

Shared Research Priorities for Pessary Use in Women with Prolapse: Results from a James Lind Alliance Priority Setting Partnership

Lough et al. (2018)

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For which topic were research priorities identified?

pessary use in women with prolapse

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Despite the high prevalence of pessary use for prolapse there is limited evidence for their use, no UK-wide training for pessary fitting or management or information guidelines available for healthcare professionals or women with prolapse. The 2013 Cochrane review, 'Pessaries (mechanical devices) for Pelvic Organ Prolapse in Women' identified only one eligible randomised controlled trial with a maximum of seven trials being considered for the ongoing update (Bugge 2018, personal communication). Understanding the research priorities in pessary use for prolapse for those who will be affected will help build the evidence for the conservative treatment of prolapse.

What was the objective?

to identify the shared priorities for future research of women affected by and clinicians involved with pessary use for the management of prolapse

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

May 2016 - September 2017

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group established, stakeholders and partner organizations identified. Step 2: gathering questions/uncertainties: via survey and literature review, survey asking participants to submit up to three questions or uncertainties on any aspect of pessaries, 669 questions collected overall. Step 3: data processing: questions refined, out-of-scope removed, duplicates combined, 66 indicative questions formulated, check against evidence, all indicative questions remained. Step 4: interim ranking: participants were asked to choose their personal top 10 questions from the 66 questions, top 25 most voted questions moved forward. Step 5: final prioritization: workshop: small group discussions with nominal group technique and small group rankings, whole group discussion to reach final consensus

Which stakeholders took part?

Women with experience of prolapse, healthcare professionals. Survey: 210 participants. Workshop: 23 participants: 10 women and 13 healthcare professionals: general practitioners, specialist urogynaecology clinicians with a varied level of pessary fitting experience, specialist pelvic health physiotherapists and women within an age range of 30 to over 80 years with a wide variety of personal experience of pessary use for prolapse.

How were stakeholders recruited?

The survey was launched online and promoted on social media to relevant organizations, professional bodies, health-related websites and forums for women with prolapse. Paper copies of the survey were distributed to four urogynaecology clinics in the UK for patients and healthcare professionals to complete. The second survey was distributed and promoted using the same methods as the first, with seven urogynaecology clinics for the paper surveys. Additionally, the project leader presented the survey to an Asian Women's Support Group meeting to identify the group's priorities. For the workshop, 23 participants were purposively selected.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of 3 women with pessary experience, 3 clinicians experienced in managing prolapse with pessaries, 2 researchers, 1 pessary company representative, and 1 JLA adviser. The members agreed on the terms of reference and the protocol for the PSP and were involved in data processing and