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Clinical decision algorithm of Urinary Incontinence in primary health care

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Background & Aim: Urinary incontinence is a pelvic floor dysfunction defined as an involuntary loss of urine. There are several types of urinary incontinence, such as stress, urgency and mixed incontinence. This review aims to create an easy tool, adapted to primary care physicians, to assess the diagnosis and treatment of female urinary incontinence as well as the reference criteria to a specialized centre.

Method: A literature review was conducted, using the following databases: Pubmed, Uptodate and Emedicine. Papers were included if they were written in English and Portuguese and published in the last 10 years.

Results: The construction of the algorithm considers the family doctor skills and provides a systematic approach of urinary incontinence, not forgetting any important step by following the intermediary keywords. The algorithm makes reference to the type of urine loss (stress, urgency or nocturia), pelvic and gynecologic exam (including stress test) and laboratory tests (exclusion of urinary tract infection). It guides for non-pharmacological treatment (Kegel's exercises or bladder training), pharmacological treatment, treatment of comorbidities or for the need to consult a urogynecologist, either to proceed the investigation or to have surgery.

Conclusions: The family doctor is often the first contact with most female patients with urinary incontinence. However, if not asked, most women will not mention the problem, resulting in a late diagnosis. It is also essential to understand the impact of the disease on the quality of life, in order to guide the treatment according to the patient expectations.

This algorithm allows the family doctor to have an easy support in the management of this condition, not disregarding the importance of the prevention and screening of urinary incontinence, particularly in women with risk factors.