PREVALENCE OF MICTURITION DISORDERS AND ITS EFFECTIVENESS IN OUTPATIENTS TREATMENT

Fornari A¹, Gressler M², Machado N³, da Cunha I C³, Reis M³, Hahn G³

1. Head of voiding dysfunction outpatient clinic - Santa Casa Hospital Porto Alegre, 2. Santa Casa Hospital from Porto Alegre, 3. UFCSPA

Hypothesis / aims of study
The prevalence of micturition disorders is high, and so is the burden of the disease to their patients. Hoping to improve diagnostics made and the treatments offered to these people, a specific outpatient clinic was created. There are few studies on this topic(1,2), so the purpose of this article is to review demographic characteristics, associated diseases, the signed diagnoses and the treatments offered to patients referred to this specific service, as well as identify the successes and failures in treating these patients.

Study design, materials and methods
This is a descriptive cross-sectional observational study. From 2009 to 2013 we have reviewed 230 patients’ records, searching for the following characteristics: gender, age, associated diseases, number of physicians consulted before the clinic, number of urologists who consulted before, time of symptoms, pre and post treatment symptoms, diagnoses and treatments performed and the rate of subjective improvement.

Results:
The mean age was 57.6 years. Of the 230 patients who consulted 72.60 % (167) were female and 27.39% (63) were male. The mean duration of symptoms prior to first appointment at our clinic was 68.24 months. One hundred and twenty-three (53.47 %) consulted with 2-3 doctors before arriving at the clinic, 68 (29.56%) with at least one physician, and 23 (10 %) with more than three physicians. In 16 records (6.95%) this information was not found. One hundred and forty-seven (64.19 %) had consulted with urologist before being referred to the service. The conditions most often found in these patients was pelvic surgery in a total of 56.08%(129) patients, followed by cardiovascular disease 38.2 % (88) and urologic disease 29.56% (68). The most common diagnoses were stress incontinence 46.52 % (107), urge-incontinence 34.34 % (79) and mixed incontinence 22.60% (52). In the last visit at the clinic 107 (46.52%) of the patients reported improvement or were discharged, 77 (33.47%) reported unchanged symptoms or had not yet completed treatment, 7 (3.04%) had worsening and in 39 (16.95%) this information was not recorded.

Interpretation of results
At the first outpatient clinic visit, the patients had urinary complaints referenced there, on average, 68 months (a little less than 6 years). We believe that multiple factors are responsible for this delay, among them the false belief that the symptoms are due to age, injury to individual variation in quality of life, delay in referral to specialist services, complexity of diseases and the inability of generalist physicians and even urologists in diagnosing and treating these patients appropriately. Many of the treatments offered require some time, collaboration and dedication of the patients, such as physiotherapy, weight loss, exercise, and behavioral and dietary measures. These facts could explain the rate of patients who remain in the clinic or who are still had unchanged symptoms.

Concluding message
This study demonstrates the importance of a service for specialized care in dysfunctional voiding, given that most of the patients where symptomatic for a long time, subjected to various types of treatment, of varying complexity and many still without resolution of symptoms. This patient will require of the professionals, comprehensive knowledge in primary and secondary prevention, urology, physiotherapy, gynecology, neurology, psychiatry, surgery and others.

References: