

Urinary Incontinence in Elderly: an experience report of a lectures cycle

Incontinência Urinária em Idosos: um relato de experiência de um ciclo de palestras

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ABSTRACT

The present study aims to report an experience during a lectures cycle about urinary incontinence targeted at the elderly. This is a descriptive study of the experience report of a lectures cycle about urinary incontinence, performed in a fall prevention program in the city of Niterói, RJ, Brazil. The lectures occurred between May and June 2016; totaling eight meetings divided into four axes and; with a participation of 68 elderly people. As a result of the observation, analysis and discussion of the comments and dynamics proposed during the lectures cycle, it was found that the elderly no longer report urinary incontinence due to lack of clarification on a thematic and/or embarrassment. As conclusions of this report points to the need for action aimed at promoting the health of incontinent elderly people such as stimulating the practice of specific physical exercises for pelvic floor and clarification on symptoms and treatments; for the importance of the look and the careful action of health professionals in front of their users, especially the elderly; and the adoption of health education as a potential health promotion strategy.

Keywords: Aging; Urinary Incontinence; Health Promotion.

RESUMO

O presente estudo tem como objetivo relatar a experiência vivenciada durante um ciclo de palestras sobre incontinência urinária direcionada a idosos. Trata-se de um estudo descritivo, do tipo relato de experiência de um ciclo de palestras sobre incontinência urinária realizado em um programa de prevenção de quedas na cidade de Niterói, RJ, Brasil. As palestras ocorreram entre os meses de maio e junho de 2016; totalizando oito encontros divididos em quatro eixos e; com a participação de 68 idosos. Como resultado da observação, análise e discussão dos comentários e dinâmicas propostas durante o ciclo de palestras, constatou-se que os idosos deixam de relatar incontinência urinária por falta de esclarecimento sobre a temática e/ou por constrangimento. As conclusões deste relato apontam para a necessidade de atuação voltada à promoção da saúde de idosos incontinentes, como o estímulo à prática de exercícios físicos específicos para assoalho pélvico e o esclarecimento sobre sintomas e possíveis tratamentos; para a importância do olhar atento e da ação cuidadosa dos profissionais da saúde diante de seus usuários, especialmente idosos; e a adoção da educação em saúde como potencial estratégia de promoção da saúde.

Palavras-chave: Envelhecimento; Incontinência Urinária; Promoção da Saúde.

NOTA

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INTRODUCTION

The aging process is an observed phenomenon and tends to progress significantly in Brazil and in the world. Through the association between declining birth rates, increased life expectancy, and declining fertility rates⁽¹⁾, it is estimated that the world's elderly population is 2 billion by 2050⁽²⁾, and that this public represents 13.67% of the population in 2020 in Brazil⁽¹⁾. This process associated to the epidemiological profile modification⁽³⁾, can increase the individual and collective demands for health, such as: the increase in the number of chronic non-communicable diseases, costs of procedures and hospitalizations⁽¹⁻⁴⁾. It is a gradual process outcome of the interaction between chronological, biological, psychological and social elements⁽⁵⁾.

Besides this, "the model of biological decline still predominates"⁽⁶⁾. There are, for example, important modifications in the anatomy and pathophysiology of the lower urinary tract that directly alter the organs and tissues involved in the urination process⁽⁵⁾. Over the years, the bladder has reduced bladder retraining capacity and contractility of the detrusor muscle, and increased residual volume and hyperactivity; the urethra reduces its closing pressure and; the prostate increases in volume. Important events are also observed, such as: increased nocturnal urine production, reduced estrogen production in women, and increased incidence of recurrent infections⁽⁵⁾. These factors favor the appearance of urinary incontinence (UI), a condition widely observed among the elderly.

Understood as "any involuntary loss of urine"⁽⁷⁾, the UI affects men and women in all age groups, however, female and advanced age are considered risk factors⁽⁵⁻⁸⁾. In addition, further studies⁽⁸⁻¹⁰⁾ indicate as risk factors: obesity, parity, delivery ways, menopause, gynecological surgeries, prostatic changes, intestinal constipation, smoking, family history, pelvic floor traumas, race, caffeine consumption, intense abdominal exercises, hypertension, Diabetes Mellitus and Parkinson's Disease. In the elderly, the estimated prevalence of UI ranges between 17% and 31% in men, and 23% and 63% among women⁽⁵⁻⁹⁻¹¹⁻¹²⁾, values that can change according to the population profile and place of studies' accomplishment.

The UI classification is made according to the symptoms reported by the patients, and can be of three types: effort, when it is related to efforts that promote increased abdominal pressure (such as coughing, laughing, sneezing); urgency, when accompanied or carried out with urinary urgency and; mixed, when caused by both effort and urgency⁽⁵⁻⁹⁾.

It is an important risk factor for falls, mainly due to factors such as urgency UI and the nocturia. The consequences of fall events in the elderly are serious and, if

associated with episodes of urine leakage, may aggravate the condition of social isolation and depression; in addition to discouraging water intake, reducing personal hygiene care and increasing urinary tract infection events⁽⁵⁾.

UI is directly linked to the decrease in the individual life quality, causing social isolation, dependence and depression⁽¹³⁾ and, by shame or embarrassment, is poorly reported by the elderly, which makes it difficult to treat symptoms early⁽⁸⁾.

The aim of this study is to report the experience during a lectures cycle about UI directed to the elderly.

METHOD

The present study is an experience report of a lectures cycle with the UI theme, carried out in the extension program entitled "Prev-Quedas: preventing falls now, will prevent the next to fall be you"⁽¹⁴⁾, developed at the Physical Education Institute of the Fluminense Federal University (FFU).

As a criterion for participating in the program, the interested person must present an updated medical certificate that proves authorization to practice physical exercises and have their registration form duly filled in at the time of registration. Currently, the project serves 167 individuals from the city of Niterói, RJ, Brazil. Participants are physically active individuals, aged between 25 and 89 years old - although approximately 70% are 60 years or older - 60% of them have a completed high school or higher education and 80% live with a partner or a family member. The most prevalent comorbidities among them are hypertension and diabetes.

The project interventions are carried out in an intergenerational perspective of health promotion⁽¹⁵⁾, in which the multifactorial demands of aging process are understood⁽¹⁴⁾. The workshops take place twice a week in the morning and afternoon, totaling nine classes with a limit of twenty students in each one. Power workshops, body awareness and gymnastics are offered. Their planning is based not only on the physical exercises systematization, but on the practice of leisure through playful and pleasurable experiences that stimulate socialization and approximation with the elements of Brazilian popular culture and with students' life experiences⁽¹⁴⁾.

After incorporating specific exercises for the pelvic floor during some classes offered by the project in 2016, the UI theme became recurrent among the students' questions. Therefore, the theme's choice and the lectures cycle idealization emerged as a result of this growing demand from the project participants, who presented questions about the concept, etiology and possible treatments for urinary incontinence. The approaches to the teacher, who was responsible for the workshop, were frequently increased, occurring individually after class hours and

always with a lot of description, which culminated in the urgency to carry out the lectures cycle.

The lectures cycle was prepared by a multiprofessional team motivated by the desire to understand the relationship of the elderly with possible symptoms and complaints of urine loss and to direct information on the subject through health education in a playful, interactive and enjoyable space. The team was composed of one nurse, one nutritionist and one physical education professor, experience's mediator. All members were in the 2nd year of the Elderly's Health Residency by the Multiprofessional Residency Program of the University Hospital Antônio Pedro (UHAP/FFU) and had been working on the project for at least one year.

The cycle consisted of eight lectures on Mondays of May and June of 2016, in the morning and afternoon shifts, and lasting sixty minutes each meeting. The lecture cycle dissemination occurred orally at the time of the project workshops and posters spread across the university campus.

Of the 72 elderly people interested in the lectures cycle, 68 participated in all the meetings. Among those absent, 03 said they did not have available time and 01 reported no longer have an interest in participating. They totaled 03 men and 65 women, which aged between 60 and 88 years.

In a meeting composed by the multiprofessional team, as lectures were organized in four axes, with two meetings each. These follow a sequence based on the average, sharing the knowledge of the whole (the human body) and reach the UI understanding, its characteristics and particularities. Thus, the axes sought to follow a didactic sequence that was from simpler knowledge to the more complex being ordered as follows: "Knowing our body", with an exposition of human body general concepts and its functioning; "Where does my pee come from?", with the directing knowledge purpose for the pelvic floor anatomy and the micturition mechanism; "Leaked out, what about now?", a block of lectures geared towards guidance on classification, risk factors, symptoms, urine loss characterization and possible treatments and; "No more doubts!", last block of lectures, which participants would explain possible doubts about the subject and itself reports.

During the meetings was used as didactic materials: figures, slides, videos, posters and dolls. The chairs organization in the circle form, the elaboration of interactive dynamics and the use of an accessible vocabulary were intended to stimulate the interaction between the speaker and the participants, in order to reduce the possible discomfort as to the theme's explanation, since it is socially understood as a social taboo, and is not widely spoken⁽⁸⁾.

The present study followed the recommendations of the National Health Council according to Resolution No. 466/12, and was approved by the Ethics and Research Committee of the Medical School of UHAP/FFU, under the No. 851,371 opinion.

RESULTS AND DISCUSSION

Throughout the lectures cycle, It was observed that the participants' involvement gradually increased. In the first meetings, the active participation in the group dynamics was smaller when compared to the final meetings. Many seemed ashamed and reported predicting a lectures cycle with exclusively expository content. From the third meeting (second axis), the elderly people were more exposed through questions and personal reports, which was interpreted as an apparent decrease in discomfort on the subject. It was possible to eliminate doubts and to report daily urine loss experiences through the naturalization of terms and expressions related to the process of micturition and evacuation, few spoken in the everyday, like "pee", "pee in the pants", among others; and stimulating participation in collective activities.

The shame seems like a strong justification for UI symptoms omission. During the lecture cycle participants established a relationship between topics such as loss of urine, decline in physical abilities, increased limitations, use of diapers and loss of dependence and autonomy. From this perspective, the incontinent individual approaches important psychosocial problems that substantially alter their life quality due to loss of self-esteem, altered sexual life, the appearance of depressive symptoms and social isolation⁽⁵⁻⁸⁻¹⁶⁻¹⁸⁾.

It was observed that the majority of participants demonstrated that they did not understand very well the relation of their organs to the micturition mechanism. Some elderly women, for example, were surprised to find that urine was eliminated by the urethra and not by the vaginal canal, as they thought. In this sense, the choice of using a clear and intelligible language was essential for a better understanding of the contents by the participants. The work with the community and the fact of standing before a heterogeneous group, suggests the socialization of information in an accessible way and that facilitates the understanding by the users⁽⁸⁾. Based on the knowledge about UI acquired by the elderly, it becomes possible to direct actions in health with autonomy and conscience in face of the implications of this and other diseases⁽⁸⁻¹⁵⁾.

Participants also reported lack of clarification about the UI concept and its possible treatments. They associate this pathology to the protectors use (such as absorbents and geriatric diapers), as if the lack of need to use them mischaracterized the disease. Studies⁽⁸⁻¹³⁻¹⁶⁻¹⁸⁾

indicate that the lack of knowledge of UI symptoms discourages the search for specialized treatments, which, together with the lack of clarification about treatments and possible interventions for the symptoms prevention and elimination, make it difficult to diagnose early.

The treatment for UI should be multiprofessional, involving adequate planning for each incontinence type and prioritizing the non-pharmacological treatment, followed by the pharmacological and, ultimately, the surgical procedure⁽⁵⁾. Despite the recommendations, non-invasive treatments, such as the practice of exercises to strengthen the pelvic floor, are little publicized by health professionals, who primarily encourage medical and surgical treatments⁽¹⁷⁾.

Another element observed was the UI naturalization, understood by the elderly as part of the aging process and inherent in the more advanced ages. Reports that naturalized UI were constant during the experience. This may be one of the reasons that inhibit urine leakage reports and keep individuals from seeking treatment⁽⁸⁻¹³⁻¹⁶⁻¹⁸⁾. Although a third of the population report UI symptoms, only 50% of them seek health services for this reason⁽⁸⁾.

Besides these, other causes can be pointed out as justifications for the UI underdiagnoses, such as: fear and discomfort in being examined⁽¹⁷⁾; the possible adaptation to this condition in the initial phase of the symptoms⁽¹⁸⁾; the fact of prioritizing the treatment and control of comorbidities considered more serious and common to aging, such as hypertension and diabetes⁽¹⁷⁾; and the lack of knowledge of health professionals about associated factors⁽⁸⁾.

Effective health promotion actions have become increasingly important, especially in primary care. As a feasible strategy, health education, carried out through health institutions, teaching and mass communication, enables the information exchange and instructions to individuals, stimulating the prevention and early detection of pathologies, and the risk factors control through change in lifestyle⁽¹⁷⁻¹⁹⁾. For the elderly, it is necessary that health education spaces are increasingly palpable through the use of accessible and playful technologies to facilitate user empowerment and autonomous and conscious decision-making on health⁽¹⁵⁾. In view of the described scenario, it can be seen that the relations established in the individual with IU extrapolate

the physiological aging alterations, also involving the psychological, conjugal and social aspects directly related to it, and the way in which it is perceived by the elderly. In this sense, the multidisciplinary work plays a fundamental role in the prevention and treatment of UI⁽¹²⁾, as far as it considers the multiple dimensions of the individual and, together, elaborates strategies to contribute to the life quality improvement⁽¹⁷⁾.

CONCLUSION

The population aging generates demands in Brazil and the world. Therefore, health services should direct their actions towards the prevention and treatment of conditions associated with aging. UI is a constant pathology in the elderly, and although it is not directly associated with the death cause, it has significant negative consequences for the lives of the elderly, such as depression and social isolation. Among the factors that hinder the early UI diagnosis and inhibit the search for treatments, the following were presented: shame, lack of clarification about the disease characterization and possible preventive actions and treatments.

The lectures cycle reported in this study was used as a strategy for health education, and is understood as a facilitator in the information exchange and empowerment of users.

The conclusions of this study point to the need to focus not only on the elderly students of the Prev-Que-das Project, but also on the public health service users through exercises to strengthen the pelvic floor muscles, aimed at eliminating UI injuries. It is also suggested that health education be used on a large scale as an important strategy for health promotion, aiming to clarify and directing specific actions on prevention, treatment of UI symptoms and improvement of the life quality. The importance of the attentive look and the careful action of health professionals in front of their users, especially the elderly, is also emphasized.

As a limitation, the lectures cycle had a restricted number of participants due to structural issues such as room size and availability. In this sense, new studies, involving a greater number of participants, are necessary to think about new strategies to promote the health of the elderly with UI.

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