

PREVALENCE OF MICTURITION DISORDERS AND ITS EFFECTIVENESS IN OUTPATIENT TREATMENT:

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.

Table 1. Most Prevalent Diagnoses in the Ambulatory of Voiding Dysfunction

Diagnoses	Prevalence % (n)
Stress urinary Incontinence	47,39 (109)
Urge Incontinence	34,34 (79)
Mixed urinary incontinence	22,60 (52)
Cystocele	20,86 (48)
Detrusor overactivity	13,90 (32)
Male incontinence	12,60 (29)
Neurogenic Bladder	12,17 (28)
Rectal Prolapse	10,00 (23)
Overactive Bladder	6,95 (16)
Repeat Urinary Tract Infection	5,21 (12)
Uterine Prolapse	4,78 (11)
Interstitial Cystitis / Painful Bladder Syndrome	3,47 (8)
Other diagnoses	8,08 (19)
Total diagnoses:	466

Note: some patients had more than one diagnosis.

Table 2. Prevalence of Symptoms in Before and After Treatment in Outpatient Voiding dysfunctions.

Symptoms	Pre treatment (%)	After treatment (%)
Urgency	102 (46,2)	49 (27,5)
Urge incontinence	97 (43,7)	50 (26,5)
Stress Urinary Incontinence	129 (57,8)	52 (27,5)
Nocturia	65 (29,5)	42 (21,7)
Polacyuria	79 (35,7)	36 (19)
Dysuria	32(14,4)	8 (4,2)
Pelvic pain	24 (10,9)	16 (8,5)
Slow stream	34 (15,5)	14 (7,4)
Feeling of incomplete emptying	39 (17,8)	23 (12,2)
Urinary Retention	34 (15,5)	18 (9,5)
Others	42 (18,8)	23 (17,60)
Total	677	331

Note: not all patients completed the full treatment, either clinical, surgical or physiotherapeutic.

Table 3. Surgical treatment and correlation with subjective improvement.

Treatment	Improvement	Worsening	Unchanged
Sling	17	0	2
Fistula Correction	3	0	0
Prolapse correction	12	0	2
Botox injection	2	1	3
Bladder augmentation	3	0	0
Artificial sphincter	3	0	0
Total	40	1	7

Table 4. Number of Symptoms Before and After Treatment in the Outpatient Clinic.

Value	Symptoms before	Symptoms after
Total number of patients	224	197
Unknown value	6	33
Median	3	1
Percenti 25	2	0
Percenti 75	4	3
		(p< 0,001)
Total	230	230

References

1. Milne JL1, Moore KN. An exploratory study of continence care services worldwide. Int J Nurs Stud. 2003 Mar;40(3):235-47
2. Stothers L1, Wilkie D, Lieblich P, Wilson P. Developing a continence care centre using an urban/academic model of continence care. Can J Urol. 2008 Jun;15(3):4084-90.

Disclosures

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