210 - ANALYSIS OF QUALITY OF LIFE IN GESTANTES WITH NCONTINÊNCIA URINÁRIA.

FLÁVIA CRISTIANE DE SOUZA
ELIZÂNGELA SERRA
Faculdade Assis Gurgacz - FAG, Cascavel - Paraná, Brasil.
Flavia.cris_fisio@hotmail.com

INTRODUCTION

The gestation period is one of many changes in women's lives, when changes occur psychological, physical and organic so that a baby is created. These structural and physiological changes bring great impact quality of life of the pregnant, as a result of them, some women have in the last months of pregnancy, the signs of urinary incontinence. Baracho (2007) provides that the presence of gravid uterus in continuity with the bladder and the presence of cephalic pole in the third quarter of pregnancy associates itself with a desire voiding and involuntary urinary loss occurs. Moreover Chiarapa, Cacho & Alves (2007) say that the hormones have direct action on factors that maintain the continence, and cite as an example the action of progesterone that leads to the early expansion of the ureter and hypotonia of the smooth muscle of the urethra. The authors say, even if the losses are light and tend to regress after delivery.

Another factor that is changed during pregnancy and puerperium is sexuality, we know that this is very important factor in the quality of life of human beings, especially women.

Therefore, this research has social relevance in lifting data and examine the quality of life and aspects of sexuality of women who have urinary loss during pregnancy. And scientific relevance as these data are very important to encourage the performance of physical therapy during pregnancy and puerperium. Since its main objective is to check the incidence, the evolution and impact of Urinary Incontinence in pregnant women and their implications for the sexual life of women.

REFERENCIAL BIBLIOGRÁFICO

Considered a unique and special stage in the life of women, the pregnancy is to have the feeling of becoming a mother is often confused with uncertainties, fears and insecurities. This fact touches on the primigravidas, especially as it relates to the time of delivery (TEDESCO et al, 2004).

A healthy pelvic floor has a good tone and elasticity. Meanwhile the age, lack of exercises in general, and even pregnancy and childbirth (whether vaginal or Caesarean section) are such that these muscles are weak. It is also important is not going desire to go to the bathroom. When you have desire to urinate or defecate, you should go soon, therefore, hold the urine causes a very large distension in the bladder and extends the sphincter, making it easier to urinary incontinence and even cistites (FREITAS, 2006).

The urinary incontinence (UI) and an involuntary loss of urine. Urinary incontinence is not the morbimortality its size causes a personal and social embarrassment, being more frequent in women for having a small urethral length, with the greatest chance of injury musculofascial during pregnancy and childbirth. (FREITAS et al., 2006)

In pregnancy will complain of urinary incontinence is always due to increased intra-abdominal pressure, increasing the volume uterine what is happening in the bladder and change position proximal portion of the urethra, where the difficulty of passing, intra-abdominal pressure will urethra (BARACHO, 2002).

The muscles of the channels is slightly hypotonic bladder, the bladder is gradually elevated the uterus increased in the last two trimesters of pregnancy, becoming an organ intra-abdominal, pressed up. The presence of gravid uterus early in the first quarter in continuity with the bladder and the presence of pole associate head circumference in the third quarter to a desire Urinary incontinence and there are characteristic. (BARAÚNA and ADORNO, 2001).

There is a complex organic system of coordination in the pelvic floor composed of the urinary systems, genital and intestinal, which during pregnancy is somehow interrupted, which leads to dysfunction, with major clinical impact, as the involuntary loss of urine, or the efforts with urgency. (REZENDE, 1995).

In the field of obstetrics the physiotherapist has occupied an important position in the team that assists pregnant, using a program of exercises and postural conditioning, attendance in bed, helping the recovery in post-partum physical and teaching relaxamentos, avoiding detention in in bed (POLDEN & MANTLE, 2002).

The physiotherapy, when it is UI, is extremely important role on the muscles of the pelvic floor, these exercises are recommended during all stages of development of women, is important exercises them, especially during pregnancy. Must be made years in the position side, cócoras, on foot or on a Swiss ball, it carries the morning before out of bed, taking care not to occur when intra-abdominal pressure which can cause consequences for both the mother and for the baby. (BARACHO, 2007).

MATERIALS AND METHODS

The nature to search it was a work of completion of travel. From the viewpoint of their goals was exploratory. Regarding the procedures was a search of field of quantitative character.

The sample of 48 pregnant pregnant with gestational age at or above the third quarter that corresponds (27 to 40 weeks) would be in the range of 18 to 35 years of age and primigravida. The sample was selected in the Basic Health Units of the neighborhood Santa Cruz (Cascavel-PR) and LBV. Those invited to participate after the search term, signed the free and informed consent. It is known that this search only led to the approval of the Ethics Committee and the search FAG.

The questionnaire was applied Kings Healt Questionnaire quality of life for individuals with Urinary Incontinence, where the pregnant read and replied alone, all passed by the same method of application.

The subjects were chosen deliberately, as factors of inclusion and exclusion determined before the start of the search. The factors of exclusion were: Women under 18 years and above 35 years; Women with cognitive défict; Conditions neurological; Risk of abortion; Age greater than 35 or less than 18; Pregnancy twin; Diabetes Mellitus (disease before pregnancy); Hypertension (before pregnancy), which has the uterus in retro version.

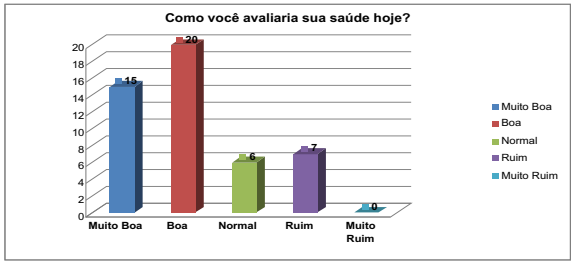
RESULTS AND DISCUSSIONS

Initially it examined the general perception of health, noting the influence of urinary incontinence and other diseases associated with, arising from the pregnancy that this can interfere with the analysis of each pregnancy on their health condition during this period.

Regarding the general perception of health, which ranged from very bad, bad, regular, good and very good, the assessment of health was on average by respondents was 48 pregnant women, 20 of them (the majority) said that their health Good is, 15 of them that is very good, 6 of them normal, 7 bad and none considered their health very bad.

The World Health Organisation (WHO), to redefine, in 1945, the concept of health has incorporated the concept of well-being physical, emotional and social triggering considerable discussion about the possibility of measuring the individual and population welfare. Health and disease are two situations of crucial significance to the life of all human beings and for this reason they have been conceituadas differently, according to the paradigms that marked each time history, in the path of life of the individual (NERI, 2004).

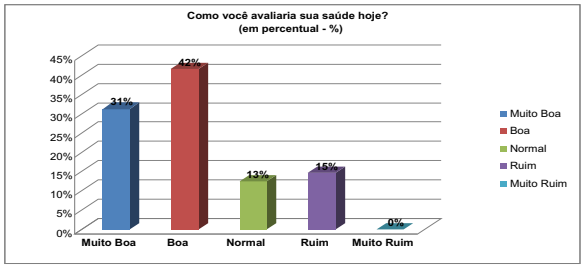
Chart 1 - General Health Perception: "How would you rate your health today?"



Source: the author, 2008

After reviewing their health condition, check the impact that brings incontinence in their lives is of extreme importance.

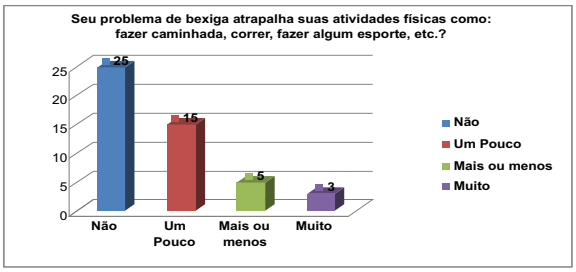
Chart 2 - Impact of Urinary Incontinence: "The problem is you think of bladder atrapalha your life?"



As the urinary incontinence has repercussions on the social, psychological and physical of its carrier, the graph shows that many of the women (42%) believes that the problem of bladder atrapalha a little life, while 0 is very bad.

According Koff (2001) impact of this disease in the quality of life is immense, as well as be no limitation on the patient in the activities of day-to-day problems occur in the social sphere. The presence of IU and its consequences as wet clothes or lining with offensive odor, much to ease inter-personal interaction and keep women involved isolated from the social contact for fear of being rejected by the people that surround. This collection of voluntary social activities, sports and day-to-day leads to loss of self-esteem and psychological changes in attitude and psychosocial women affected. The elaboration of this author, make clear the importance of the limitations imposed on incontinence by the disease, as well as the feasibility and effectiveness of treatments. In relation to the physical limitations presented by patients suffering from IU, the main information to be highlighted are those described in the chart below.

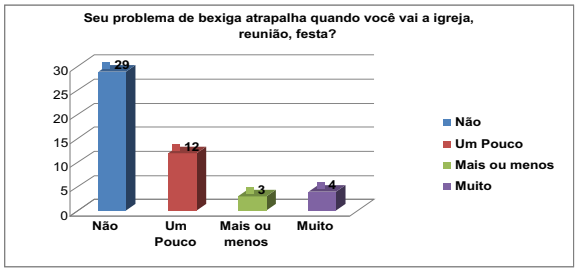
Chart 3 - physical limitations: "Your bladder problem that affects their physical activities?"



The limitation in physical activities is a common complaint in carriers of stress urinary incontinence or mixed urinary incontinence (TAMANINI et al, 2003). This affirmative not corroborated with the study in pregnant women, because the analysis of the data portrayed in this chart, shows that 25 out of 48 pregnant women do not have urinary minimum losses in any activity. In contrast only 3 of them lose much urine, 15 lost a little more and 5 or less.

When asked about the limitations imposed by IU in its social activities, both the activities of day-to-day, physical as social relations, suffer limitations imposed by pregnancy.

Chart 4 - Social Limitations: "Your bladder problem that limits their life
society? Your bladder problem that limits their meeting or visit with friends? "



Personal relations and their limitations associated with the UI during gestaçao, were also the subject of research in this research, and information obtained show that the relationship with the partner, with the sexual and family life, is one of relations affected by this problem. The chart below shows and illustrates the data collected.

For research conducted on urinary incontinence, the questionnaires of quality of life must be properly targeted in their social fields, it is fundamental, because the UI is a purely functional problem where the problem is the order of comfort in its broadest sense, or comfort psychological and social comfort, bringing great harm to the health of the patient and seriously aggravating their quality of life (FRAGA, 1997).

Chart 5 - sexual relationship.

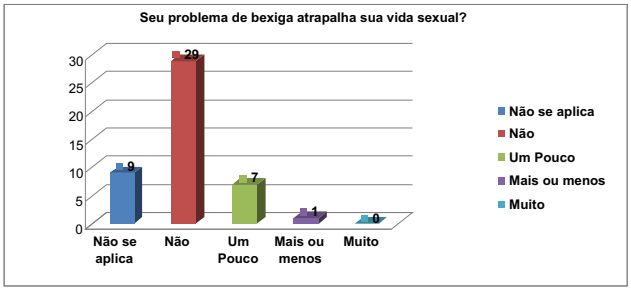


Chart 5 shows that only 7 out of 48 pregnant women who find the UI affects their sexual activity a little, 1 affects more or less, no reports that affects very, 9 does not apply (for not having fixed partner) and most was that 29 of them reported that the loss of urine does not affect their sex life.

The pregnancy is one of the significant periods that make up the life cycle of women, influencing their sexuality. During this period, the sexuality of pregnant women is affected by several factors, such as changes in the perception of body image, decrease in the level of energy, presence of physiological symptoms and bodily discomfort. (POLDEN, 2002).

Baracho (2007), in turn, says that sexual frequency as well as sexual desire, are not affected by pregnancy. This study agrees in part with this author to suggest that pregnancy affects, but non-significantly, the often sexually.

The questionnaire King's Health Questionnaire "was a useful tool for examining the quality of life of 48 pregnant women who have undergone to join the search. Despite being an extensive questionnaire, he could be given to a comparison of annoyances arising from urinary incontinence.

FINAL CONSIDERATIONS

In this study tried by means of analysing the data presented in graphical display items important in the life of the pregnant, how to live socially, work, maintain healthy habits of life, be happy, including this item sexual activity, that when altered can interfere with the life of the individual.

However, perhaps due to lack of knowledge that urinary incontinence during pregnancy is not something that should be considered so natural, pos has treatment for this, it was noted that much of the women reported losing intrevistadas urine, but not feel they are affected in physical form or by the same socially.

Corroborando with national and international literature mentioning the physiotherapy as an important UI (BERGHMANS, 2003, MORKVED, 2003, MORENO, 2004). Another important as was the view of the UI by these women, knowledge of a new form of treatment and through these results, greater visibility of physiotherapy thereby providing data to build strategies for IU in tariffs of public health.

Aware that this is only a small contirbuiçao about the social impact of UI, it is suggested to make further studies on the cultural vision of IU, thus opening more horizons for the performance of physiotherapy.

REFERÊNCIAS BIBLIOGRÁFICAS

BARACHO, E. **Fisioterapia Aplicada a Obstetrícia. Aspecto de Ginecologia e Neonatologia.**3.ed. Rio de Janeiro: Medsi, 2002

BARACHO, E. **Fisioterapia Aplicada à obstetrícia, uroginecologia e aspectos de mastologia.** 4.ed. Rio de Janeiro: Guanabara Koogan, 2007.

BARAÚNA, A.B.; ADORNO, M.L.G.R. Avaliação cinesiológica das curvaturas lombar e torácica das gestantes através do cifolordometro e da fotogrametria computadorizada e sua correlação com a dor lombar. **Revista Fisioterapia Brasil.** v.2; n.3; maio/junho 2001.

BERGHMANS, B. et al. Diretrizes para conduta fisioterápica na incontinência
urinária de esforço. **Revista Urodinâmica & Uroginecologia,** 6(1):1-14, jan./mar.
2003.

FREITAS, F. MENKE, C.H. RIVOIRE, W.A. PASSOS, E.P. **Rotinas em Ginecologia.** 5.ed. Porto Alegre: Artmed, 2006.

KOFF, W.J. **Principais Formas de Tratamento**. In: RUBINSTEIN, I. **Clínicas**
Brasileiras de Urologia - Incontinência Urinária na Mulher. v. I .São Paulo, Rio de Janeiro, Belo Horizonte: Atheneu, 2001.

MORENO, A. L. **Fisioterapia em Uroginecologia.** 1ª ed. São Paulo: Manole,
2004.

MORKVED, Siv. **Urinary incontinence during pregnancy and after delivery:**
effect of pelvic floor muscle training in prevention and treatment. Norway:
NTNU, 2003.

NERI, A. L. **Qualidade de vida na velhice**. In: REBELATTO, J. R.; MORELLI, J. G. da S. 1 ed. São Paulo: Manole, 2004.

POLDEN, M.; MANTLE, J. **Fisioterapia em Ginecologia e Obstetrícia**. 3 ed. São Paulo: Santos, 2002

REZENDE, J. de. **Obstetrícia.** Rio de Janeiro: Guanabara Koogan; 1995.

TAMANINI, J. T. et al. Validação do King's Health Questionnaire para o português em mulheres com incontinência urinária. **Rev. Saúde Pública**, v. 37, nº 2, São Paulo, abr. 2003.

ANALYSIS OF QUALITY LIFE IN PREGNANT WITH URINARY INCONTINENCE.
RESUME

The problem of search that stimulates this research was the following question: urinary incontinence affects quality of life in the period od pregnancy? Looking for answer. Was found the general objective that verifies problems about the urinary incontinence at quality of life pregnant. Was realized to field exploratory research with quantity character. To value this work it was used a quality of life questionnaire, king healt questionnaire. As the result from the search it was found some positive aspects about the examination relating momentaneous health of pregnant. Besides that, most of the pregnant say urinary incontinence doesn't affect their social lives, neighter their physical activities and sexual relationship. So many pregnant that lose urine, then, don't think changed the quality of life that each one has.

Keywords: urinary incontinence, pregnancy, quality of life.

ANALYSE DE LA QUALITÉ DE VIE DANS LES ENCEINTES AVEC L'INCONTINENCE URINAIRE.
REPRENDRE

Le problème de recherche qui stimule cette recherche était La question suivante: incontinence urinaire affecte La qualité de vie au cours de La période de La grossesse? Vous cherchez La réponse, on a trouvé i'objectif general qui vérifie sur lês problèmes d'incontinence urinaire à La qualité de vie dês femmes cenceintes. A été réalisé trop domaine dês recherches exploratoires avec La quantité de caracteres. Pour evaluer CE travail, Il a ètè utilisé une qualité de vie questionnaire, Le roi santé questionnaire. Comme Le résultat de La recherche, Il a été constate certains aspects positifs sur i'examen relatives momentaneous La santé dês femmmes enceintes. Em outre, kA plupart dês enceintes dire incontinence urinaire n'a pás d'incidence sur leur vie sociale, neighter leurs activités physiques ET dês relations sexuelles de vie que chacun possède.

Mots-clés: incontinence urinaire, La grossesse, La qualité de vie.

ANÁLISIS DE CALIDAD DE VIDA EM GESTANTES COM INCONTINÊNCIA URINÁRIA.
RESUMEN

El problema de investigación que estimuló este estúdio fue La seguiente pregunta: La incontinência urinaria afecta a La calidad de vida durante El embarazo? La búsqueda de respuestas a esta pregunta, es El objetivo general de verificar as consecuencias de La incontinência urinaria em La calidad de vida. Kings cuestionario de salud para evaluar El desarrollo físico y social influyen em La perdida de orina durante El embarazo, como resultado de lãs búsqueda sobre El terreno son aspectos positivos como los temporales de evaluación sobre La salud de lãs mujeres embarazadas. Sino también que La mayoria de lãs mujeres informo de que La incontinecia urinaria no afecta a sua vida social, o en actividades fisicas , em tan poço sexo. ES entonces que La mayoría de lãs mujeres que pierden La orina no se consideran uma modificación em sua calidad de vida

Palabras clave: incontinência uriaria, embarazo, La calidad de vida.

ANÁLISE DA QUALIDADE DE VIDA DE GESTANTES COM INCONTINÊNCIA URINARIA.
RESUMO

O problema de pesquisa que estimulou esta pesquisa foi a seguinte pergunta: a incontinência urinaria afeta a qualidade de vida na gestação? Buscando resposta para esta indagação, chegou-se ao objetivo geral de verificar as implicações de incontinência urinaria na qualidade de vida gestantes. Foi realizada uma pesquisa exploratória de vida. Kings healt questionnaire para avaliar a influência física e social da perda urinária durante a gestação. Como resultado da pesquisa de campo encontramos pontos positivos quanto a avaliação sobre a saúde momentânea das gestantes, como também que a maioria das gestantes relata que a incontinência urinaria não afeta suas vidas sociais, nem nas atividades físicas, tão pouco nas relações sexuais. Considera-se então que grande parte das gestantes que perdem urina não consideram alterada sua qualidade de vida.

Palavras-chave: incontinência urinaria, gestação, qualidade de vida.