32 - INTERFERENCEOFCONSTIPATIONINWOMEN WITH URINARY INCONTINENCE

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INTRODUCTION

Urinary incontinence (UI) is a condition that dramatically affects the quality of life, compromising the well-being physical, emotional, psychological and social. Women are twice as likely as men to present this condition. (BOTELHO, 2007).

In most women urinary incontinence manifests as a chronic gradual onset, but with progressively worsening. There are three types of urinary incontinence more common in this population, which are the Stress Urinary Incontinence (SUI) Urinary Urgency Incontinence (Overactive Bladder - IUU), and Mixed Urinary Incontinence (LOPES, 2008).

The causes of UI are quite varied, and the identification of the etiology is essential for proper treatment. Possible causes include detrusor muscleover activity, disability support pelvic organs, constipation, urethral sphincter insufficiency, congenital problems, bladder outlet obstruction, spinal cord injuries, surgeries, urinary fistulae and some diseases such as multiple sclerosis, muscular dystrophy, HTLV infection, poliomyelitis and stroke. (FELDNER, 2008).

Among the risk factors that cause Urinary Incontinence stands out in this study constipation. Although constipation is considered a problem in the frequency of bowel movements, symptoms are a little more complicated and subjective difficulty with defecation, feeling of incomplete evacuation, bloating, discomfort and general malaise or abdominal pain.(MORAIS, 2000).

The act of evacuating originates by sudden distention of the rectal muscles like a big wave is the peristaltic contraction of the rectum along with dilatation of the anal sphincter, causing the evacuation of the entire large intestine from the transverse colon even further, favoring defecation. (MORAIS, 2000).

Relating constipation in women with urinary incontinence can be seen in Table physiological strain of the rectus compressing the bladder, contributing to urinary retention, causing urinary tract infection and often force held during bowel movement can damage muscles pelvic, and by stretching, traumatizing and cause muscle ischemia. However it can also cause overflow, because when the feces fill the rectum, bladder neck and urethra are pressed causing bexigoma and uncontrollable escape of small amounts of urine from a full bladder. (MORAIS, 2000).

MATERIALS AND METHODS

This study deals with a quantitative trait descriptive , direct mode aimed at collecting data for patients with UI and CI , only patients with UI without CI , and patient showed no pathologies through questionnaires in the period July to August of the year 2013 , performed only with females from the fifty (50) years of age.

The research was approved by the Ethics Committee of the Faculdade Assis Gurgacz (FAG), and each participant signed the consent form. The women participating in this study did not suffer any kind of stress or embarrassment during data collection. For this, we selected 45 (forty five) female patients to make the questionnaires, which were applied individually.

The criteria adopted for the analysis of the questionnaires was to find out how many respondents had UI and CI also aiming to show in the form of graphs, the relationship between the two conditions, interference that caused CI in these women, who today suffer with the UI, and at what age the incidence of interference of constipation is more prevalent in this sample.

Thus, the main objective is to see how many women who have or have had episodes of urinary incontinence, suffer from constipation associated with showing the relationship between these two physiological conditions.

RESULTS

The results obtained from the questionnaires (Figure 01) were that a sample of 45 women, that is 100%, 24.4%, 11 of the patients had problems with urinary incontinence (UI) and constipation (CI) associated with such graph as shown in group 1. However also 24.4%, 11 women had urinary incontinence without the presence of constipation chart as shown in group 2 and 23 women, 51.1% on the graph in group 3 showed no UI not being illustrated with CI initial ND.

The values shown in (Figure 2) that among women who had urinary incontinence associated with constipation age range that was prevailed between 61-70 years of age resulting in a percentage of 63.6% as shown in the graph below, in the age groupof50-60 years only 9.1% showed the association of incontinence with constipation, and in the age group above 70 years were 27.3% with both pathologies.

Figure 01: Interference of Constipation in women with urinary incontinence.

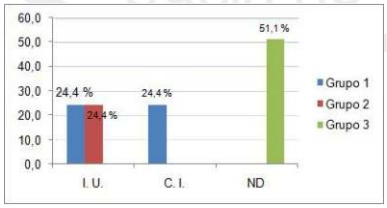
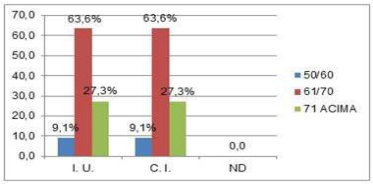


Figure 02: Age Range prevalent in women who had constipation associated with Urinary Incontinence.



DISCUSSION

The participants of this study were female, aged from 50 years and 24.4 % had loss of urine associated with bowel problems and this percentage within the age that most observed incidence of the two diseases was between 60 - 70 years as reported in a percentage of 63.6 % of the sample showing that in the elderly the relationship of these disorders occur more

frequently.

In a study by Raquel Pereira C. et.al Rev. Bras . Nutr. Clin . 2006 , 21 (4) : 296-301 , with 142 university students between the ages of 18-24 years , with the majority of the female population was observed through questionnaires constipation constipated that all were female , showing that in this population the index is greater and more common in men . Are women who require a smaller amount of energy by ingesting a smaller amount of nutrients, and therefore the fibers.

It is known that this has provided beneficial effects to prevent and treat intestinal problems. These women reported difficulty to evacuate, irritable bowel syndrome, associated with family history, reported that they drank very liquid, not involved in physical activity, and consuming foods that provided constipation. In this study the clinical picture is possible to predict a future issue of urinary incontinence due to overload these students that the pelvic floor is suffering from them already, thus making the constipation the main risk factor in these young women.

Another study by Sonia M. Fatima et.al RBGO - v. 24, No. 6, 2002, was made with 61 patients, distributing them in groups, and 17 women had Stress urinary incontinence, 14 women had no urinary complaints, 15 post menopausal women with Stress urinary incontinence, and 15 postmenopausal women with no loss of urine.

You can check with the assessment of pelvic floor muscle testing with vaginal cones that the muscles of patients with urinary incontinence had lower degree of strength as women continents. From this study it can be concluded that there is a significant change in female pelvic floor muscles due to urinary incontinence , which compared to other study may be associated with constipation already present in young women , providing a future incontinence same.

Segundo Félix (2005), is of paramount importance that health professionals know the peculiarities that permeate the UI (urinary incontinence) and CI (constipation) and the impact that these diseases cause once present in the lives of older people , bringing an approach of a multidisciplinary health care team to achieve the prevention and treatment of these disorders.

CONCLUSION

Many healthy factors involved in the pathogenesis of IU, among them are: the topography extra -abdominal bladder neck , the rotational descent of the urethra, the urethra functionally short , the intrinsic mechanism of urethral injury, lesions of the pudendal nerve , the fascias and muscles of the pelvic floor as well as the hipoestroestrogenismo.

The consequences of CI (constipation) may impair the quality of life of individuals, since it may increase the risk of colon cancer and result in pelvic floor dysfunction, progressive distention of the rectum and mega rectum, which can determine the appearance of soiling, recurrent abdominal pain, bloody stools, abdominal distension, vomiting, urinary tract infection, outbreaks of diarrhea and urinary retention.

Therefore it can be concluded that these pelvic floor disorders with the long lead time for these women suffering from IC since the propensity of young people having UI (urinary incontinence) , this loss of urine occurs with higher incidence in older women as showed 63.6% in study at the age of 60-70 years.

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INTERFERENCEOFCONSTIPATIONINWOMEN WITH URINARY INCONTINENCE

ABSTRACT

Introduction: Urinary incontinence (UI) is manifested as a chronic disease. There are three types: Stress Urinary Incontinence (SUI) Urinary Urgency Incontinence (Overactive Bladder - IUU), and Mixed Urinary Incontinence. Among the risk factors that cause Urinary Incontinence stands out in this study constipation. Relating constipation in women with urinary incontinence can be seen in Table physiological strain of the rectus compressing the bladder, contributing to urinary retention, causing urinary tract infection and often force held during bowel movement can damage muscles pelvic, and by stretching, traumatizing and cause muscle ischemia. Objective: To evaluate the interference of Constipation in women with urinary

incontinence. Methods: This is a study of quantitative trait descriptive, Direct Mode, which aims to survey data from forty-five women among them showed that women with urinary incontinence and constipation, others only urinary incontinence without constipation , and those that showed no pathologies through questionnaires in the period July-August 2013, performed only with female patients. Results: Based on questionnaires were able to identify a percentage of 24.4 % in relation to 11 women with urinary incontinence and constipation, in a sample of 45 women, that is 100 %, and in women who had urinary incontinence and constipation the age group of 60-70 years was prevailed presenting a percentage of 63.6 % within the sample. Conclusion: this study was conducted with females that these pelvic floor dysfunctions caused by constipation with over time lead to the propensity of having UI (urinary incontinence) , and loss of urine that occurs with higher incidence in as older women in the study showed 63.6 % at age 60-70 years.

KEYWORDS: Urinary Incontinence, Constipation, Pelvic Floor;

L'INTERFERENCE DECONSTIPATIONCHEZ LES FEMMES AYANTINTESTINALINCONTINENCEURINAIRE
RESÚMÉ

Introduction: L'incontinence urinaire (IU) se manifeste comme une maladie chronique . Il existe trois types: Incontinence urinaire d'effort (SUI) Urinary incontinence par impériosité (vessie hyperactive - INN) et l'incontinence urinaire mixte . Parmi les facteurs de risque qui causent l'incontinence urinaire se distingue dans cette étude constipation. Constipation relative chez les femmes souffrant d'incontinence urinaire peut être vu dans le tableau contraintes physiologiques du muscle droit compression de la vessie , ce qui contribue à la rétention urinaire , provoquant une infection des voies urinaires et forcent souvent lieu pendant la selle peut endommager les muscles pelvienne, et en l'étirant , traumatisant et provoquer une ischémie musculaire. Objectif: évaluer l' interférence de la constipation chez les femmes souffrant d'incontinence urinaire . Méthodes: Il s'agit d' une étude descriptive de caractère quantitatif , le mode direct , qui vise à étudier les données 40-5 femmes parmi eux ont montré que les femmes souffrant d'incontinence urinaire et la constipation, d'autres ne l'incontinence urinaire sans constipation, et ceux qui n'ont présenté aucune pathologie au moyen de questionnaires dans la période Juillet-Août 2013, réalisé uniquement avec des patients de sexe féminin. Résultats: Basé sur les questionnaires ont été en mesure d'identifier un pourcentage de 24,4 % par rapport à 11 femmes souffrant d'incontinence urinaire et la constipation, dans un échantillon de 45 femmes, soit 100% , et chez les femmes qui avaient l'incontinence urinaire et la constipation le groupe d'âge des 60-70 ans a été emporté présentant un pourcentage de 63,6% dans l'échantillon. Conclusion: cette étude a été menée avec des femelles que ces dysfonctionnements du plancher pelvien causé par la constipation avec le temps conduit à la propension d'avoir UI (incontinence urinaire) , et la perte d' urine qui se produit avec une incidence plus élevée dans que les femmes âgées dans l'étude ont montré 63,6% à l'âge de 60-70 ans.

MOTS-CLÉS: incontinence urinaire, constipation , plancher pelvien ;

INTERFERENCIADEESTREÑIMIENTOINTESTINALENMUJERES CONINCONTINENCIAURINARIA
RESUMEN

Introducción: La incontinencia urinaria (IU) se manifiesta como una enfermedad crónica. Hay tres tipos: incontinencia urinaria de esfuerzo (IUE) Incontinencia urinaria de urgencia (vejiga hiperactiva - INDNR) y la incontinencia urinaria mixta. Entre los factores de riesgo que causan la incontinencia urinaria se destaca en este estudio estreñimiento. En relación estreñimiento en mujeres con incontinencia urinaria se puede ver en la Tabla esfuerzo fisiológico del recto que comprime la vejiga , lo que contribuye a la retención urinaria , causando una infección del tracto urinario y, a menudo forzar celebrada durante el movimiento del intestino delgado puede dañar los músculos pélvico y estirando , traumatizante y la isquemia del músculo causa. Objetivo: Evaluar la interferencia del estreñimiento en mujeres con incontinencia urinaria. Métodos: Se trata de un estudio de carácter cuantitativo descriptivo, de modo directo, el cual tiene como objetivo estudiar los datos cuarenta-cinco mujeres entre ellos demostró que las mujeres con incontinencia urinaria y estreñimiento, otros sólo la incontinencia urinaria sin estreñimiento, y los que no mostraron patologías a través de cuestionarios en el periodo julio - agosto de 2013, realizó sólo con pacientes de sexo femenino. Resultados: En base a cuestionarios fueron capaces de identificar un porcentaje de 24,4 % en relación con 11 mujeres con incontinencia urinaria y estreñimiento, en una muestra de 45 mujeres, es decir, 100 %, y en mujeres que habían incontinencia urinaria y el estreñimiento el grupo de edad de 60-70 años se ha prevalecido la presentación de un porcentaje del 63,6 % dentro de la muestra. Conclusión: este estudio se llevó a cabo con hembras que estas disfunciones del suelo pélvico causadas por el estreñimiento con el tiempo conducen a la propensión de tener la interfaz de usuario (incontinencia urinaria), y la pérdida de orina que ocurre con mayor incidencia en como las mujeres de edad en el estudio mostraron un 63,6% a la edad de 60-70 años.

PALABRAS CLAVE: Incontinencia urinaria, estreñimiento, Suelo pélvico;

A INTERFERÊNCIA DA CONSTIPAÇÃO INTESTINAL EM MULHERES COM INCONTINÊNCIA URINÁRIA
RESUMO

Introdução: A incontinência urinária (IU) manifesta-se como uma doença crônica. Existem três tipos: a Incontinência Urinária de Esforço (IUE), a Incontinência Urinária de Urgência (Bexiga Hiperativa – IUU), e a Incontinência Urinária Mista. Dentre os fatores de risco que causam a Incontinência Urinária destaca-se nesse estudo a constipação intestinal. Ao relacionarmos a constipação intestinal em mulheres que apresentam incontinência urinária podemos observar no quadro fisiológico um estiramento do reto comprimindo a bexiga, contribuindo para a retenção urinária, causando infecção do trato urinário e, freqüentemente, a força realizada durante a evacuação intestinal pode lesar a musculatura pélvica, e através da distensão, traumatizar e causar isquemia muscular. Objetivo: Avaliar a interferência da Constipação intestinal nas mulheres que apresentam Incontinência Urinária. Métodos: Trata-se de um estudo com característica quantitativo do tipo descritivo, de modo direto, que visa o levantamento de dados de quarenta e cinco mulheres que dentre elas mostrou mulheres com incontinência urinária e constipação intestinal, outras somente incontinência urinária sem constipação intestinal, e as que não apresentaram nenhuma das patologias através de questionários no período de julho a agosto de 2013, realizados apenas com pacientes do sexo feminino. Resultados: Com base nos questionários aplicados foi possível identificar uma porcentagem de 24,4% no que se refere a 11 mulheres com incontinência urinária e constipação intestinal, dentro de uma amostra de 45 mulheres, ou seja, 100%, sendo que nas mulheres que apresentaram incontinência urinária e constipação intestinal a faixa etária que prevaleceu foi dos 60-70 anos apresentando uma porcentagem de 63,6% dentro da amostra. Conclusão: Concluiu-se com este estudo realizado com indivíduos do sexo feminino que essas disfunções no assoalho pélvico causados pela constipação intestinal com o longo do tempo acarretam a propensão de terem IU (incontinência urinária), e esta perda de urina ocorre com maior incidência nas mulheres idosas como mostrou o estudo em 63,6% na idade dos 60-70 anos.

PALAVRAS-CHAVE :Incontinência Urinária; Constipação Intestinal; Assoalho Pélvico;