

## MALE URINARY INCONTINENCE: A CRITICAL REVIEW OF THE LITERATURE

### Hypothesis / aims of study

The aim of this article was to identify and analyze studies of the literature that discuss the quality of life and the experience of men with urinary incontinence.

### Study design, materials and methods

This is a review of the literature developed through the databases LILACS (Latino-American Literature and Caribbean Health Sciences), Medline (International Literature on Health Sciences), Pubmed and Scholar Google. The inclusion criteria were: to be written in Portuguese or English; articles published between 1998-2008 that focused the quality of life (QoL) of men with urinary incontinence (UI), the UI management or the experience to be incontinent, and full text articles available on line or in the Faculty of Medical Sciences of the University of Campinas Library.

The articles were evaluated and selected according to the inclusion criteria. The studies were identified from the title and, after accurate reading of the abstracts, the articles were searched to be read in full text. It was found 35 studies that were discussed in this article.

In order to clarify the meaning of the experiences of male incontinence, the selected articles were treated by the technique of analysis of the content. For better understanding of the meanings attributed to the IU, the data were grouped by subject and the results analyzed based on psychodynamic benchmarks.

### Results

The studies were grouped into two areas considering the subject relevance and how often they were cited: psychosocial aspects of the experience of men with urinary incontinence, and experience in the urinary incontinence management. The articles selected legitimize the UI as a very traumatic experience which affects the QoL and interferes in the seeking of medical treatment.

### Interpretation of results

1. **Psychosocial aspects of the experience of men with urinary incontinence:** The urinary loss and sexual impotence after prostatectomy interfere in the QoL of men with significant impact on the social, psychological and physical domains. The experience and the QoL seem to agree with the concept of continence and incontinence produced by the individual as well as the characteristics and frequency of symptoms or the constant attempts to control the UI [1].

Notably, the incontinence can be the determinant cause of the restriction on sexual and social interaction. As more severe are the symptoms of UI, lower the sexual desires and satisfaction. The anxiety due to urinary problems interferes with the QoL by restricting social contact and leads to a perception of lack of control on personal life due to the decrease in activities and often it is understood by men as a social stigma, so that they can try maintaining a social identity as a continent person [2].

Incontinent men are emotionally unprepared, with negative influences on their identity: the feelings of embarrassment, constraint or damage interfere on their self-esteem; the lack of vigor and virility affects the workplace, the interpersonal relationships and the adaptation to personal privacy [1]. Thus, the experience with the urinary loss shows the nature and way in which people understand and deal with your body: at best as something irritating and, at worst, as a devastating and embarrassing condition [2]. The evidence of the UI and the loss of body functions during aging are feared as a threshold for the loss of independence and often a precipitating factor to be institutionalized.

**2. Experience in the urinary incontinence management:** in men, help-seeking behaviour is strongly related to the meanings of the UI, emotional distress experience in daily life, psychological, social and cultural aspects of the experienced impact, concomitantly with the presence of symptoms and lack of information. The circumstances of to consult a doctor are motivated by the necessity to confirm the diagnosis, especially when symptoms are recurrent. They do not seek treatment when they consider that the volume of urinary loss does not affect their daily activities, when they do not see the UI as a serious and distressing problem, or if they do not know the causes and the effective and available therapeutic options, as well as if there are beliefs that the UI is a fatality resulting from prostate diseases and a natural consequence of aging. The resources used by men to manage or to try minimize the symptoms of UI design and reveal the perception of the disease as an intimidation on its role in the family and society. Therefore, they employ maneuvers to contain the UI, they try different types of absorbent and use militaristic terms in front of this "threat", seeking "neutralize" the mechanisms that can excite and exacerbate the symptoms.

Thus, it does not exclude the possibility of the use of defensive mechanisms in the face of urinary problem. In addition to social cost, previous aversive experiences results in reluctance to consult the health service, occasionally, negative feelings such as embarrassment, arising from the conditions and attitudes of health professionals may be considered high cost for the seek of help [3].

But from the moment they are oriented about the sequels resulting from prostatectomy, they demonstrate ability to adapt to the adverse consequences and they experience the UI as an outcome of surgery, the symptoms are perceived as fully acceptable and they do not alter the QoL. So when a man seeks help, it is necessary to pay attention to the feelings of fear, anxiety, frustration and anger, because usually they do not spontaneously declare their afflictions.

#### Concluding message

The experience of incontinent men as stigmatized individuals shows to be present in the social relationships, the feeling of loss of the body properties seems directly linked to the image of a deteriorated body, with loss in masculinity, and consequently in sexual functions, making it necessary to seek psychological and social mechanisms to adapt to the UI.

For men, the UI is a consequence of prostate diseases and/or the aging and the amount of absorbent daily used may be associated to the QoL. However, they seek medical treatment even when the incontinence is light, suggesting that they consider it a relevant problem.

The studies also show that health professionals do not pay attention to the psychological and social changes of the male UI. To determine the relationship between health and QoL is particularly relevant for incontinent men and important not only due to the embarrassment and social stigma, but it is essential for the future development of an empirical basis for the practice of health care.

#### References

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