

# SYSTEMATIZATION OF CONSERVATIVE CARE FOR URGE URINARY INCONTINENCE BASED ON RELATED FACTORS AND ASSOCIATED CONDITIONS IDENTIFICATION

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## Introduction

It is known that behavioral modifications are indicated for first-line treatment of Urge Urinary Incontinence. However, the generalization of this information may result in the indication of measures that are not applicable for some patients. The indication of non-applicable measures tends to result in frustration in terms of symptoms improvement and patient adherence. It is important to understand that behavioral modifications must be guided by the identification of risk factors and their control.

## Aim

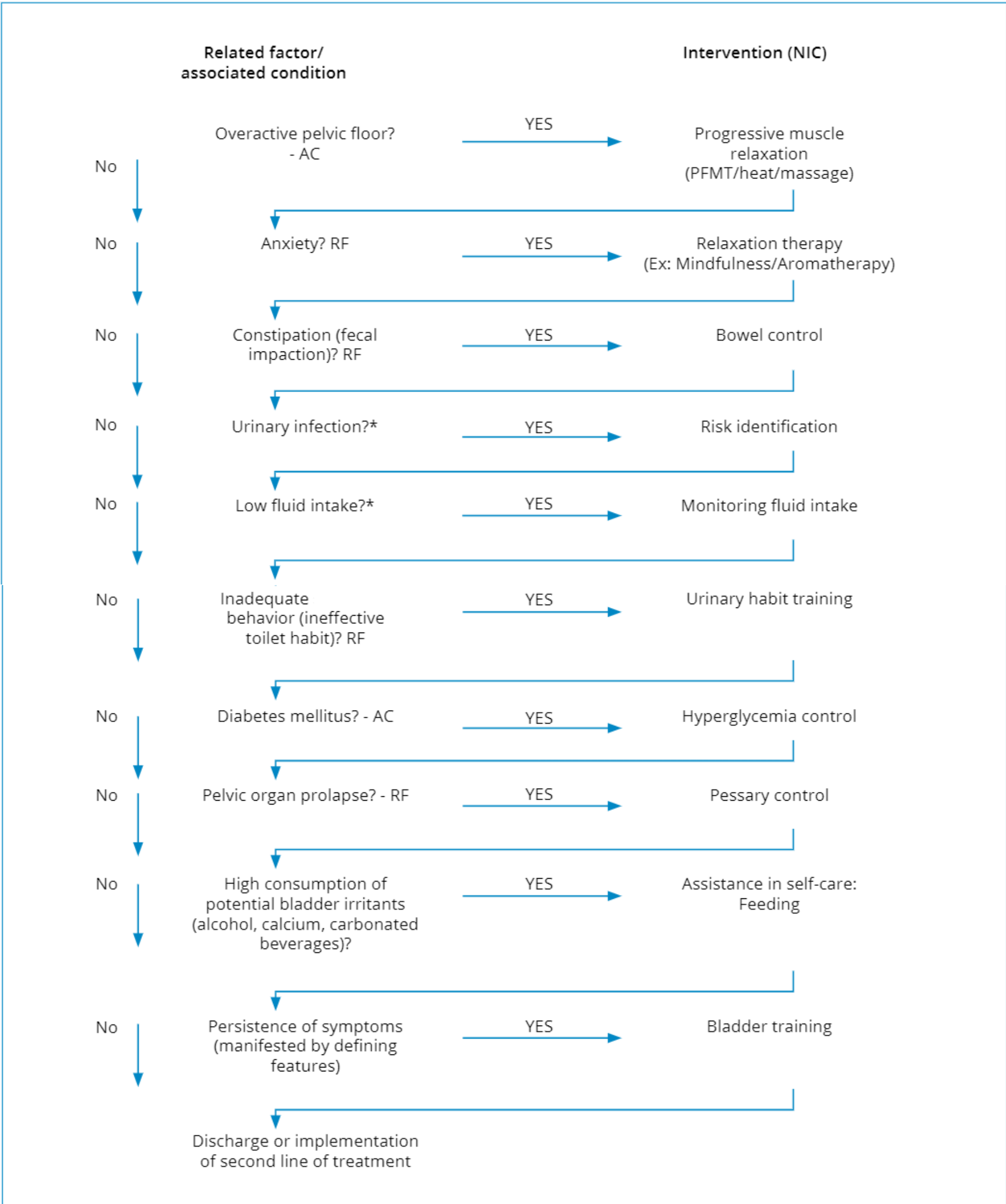
To present a proposal for a clinical protocol with a flowchart for the first-line treatment of Urge Urinary Incontinence. The flowchart is based on related factors and associated conditions identification.

## Method

The protocol was outlined according to the stages proposed by the Brazilian Health Ministry and based in scientific evidence about risk factors for Urge Urinary Incontinence and related Behavioral Measures. The systematization of assessment and intervention was based on the North American Nursing Diagnosis Association (NANDA) and Nursing Interventions Classifications (NIC). The nursing diagnosis “Urge Urinary Incontinence” was identified in NANDA (Domain 3 – elimination, Class 1 - the process of secretion, reabsorption, and excretion of urine, Code 00019) defined as: Involuntary loss of urine in combination with urgency to urinate”. Related factors and associated conditions for Urge Urinary Incontinence were listed and organized in a flowchart, by relevance order, with the purpose of guiding assessment and intervention.

## Results

The protocol includes the description of possible behavioral modifications for each factor or condition identified through the flowchart. All the interventions were based on NIC taxonomy.



## Conclusion

The flowchart allows the systematic identification of risk factors presented by the patient. This guides the health care professionals into behavioral modification choices compatible with the individual clinical history. The protocol uses results in an individualized care plan with better patient adherence and symptoms reduction.

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