Can We Prevent Urinary Incontinence In Women?
Angela Kemel Zanella, Luisa Jorge Braga and Angelo Jose Goncalves Bos*
Pontifical Catholic University of Rio Grande do Sul, Brazil

Introduction

An interesting paper from the researcher Jayshee Dawane, et al., published in the Journal of Gerontology and Geriatric Research last year, addressed the difficulty in detecting urinary incontinence (UI) in older-adults due to reluctance of them to address the matter [1]. Kelly Jirschele, et al. in a recent publication reported the still existence also from the Physician perspectives on diagnosing UI [2]. Scientific literature is abundant and quite profit on papers related to treatment after the diagnosis of UI, despite its psychological and quality of life consequences that the women might face before the diagnosis. Risk factors for UI (stress, urge or mixed) are varied and may be related to the weakness of the pelvic floor muscles (MAP) as well as a lack of self-perception thereof and pelvic prolapse. We could successfully reduce UI by conducting a screening on the main risk factors in which the patient is exposed to before she actually become incontinent. By identifying those risk factors we could plan early interventions that could be performed by health professionals, seeking to prevent UI, even in primary care. The essential role of primary health care in the prevention of aging comorbidities aims to improve quality of life [3]. The lack of preventive actions and instruments that are capable of adequately to screen the elderly for possible risk factors of UI are limitations that can be addressed through health educational activities [4], such as guidelines and verbal instructions on the operation and awareness of MAP, delivering a booklet with therapeutic exercises to be performed at the patient’s home, in addition to kinetic-therapeutic intervention provided by physical therapists, using different resources such as the Swiss ball, different surfaces and strengthening exercises, among others to prepare the MAP and improve patient’s self-perception of the region [5]. The importance of correct and proper guidance on how to perform the contraction of the MAP is essential for effective prevention and treatment of UI, thus reducing the risk of recurrence in five years to 30% [6], especially when no adherence to treatment if the elderly do not receive proper guidance. Thus, in addition to intervene in improving the quality of life for seniors, also favor independence. An elderly more independently replaced by a healthier life and more active social participation.

References


*Corresponding author: Angelo Jose Goncalves Bos, Tokai University (Japan), Assistant professor of the Biomedical Gerontology Graduate Program, Institute of Geriatrics and Gerontology, Pontifical Catholic University of Rio Grande do Sul, Brazil, Tel: +555198453644; E-mail: angelo.bos@pucrs.br

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