

72°

CONGRESSO NAZIONALE FIMMG - METIS
MEDICINA DI FAMIGLIA: CAMBIARE PER MANTENERE I PROPRI VALORI



**PERCORSI SIMPeSV PER UN
AMBULATORIO DEGLI STILI DI VITA:**

**PREVENZIONE, DIAGNOSI E CURA
DELL'INCONTINENZA URINARIA**

Prevenzione-Counseling-Stili di vita

Daniela Livadiotti

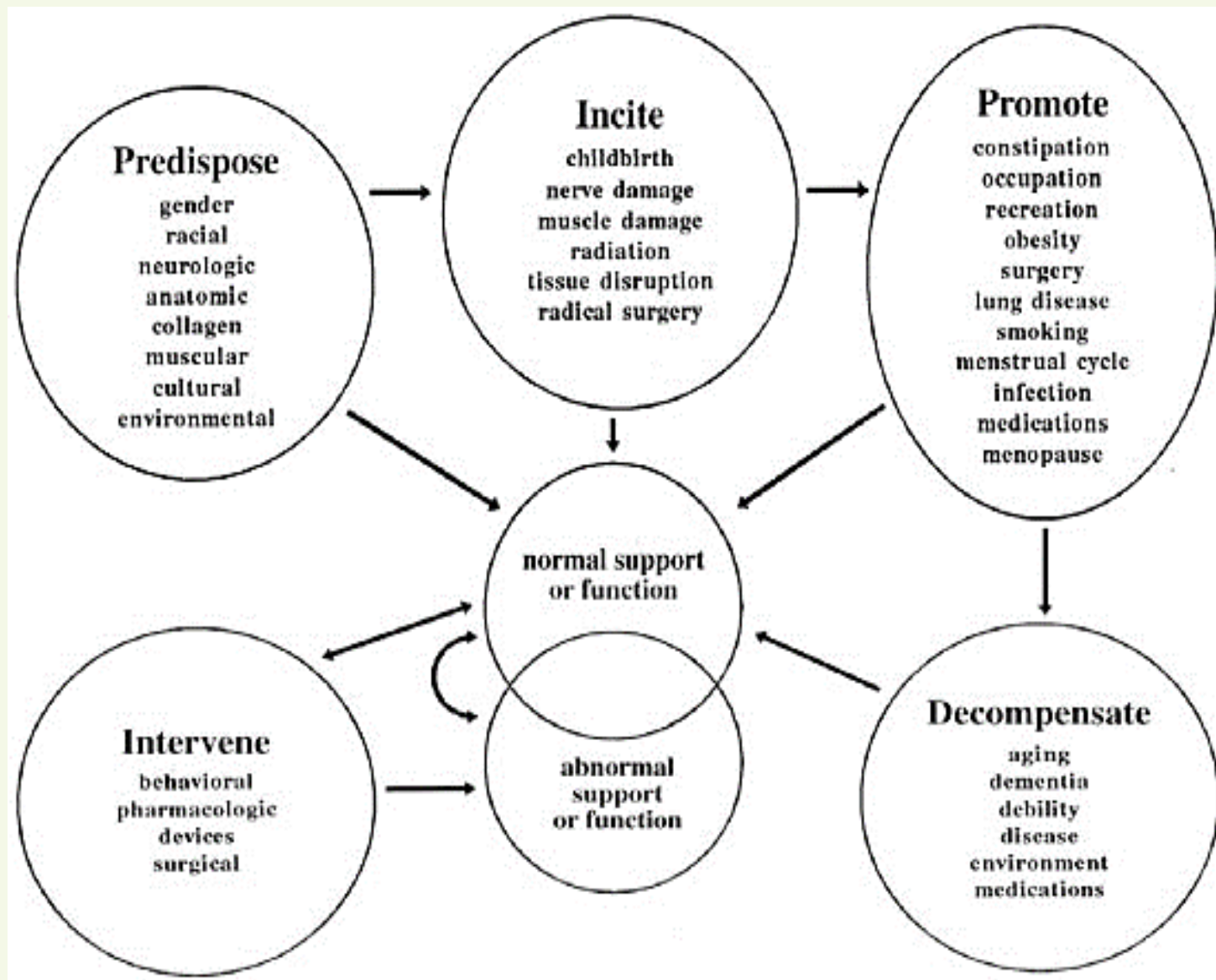
SIMP
eSV

Società Italiana
di Medicina di Prevenzione
e degli Stili di Vita

3/8 Ottobre 2016

Complesso Chia Laguna
Domus de Maria (CA)

FATTORI DI RISCHIO



FATTORI DI RISCHIO NELL'UOMO



- Chirurgia prostatica
- Ostruzione cervico-uretrale

Paziente Medico Schede Cambia Stampa Test Linee guida Viste Scambio dati ACN Extended Altro ?

Principali Aperti Chiusi (6) Tutti Espandi Organizza

[Nuovo problema](#)

Diario

Procedure di prevenzione

Intolleranza a: lovastatina [LOVINACOR] (CRA)

- 08 K PROSTATA
- 12 INCONTINENZA URINARIA
- 09 BPCO BRONCHITE CRONICA OSTRUTTIV
- 16 BRADICARDIA SINUSALE
- 12 ANEURISMA CARDIACO SIA SINISTRO C
- 11 CARDIOPATIA
- 11 IPERTENSIONE ARTERIOSA
- 13 IPERCOLESTEROLEMIA
- 04 ERNIA INGUINALE
- 09 NEVI MULTIPLI
- 15 CATARATTA SENILE OCCHIO DX

Terapie Richieste Vaccini consigli mBds Scadenze

Richieste (+)

	n°	Sede / Note	E	Tipo	S
03.08.16	✓				
19.06.12	☒	◇ PANNOLINO RETTANGC 180	P	PRE	A
13.03.12	☒	◇ PANNOLINO RETTANGO 180		PRE	N

Accertamenti Pressione Certificati Esenz. Intolleranze Allegati

Accertamenti (+)

	Risultato	Q	N	E	Tipo	S
03.08.16	✓					
11.05.16	☒	◇ PSA <ANTIGENE PROST	0,04		P L A	
01.03.16	☒	◇ PSA <ANTIGENE PROST	0,04		P L A	
10.12.15	☒	◇ V.UROLOGICA controllo			P U A	
02.12.15	☒	◇ PSA <ANTIGENE PROST	0,1		P L A	
10.09.15	☒	◇ PSA <ANTIGENE PROST	0,1		P L A	
27.05.15	☒	◇ PSA <ANTIGENE PROST	0,01		P L A	
18.02.15	☒	◇ PSA <ANTIGENE PROST			A L A	
15.01.15	☒	◇ V.UROLOGICA controllo			P U A	
26.11.14	☒	◇ PSA <ANTIGENE PROST	0,01		P L A	

FATTORI DI RISCHIO NELLA DONNA

- **Gravidanza e parto**
- **Menopausa**
- **Chirurgia pelvica**



GRAVIDANZA E PARTO



- **Sfiancamento delle strutture fascio-muscolari del pavimento pelvico**
- **Danneggiamento degli sfinteri uretrale e/o anale**

FATTORI DI RISCHIO AGGIUNTIVI

- eccessivo aumento ponderale in gravidanza
- comparsa di perdite di urine durante i primi mesi di gravidanza
- elevato peso corporeo del neonato
- assenza di episiotomia
- il parto eutocico ed il parto distocico strumentale
- presenza di lacerazioni perineali



Urinary incontinence after vaginal delivery or cesarean section

[Rortveit G¹](#), [Daltveit AK](#), [Hannestad YS](#), [Hunskaar S](#); [Norwegian EPINCONT Study](#).

BACKGROUND:

It is uncertain whether women who deliver by cesarean section have an increased risk of urinary incontinence as compared with nulliparous women and whether women who deliver vaginally have an even higher risk.

METHODS:

We studied **15,307** women enrolled in the Epidemiology of Incontinence in the County of Nord-Trøndelag (EPINCONT) study, which involved a community-based cohort. The data base for this study was linked to data from the Medical Birth Registry of Norway. We included women who answered questions related to urinary incontinence, were younger than 65 years of age, and had had no deliveries, cesarean sections only, or vaginal deliveries only.

RESULTS:

The prevalence of any incontinence was **10.1** percent in the nulliparous group; age-standardized prevalences were **15.9** percent in the cesarean-section group and **21.0** percent in the vaginal-delivery group. Corresponding figures for moderate or severe incontinence were 3.7 percent, 6.2 percent, and 8.7 percent, respectively; figures for stress incontinence were 4.7 percent, 6.9 percent, and 12.2 percent, respectively; figures for urge incontinence were 1.6 percent, 2.2 percent, and 1.8 percent, respectively; and figures for mixed-type incontinence were 3.1 percent, 5.3 percent, and 6.1 percent, respectively. ...

CONCLUSIONS:

The risk of urinary incontinence is higher among women who have had cesarean sections than among nulliparous women and is even higher among women who have had vaginal deliveries. **However, these findings should not be used to justify an increase in the use of cesarean sections.**

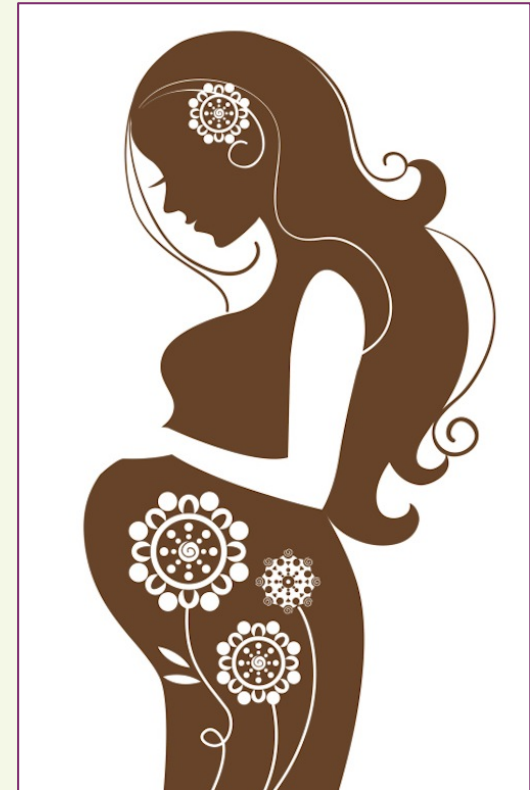
[N Engl J Med](#). 2003 Mar 6;348(10):900-7.



GRAVIDANZA E PARTO

PREVENZIONE

- **Controllo del peso**
- **Ridurre il periodo di allattamento**
- **Controllo della stipsi**
- **Corretta ricostruzione della discontinuità del pavimento pelvico**
- **Programmi di «perineal care» ante-partum**
- **Riabilitazione del pavimento pelvico**



SIUD – Carta delle disfunzioni pelviche dopo il parto (PPD Card)



MENOPAUSA



Per la carenza di estrogeni, a carico dell'uretra e della vescica si verifica:

- atrofia
- assottigliamento dell'epitelio
- perdita del tono muscolare
- riduzione delle fibre elastiche



[Obstet Gynecol.](#) 2001 Jan;97(1):116-20.

Postmenopausal hormones and incontinence: the Heart and Estrogen/Progestin Replacement Study.

[Grady D¹](#), [Brown JS](#), [Vittinghoff E](#), [Applegate W](#), [Varner E](#), [Snyder T](#); [HERS Research Group](#).

OBJECTIVE:

To determine whether postmenopausal hormone therapy improves the severity of urinary incontinence.

METHODS:

We included measures of incontinence and voiding frequency in the Heart and Estrogen/Progestin Replacement Study, a randomized, blinded trial of the effect of hormone therapy among 2763 postmenopausal women younger than 80 years with coronary disease and intact uteri. This report includes **1525 participants who reported at least one episode of incontinence per week at baseline.**

Participants were randomly assigned to 0.625 mg of conjugated estrogens plus 2.5 mg of medroxyprogesterone acetate in one tablet daily (n = 768) or placebo (n = 757) and were followed for a mean of 4.1 years

RESULTS:

Incontinence improved in 26% of the women assigned to placebo compared with 21% assigned to hormones, while 27% of the placebo group worsened compared with 39% of the hormone group (P =.001). This difference was evident by 4 months of treatment and was observed for both urge and stress incontinence. The number of incontinent episodes per week increased an average of 0.7 in the hormone group and decreased by 0.1 in the placebo group (P <.001).

CONCLUSION:

Daily oral estrogen plus progestin therapy was associated with worsening urinary incontinence in older postmenopausal women with weekly incontinence. We do not recommend this therapy for the treatment of incontinence



IN CONCLUSIONE...

- Non vi è ruolo per gli estrogeni nella prevenzione dell'IU e la HRT non dovrebbe essere utilizzata in persone affette da incontinenza urinaria

(Forza della Raccomandazione A – Livello di Evidenza 1)

- La terapia estrogenica è di qualche utilità nella sintomatologia irritativa urinaria per l'azione trofica sulle cellule epiteliali di rivestimento vescico-uretrali

(Forza della Raccomandazione B – Livello di Evidenza 1)

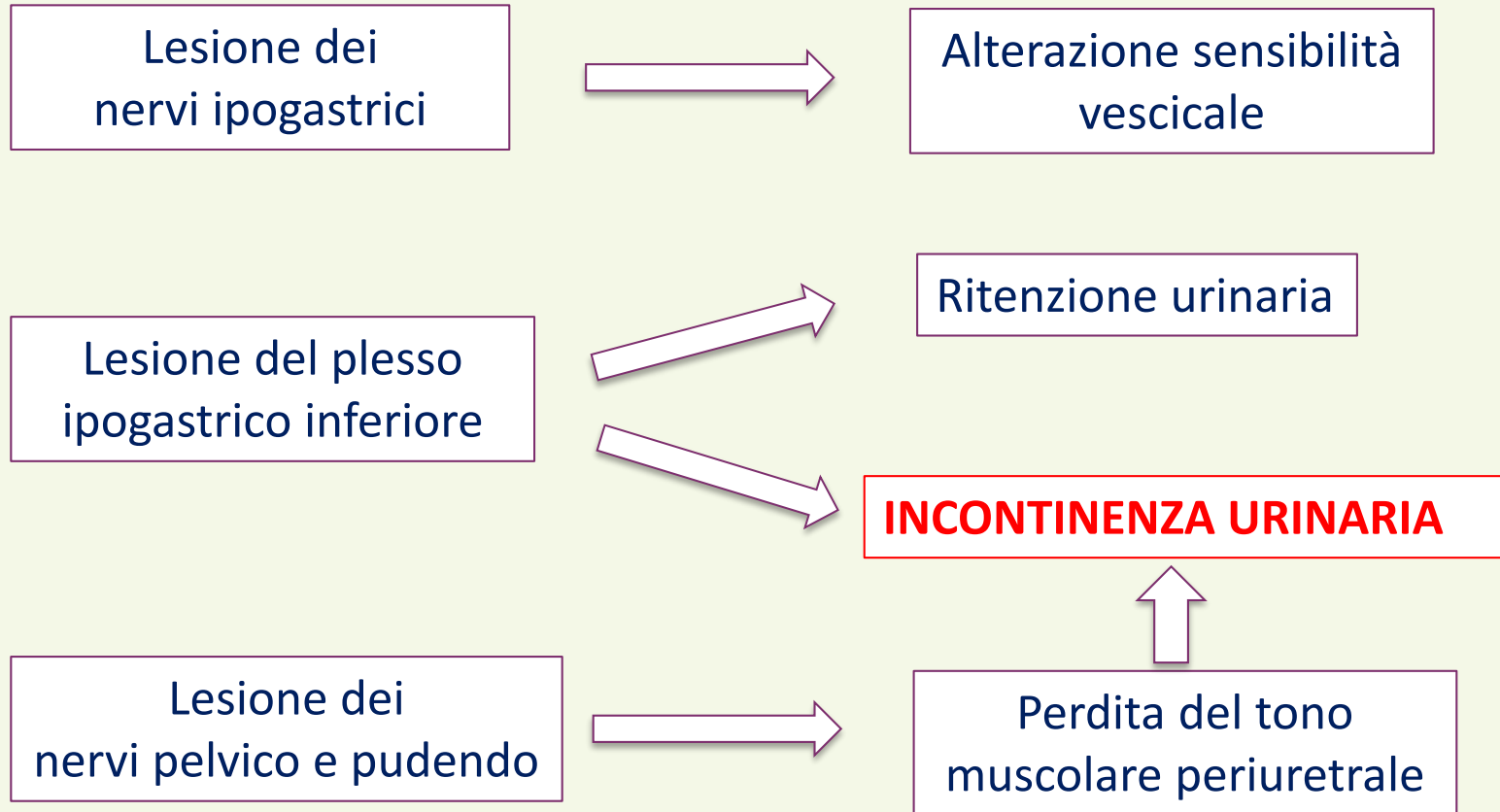
- Può essere utile, soprattutto nell'uso vaginale, per ridurre le infezioni urinarie e migliorare il trofismo della mucosa vaginale, riducendo sintomi come bruciore e dispareunia

(Forza della Raccomandazione B – Livello di Evidenza 2)





CHIRURGIA PELVICA



Zullo MA et al. *Vesical dysfunctions after radical hysterectomy for cervical cancer: a critical review*. Crit Rew in Oncol Hematol 2003



FATTORI DI RISCHIO COMUNI



- **Età**
- **Sovrappeso e obesità**
- **Stipsi**
- **Infezioni delle vie urinarie**
- **Fumo**
- **Attività fisica**
- **Attività lavorativa**
- **Farmaci**



ETA'



- Comorbidità
- Declino delle funzioni cognitive
- Uso di farmaci
- Barriere architettoniche
- Vestiario inadeguato
- Scarsa manualità

INTERVENIRE SULLE ABITUDINI E SULL' AMBIENTE

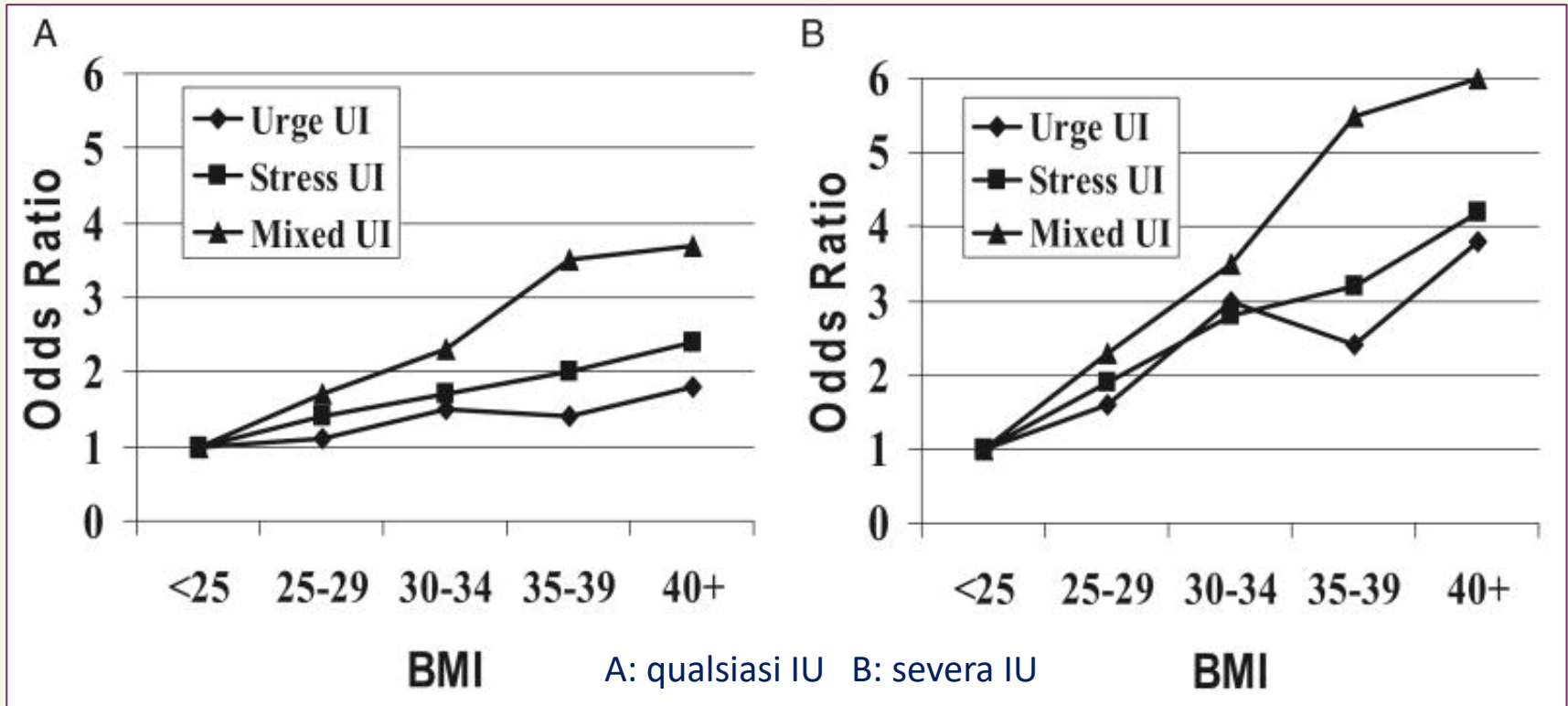
SOVRAPPESO e OBESITA'



- **Aumento della pressione intra-addominale**
- **Cronico indebolimento e stiramento dei muscoli, dei nervi e di altre strutture del pavimento pelvico**

**DIETA IPOCALORICA BILANCIATA
EVITARE DRASTICHE RIDUZIONI DI PESO IN BREVE TEMPO**

EFFETTO DEL PESO SULL'I.U.



Subak LL. *Obesity and Urinary Incontinence: Epidemiology and Clinical Research Update* J.Urol 2009



Effect of weight loss on urinary incontinence in women.

[Whitcomb EL¹](#), [Subak LL](#).

BACKGROUND:

The purpose of this research was review the epidemiology of the association of obesity and urinary incontinence, and to summarize the published data on the effect of weight loss on urinary incontinence.

METHODS:

A literature review of the association between urinary incontinence and overweight/obesity in women was performed. Case series and clinical trials reporting the effect of surgical, behavioral, and/or pharmacological weight loss on urinary incontinence are summarized.

RESULTS:

Epidemiological studies demonstrate that obesity is a strong and independent risk factor for prevalent and incident urinary incontinence. There is a clear dose-response effect of weight on urinary incontinence, with each 5-unit increase in body mass index associated with a 20%-70% increase in risk of urinary incontinence. The maximum effect of weight on urinary incontinence has an odds ratio of 4-5. The odds of incident urinary incontinence over 5-10 years increase by approximately 30%-60% for each 5-unit increase in body mass index. There appears to be a stronger association between increasing weight and prevalent and incident stress incontinence (including mixed incontinence) than for urge incontinence. Weight loss studies indicate that both surgical and nonsurgical weight loss leads to significant improvements in prevalence, frequency, and/or symptoms of urinary incontinence.

CONCLUSION:

Epidemiological studies document overweight and obesity as important risk factors for urinary incontinence. **Weight loss by both surgical and more conservative approaches is effective in reducing urinary incontinence symptoms and should be strongly considered as a first line treatment for overweight and obese women with urinary incontinence.**

J Urol 2011



ALIMENTAZIONE



CIBI AD AZIONE DIURETICA

- Caffè
- The
- Alcool
- Cipolla



CIBI AD AZIONE IRRITANTE

- Spezie
- Pomodori
- Frutti acidi
- Bevande gassate
- Cibi piccanti



Caffeine and urinary incontinence in US women.

[Gleason JL](#)¹, [Richter HE](#), [Redden DT](#), [Goode PS](#), [Burgio KL](#), [Markland AD](#).

INTRODUCTION AND HYPOTHESIS:

The goal of this study was to characterize associations between caffeine consumption and severity of urinary incontinence (UI) in US women. We hypothesized that moderate and high caffeine intake would be associated with UI in US women when controlling for other factors associated with UI.

METHODS:

US women participated in the 2005-2006 and 2007-2008 National Health and Nutrition Examination Survey (NHANES), a cross-sectional, nationally representative survey. Using the Incontinence Severity Index, UI was categorized as "any" and "moderate/severe". Types of UI included stress, urge, mixed, and other. Food diaries were completed, and average water (grams/day), total dietary moisture (grams/day), and caffeine (milligrams/day) intake were calculated into quartiles. Stepwise logistic regression models were constructed adjusting for sociodemographics, chronic diseases, body mass index, self-rated health, depression, physical activity, alcohol use, dietary water and moisture intake, and reproductive factors.

RESULTS:

From the 4,309 nonpregnant women (aged ≥ 20 years) who had complete UI and dietary data, UI prevalence for any UI was 41.0 % and 16.5 % for moderate/severe UI, with stress UI the most common type (36.6 %). Women consumed a mean caffeine intake of 126.7 mg/day. After adjusting for multiple factors, caffeine intake in the highest quartile (≥ 204 mg/day) was associated with any UI [prevalence odds ratio (POR) 1.47, 95 % confidence interval (CI) 1.07-2.01], but not moderate/severe UI (POR 1.42, 95 % CI 0.98-2.07). Type of UI (stress, urgency, mixed) was not associated with caffeine intake.

CONCLUSIONS:

Caffeine intake ≥ 204 mg/day was associated with any UI but not with moderate/severe UI in US women

Int Urogynecol J 2003



STIPSI CRONICA

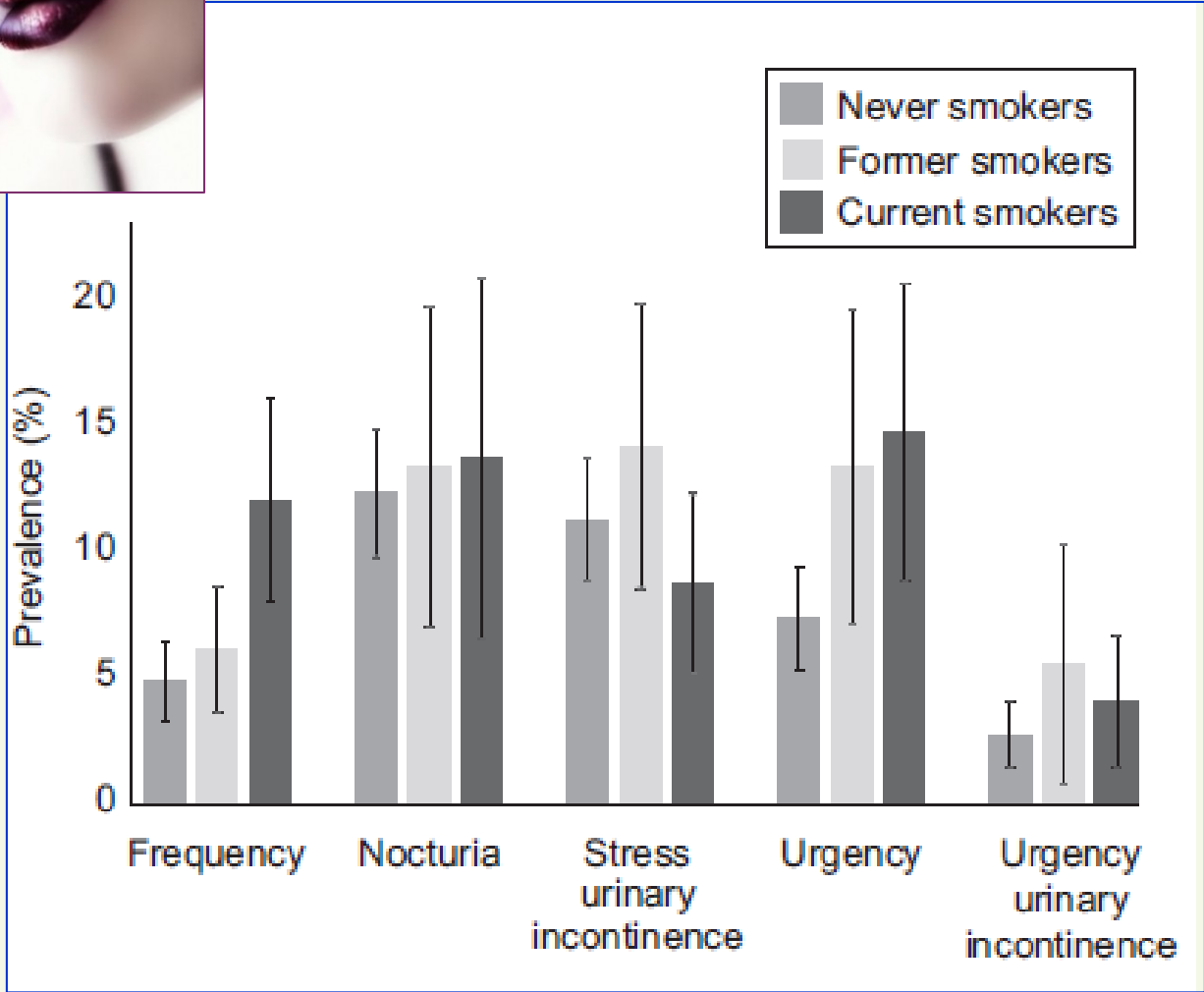


- ripetuto stretching del perineo
- distensione dei muscoli del pavimento pelvico
- aumento della pressione endoaddominale

**DIETA AD ALTO CONTENUTO DI FIBRE, RICCA DI FRUTTA, VERDURA, ALIMENTI INTEGRALI E CON IL GIUSTO APPORTO IDRICO.
EVITARE IL RICORSO A LASSATIVI**



FUMO



Tahtinen R M *Smoking and Bladder Symptoms in Women* Obstet gynecol 2011



ATTIVITA' FISICA



[Curr Aging Sci.](#) 2012 Feb;5(1):35-40.

Physical activity and urinary incontinence in older adults: a community-based study.

[Lee AH¹](#), [Hirayama F.](#)

METHODS:

A total of 700 men and 300 women (mean age 66.2, SD 7.7 years) were recruited from the community in middle and southern Japan. The International Consultation on Incontinence Questionnaire-Short Form was administered by face-to-face interviews to ascertain UI status. Habitual physical activity levels (walking, moderate and vigorous activities) were assessed using the International Physical Activity Questionnaire and measured in terms of energy expenditure as metabolic equivalent tasks (MET).

RESULTS:

The prevalence of UI was 7.2% (n = 49) among the 683 eligible male participants and 27.5% (n = 82) among the 298 female participants, who had experienced urine leakage for 2.6 (SD 1.9) years and 4.2 (SD 5.1) years, respectively. Habitual walking levels were lower among incontinent subjects than others without the condition. The adjusted risk of UI was 0.36 (95% confidence interval (CI) 0.14, 0.92) for men and 0.43 (95% CI 0.20, 0.96) for women, when comparing frequent walkers with over 1000 MET minutes of walking per week to completely sedentary participants. The prevalence of UI also decreased with total and moderate activity levels, but the corresponding reductions in risk were not statistically significant.

CONCLUSION:

The finding of an inverse association between UI and walking has important implications for the prevention and treatment of this distressing condition.



ATTIVITA' LAVORATIVA

Lavori che comportano sollevamento di pesi
o stazione eretta prolungata



STRATEGIE MOTORIE CORRETTE



FARMACI E INCONTINENZA

TIPO DI FARMACO

- psicofarmaci
- alfa-litici
- anticolinergici
- beta-adrenergici
- diuretici
- calcio-antagonisti
- ACE-inibitori

MECCANISMO DI INTERFERENZA

- sedazione, ritenzione
- ipotono uretrale, incontinenza da stress
- ipocontrattilità detrusore, ritenzione
- ipocontrattilità detrusore, ritenzione
- pollachiuria, urgenza
- ipocontrattilità detrusore, ritenzione
- tosse, incontinenza da stress



LIVELLI DI EVIDENZA DEI FATTORI DI RISCHIO PER INCONTINENZA URINARIA



Wein AJ, *Urinary incontinence and pelvic prolapse: epidemiology and pathophysiology.*

Level 1

- Pregnancy, labor, and vaginal delivery
- Body mass index
- Genetics and family history
- Oral estrogen

Level 2

- Physical function
- Diabetes
- Hysterectomy
- Dementia and loss of cognitive function

Level 3

- Smoking
- Caffeine
- Constipation
- Urinary tract infections
- Depression
- Exercise

COUNSELING NELL' INCONTINENZA URINARIA

COSCIENTIZZAZIONE DEL PROBLEMA



MECCANISMI DI ADATTAMENTO PREVENTIVO

- Limitare gli spostamenti ai soli luoghi e percorsi in cui si conosce la collocazione dei servizi igienici (la cosiddetta "mappatura delle toilette")
- Sviluppare comportamenti compensatori come bere di meno o svuotare la vescica ogni volta che si presenta la possibilità di andare in bagno
- Evitare alcune attività ludiche e/o lavorative
- Evitare i rapporti sessuali



ASPETTI SIGNIFICATIVI

In relazione al vissuto della malattia e degli atteggiamenti emotivi emergono tre aspetti significativi:

- la **percezione della gravità della malattia**
- il **pudore**
- la **scarsa propensione a parlarne con il medico**

con caratteristiche molto diverse nell'uomo e nella donna





LE DOMANDE CHIAVE

- Negli ultimi tre mesi ha avuto perdite d'urina involontarie spontanee, compiendo sforzi anche piccoli, o tossendo, o starnutendo o anche solo ridendo?
- In genere va ad urinare più di otto volte durante il giorno, oppure le capita di alzarsi più di una volta per notte?
- Le succede di avere un urgente, improvviso ed irrefrenabile desiderio di urinare?

Parazzani F e al, *Incontinenza urinaria: frequenza ed approccio diagnostico e terapeutico nella pratica di Medicina Generale in Italia*. Arch.Ital.Urol.Androl2001



COUNSELING NELL' INCONTINENZA URINARIA

COSCIENTIZZAZIONE DEL PROBLEMA



MOTIVAZIONE



COUNSELING NELL' INCONTINENZA URINARIA

COSCIENTIZZAZIONE DEL PROBLEMA

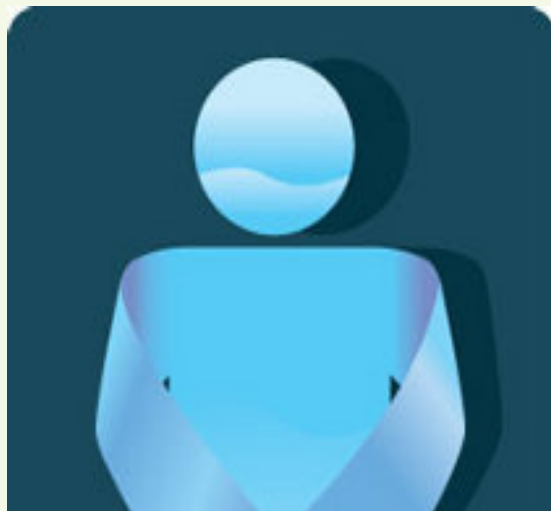


MOTIVAZIONE



SOLUZIONE





GRAZIE PER L'ATTENZIONE

