgos, F. J., Cost-effectiveness analysis of main diagnosis tools in women with	Specialist care assessment

Study –	Reason for exclusion
overactive bladder. Clinical history, micturition diary and urodynamic study, Actas Urologicas Espanolas, 39, 40-6, 2015	
Rachaneni, S., McCooty, S., Middleton, L. J., Parker, V. L., Daniels, J. P., Coomarasamy, A., Verghese, T. S., Balogun, M., Goranitis, I., Barton, P., Roberts, T. E., Deeks, J. J., Latthe, P., Bladder ultrasonography for diagnosing detrusor overactivity: Test accuracy study and economic evaluation, Health Technology Assessment, 20, 1-150, 2016	Specialist care
Weber, A. M., Taylor, R. J., Wei, J. T., Lemack, G., Piedmonte, M. R., Walter, M. D., The cost-effectiveness of preoperative testing (basic office assessment vs urodynamics) for stress urinary incontinence in women, BJU International, 89, 356-363, 2002	Specialist care assessment

Appendix L – Research recommendations

Research recommendations for review question: What assessments should be conducted in non-specialist care to identify whether the signs and symptoms at presentation are associated with pelvic floor dysfunction?

No research recommendations were made for this review question.