

Anxiety Disorders and Pelvic Floor Dysfunction: A Policy Framework for Integrated Urologic Care

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BACKGROUND

Pelvic floor dysfunction (PFD) includes urinary, bowel, and sexual symptoms caused by impaired pelvic muscle coordination. Evidence shows a strong two-way relationship between anxiety and PFD, yet mental health screening remains rare in urologic practice. Current AUA guidelines mention psychosocial health but lack recommendations for validated tools such as GAD-7 or PHQ-4, and do not define referral pathways. Addressing anxiety as a comorbidity may improve outcomes and reduce symptom chronicity.

METHODS

Systematic search of PubMed, Embase, and PsycINFO through Oct 2025.

- Included adult studies reporting anxiety or psychological interventions in PFD
- Data synthesized narratively due to heterogeneity in definitions and outcomes
- Thirty-seven studies met inclusion criteria

RESULTS

- 40–70% of PFD patients screened positive for clinically significant anxiety or depression.
- Anxiety predicted poorer response to pelvic floor therapy.
- Combined therapy (pelvic PT + CBT or mindfulness) improved pain and urinary outcomes compared to monotherapy.

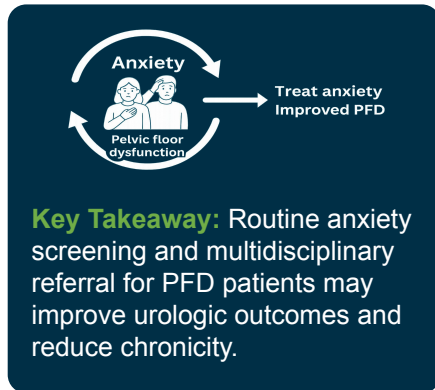
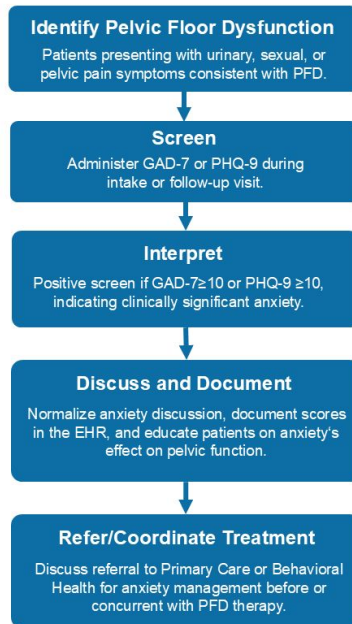


Figure 1: Proposed Anxiety Screening for Pelvic Function Disorders



POLICY IMPLICATIONS

- Anxiety remains underrecognized in urologic practice despite high prevalence in PFD.
- Evidence supports behavioral + physical therapy integration, yet implementation is inconsistent.
- Recommend AUA-endorsed policy mandating **routine GAD-7/PHQ-9 screening** and **cross-referral pathways** between urology, pelvic health, and behavioral medicine.

CITATIONS



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