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Can We Prevent Urinary Incontinence In Women?

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Introduction

An interesting paper from the researcher Jayshree 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

1. Dawane J, Pandit V, Rajopadhye B (2014) Functional Assessment of Elderly in Pune, India - Preliminary Study. J Gerontol Geriat Res 3: 155.
2. Jirschele K, Ross R, Goldberg R, Botros S (2015) Physician Attitudes Toward Urinary Incontinence Identification. Female pelvic medicine & reconstructive surgery.
3. Tamanini JTN, Lebrão ML, Duarte YAO, Santos JLF, Laurenti R (2009) Analysis of the prevalence of and factors associated with urinary incontinence among elderly people in the Municipality of São Paulo, Brazil: SABE Study (Health, Wellbeing and Aging). Cad Saúde Pública 25: 1756-62.
4. Piccini RX (2006) Health needs of the older-adults: efficacy on offer and utilization in the basic health care. Ciênc Saúde Coletiva 11: 657-67.
5. Silva REG, Vivas GT, Silva SL (2015) Therapeutic exercise in the prevention of urinary incontinence in older women and its relation to quality of life. Journal of Amazon Health Science 1: 78-81.
6. Zanetti MRD, Castro RA, Rotta AL, Santos PD, Sartori M, et al. (2007) Impact of supervised physiotherapeutic pelvic floor exercises for treating female stress urinary incontinence. São Paulo Med J 125: 265-9.

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