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RESEARCH

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The Urinary Incontinence Repercussions Towards the Elderly's Life Quality

As Repercussões Causadas pela Incontinência Urinária na Qualidade de Vida do Idoso

La Repercusión Causados por Incontinencia Urinaria en Calidad de Vida de Anciano

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ABSTRACT

Objective: The study's aim has been to analyze the urinary incontinence repercussions towards the elderly's life quality. **Methods:** It is a descriptive-exploratory study with a qualitative approach, which was comprised by 12 participants from both genders. The research scenario was a urology and gynecology ambulatory from a large public hospital/school that performs procedures of high complexity and etiology in *Teresina* city, *Piauí* State. Data analysis occurred through the thematic content analysis. **Results:** The statements gave rise to two categories, as follows: the elderly's negative feelings related to urinary incontinence; and, the social aspects that impact in the quality of life of elderly people bearing urinary incontinence. **Conclusion:** The urinary incontinence in elderly people is a poorly discussed pathology during consultations. Furthermore, the elderly's low level of education ends up influencing them in realizing the necessity of looking for understanding and treatment about the disease. Conclusively, health professionals must have a different perspective with regards to the elderly people bearing this pathology.

Descriptors: Aging, Elderly Person, Urinary Incontinence.

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RESUMO

Objetivo: Analisar as repercussões causadas pela incontinência urinária na qualidade de vida dos idosos. **Métodos:** Pesquisa descritiva e exploratória, com abordagem qualitativa, composta por 12 idosos. A coleta de dados foi realizada por meio de entrevistas, em um ambulatório de urologia e ginecologia de um hospital público/escola de referência em Teresina. Os dados foram interpretados pela análise temática de conteúdo. **Resultados:** Os depoimentos originaram duas categorias: sentimentos negativos dos idosos com incontinência urinária e aspectos sociais que interferem na qualidade de vida dos idosos com incontinência urinária. **Conclusão:** A incontinência urinária nos idosos é uma patologia pouco discutida nas consultas, a baixa escolaridade dos idosos influencia na demora em procurar o tratamento para a doença e esclarecimento da mesma. Há a necessidade de um olhar diferenciado por parte dos profissionais de saúde para os idosos acometidos com esta patologia.

Descritores: Envelhecimento, Idoso, Incontinência Urinária.

RESUMEN

Objetivo: Analizar las repercusiones causadas por la incontinencia urinaria en la calidad de vida de los ancianos. **Métodos:** Investigación descriptiva y exploratoria, con abordaje cualitativo, compuesta por 12 ancianos. La recolección de datos fue realizada por medio de entrevistas, en un ambulatorio de urología y ginecología de un hospital público / escuela de referencia en Teresina. Los datos fueron interpretados por el análisis temático de contenido. **Resultados:** Los testimonios originaron dos categorías: sentimientos negativos de los ancianos con incontinencia urinaria y aspectos sociales que interfieren en la calidad de vida de los ancianos con incontinencia urinaria. **Conclusión:** La incontinencia urinaria en los ancianos es una patología poco discutida en las consultas, la baja escolaridad de los ancianos influye en la demora en buscar el tratamiento para la enfermedad y aclaración de la misma. Hay necesidad de una mirada diferenciada por parte de los profesionales de la salud para los ancianos afectados con esta patología.

Descriptores: Envejecimiento, Ancianos, Incontinencia Urinaria.

INTRODUCTION

The horizontal growth of the elderly population worldwide has aroused the interest of researchers and health professionals in developing studies and techniques that will improve care for geriatric patients. This growth is mainly due to the increase in life expectancy and the technological advances that lead to the development of several scientific areas culminating in improving the man's life quality.[1]

In Brazil, research shows that in the last 50 years the number of elderly people has almost doubled and projections indicate a significant increase until 2020, although longevity is an achievement for the population, several problems can arise due to the new physical, social, psychic, physiological, and economic factors that this phase affects.[2]

Aging is an individual process inherent in all living beings, expressed by the individual's ability to adapt to the environment and by diminishing functionality.[3]

Understanding the aging event is knowing that biological, psychological and social changes occur and that these changes affect the Quality of Life (QOL) during the old age when not preventatively conducted.[4] According to Hein and Aragaki,[1] QOL is related to the perception that the person has from himself, family life, love, social, environmental, as well as health conditions.

The physiological changes resulting from the aging process lead to physical and cognitive limitations, when associated with psychosocial and financial factors. These compromise QOL and lead to the emergence of pathologies, mainly chronic pathologies in which diseases considered to be a major threat to the individual's independence and relevant public health problem.[5]

Urinary Incontinence (UI) is among the geriatric syndromes, which is considered the most recurrent pathology and also extremely important in the geriatric setting, as it generates consequences that affect psychological and social aspects, modifying QOL, reducing self-esteem and limiting the individual's autonomy.[6]

UI is defined as any involuntary loss of urine, affecting both genders, and can be classified into five types as follows: effort, urgency, mixed, total, functional.[7] Considered a public health problem, its prevalence is higher with the increase of age. The average in women is 27.6% and in men 10.5%.[8] Nevertheless, the appearance of this pathology in the elderly is due not only to the aging process, but to the multifactors such as: white race, parity, menopause, hysterectomy, prostate hyperplasia and comorbidities such as depression and diabetes.[9]

According to Silva and D'Elboux,[6] UI interferes negatively in the QOL of the elderly, such as social isolation from the fear of involuntarily urinating in public places, embarrassment, and restrictions of activities, generating a feeling of low self-esteem and interfering in personal relationships and household responsibilities.

Hence, it is necessary to have public policies that guide and help the elderly with UI, given the commitment of their life quality. Moreover, nursing plays a fundamental role in appropriate guidelines regarding the prevention related to risk factors.

Given the aforementioned, the study's guiding question was the following: What are the repercussions caused by urinary incontinence in the elderly's life quality? In order to answer this question, this research aimed to analyze the urinary incontinence repercussions towards the elderly's life quality.

METHODS

It is a descriptive-exploratory study with a qualitative approach, which was carried out in a urology and gynecology ambulatory from a large public hospital/school that performs procedures of high complexity and etiology in Teresina city, Piauí State. Eight men and four women, who were performing consultations in the specified scenario, randomly selected and meeting the inclusion criteria were as follows: elderly people, within the age group of 60 years

old or older, from both sexes, with a diagnosis of urinary incontinence undergoing treatment ambulatory, preserved cognitive aspect. In order to assess the cognition of the elderly, the Mini-Mental State Examination (MMSE) was applied.

In order to access the information regarding the diagnosis of Urinary Incontinence, the Commitment Term of Data Use was deposited in the urology and gynecology outpatient clinic to give the researchers access to the medical records. And to ensure the anonymity of the elderly, they received pseudonyms from countries. The choice is due to the beauty of these, which were represented by the participants as special people.

Regarding the number of participants, saturation criteria were considered due to the nature of the study. The instrument used was the semi-structured type interview, comprised of combining closed (or structured) and open--ended questions. Before starting the interview the MMSE was applied to validate the interviews. The MMSE is a short cognitive screening test to identify dementia where it evaluates the items: orientation; immediate memory; attention and calculation; the memory of evocation and language. The maximum score is 30 points that can be influenced by the individual's education. And due to this influence were adopted different court notes, proposed by Brucki *et al.*([10]) for people with different degrees of education: 20 points for illiterates; 25 points for people with education from 1 to 4 years; 26.5 for 5 to 8 years; 28 for those with 9 to 11 years and 29 for more than 11 years.

The data were collected in the morning and afternoon, according to the availability of participants in the period from August to September. It lasted from 20 to 30 minutes on average, was carried out in an individual and reserved way, in order to guarantee the secrecy of the information. And for the recordings of the interviews, portable recorders were used. The lines were transcribed integrally.

Aiming to achieve the search for meanings in the qualitative material, the study was based on content thematic analysis, since it is the best way to fit qualitative research in Health. This type of analysis was divided into the following categories: categorization, inference, description, and interpretation. This consisted in: decomposing the material into parts, dividing the parts into categories, making inferences from the results and interpreting the results obtained with the aid of the adopted theoretical basis.[11] The ethical aspects of this study are in line with the Resolution No. 466/2012 from Brazilian National Health Council. The research project was approved by the Research Ethics Committee from the *Centro Universitário UNINOVAFAPI*, under the number *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 55903716.4.3001.5613 and Legal Opinion No. 1595446, on June 27th, 2017.

RESULTS AND DISCUSSION

Eight men and four women were interviewed after the application of the MMSE in which the mean of the result was 23.75 points, a satisfactory score because the result indicated that the elderly had their cognition preserved and were able to answer the questions of the study.

The average age of men was 70.37 years old (between 61 and 85 years old), being 4 illiterate, 1 can both read and write, 2 incomplete elementary school and 1 complete high school. While the average age of women was 69 years old (between 64 and 72 years), 1 illiterate, 2 can both read and write and 1 complete high school. Considering the 12 elderly people interviewed (namely, countries), 10 are married, 1 widowed and 1 divorced, most of these reside with their spouses, children and/or grandchildren.

The speeches obtained through the transcribed interviews were interpreted and analyzed, evidenced in two categories as follows: the elderly's negative feelings related to urinary incontinence; and, the social aspects that impact in the quality of life of elderly people bearing urinary incontinence.

The elderly's negative feelings related to urinary incontinence

The individual has normal urinary control when he has the ability to store it in the bladder, as well as consciously controlling the time and place to urinate. On the contrary, the elimination of unwanted form makes the perception that something is not normal and that the act of eliminating urine serves as alert in recognizing the difficulty and that the constant or sporadic deal allows experiencing a whirlwind of emotions and feelings.[12]

Evidence shows that UI triggers feelings of anxiety, fear, worry, low self-esteem, and frustration, culminating in the self-exclusion of social interaction. They become worried about the availability of the bathroom, they are ashamed of the urine odor and try to hold it. But these feelings will vary according to the type of incontinence and the individual perception of the problem.[13] Urinary incontinence also favors economic problems for the incontinent elderly, since it implies consumption of strategic protective materials, such as absorbent diapers.[14]

So living with UI is having the involuntary loss of urine through the urethra, which can cause physical, social, psychological, hygienic and economic discomfort. This affects the elderly's life quality.

> *Oh, it sucks, right? It's terrible because sometimes we try to hold on to not urinate and end up urinating, my bed even now has to have my mattress cleaned [...]. Oh my God! It is pure sadness, the world's worst sadness is to live this way! [...] (Venezuela).*

> *Oh, it's uncomfortable, embarrassing (laugh). Oh, we become frustrated (laughs) and must have patience and*

faith to start going out [...]. But do what? (laughs), is not why we want (laughs) [...] (Brazil).

It was not good [...]. I got tired of coming to the doctor and came home pissed and pissed in the middle of the road [...]. You know when we eat watermelon because who eats watermelon while not pissing it all is not frightened because it was the same way I was (Australia).

It is very bad, it is not for us to feel that not, which is too bad [...]. There is an urge to urinate and when it comes to taking a long time, it is easy to urinate, right? I cannot hold it much time [...] (France).

[...] it's bad, we're in a place... without it the absorbent was wet. One day in the street, when I got home, the moment I entered the door, it was already peeing [...] (Vatican).

Living with UI causes problems in the daily life of the elderly, the main complaints are due to the feeling of being unable to hold the urine, as well as the discomfort and embarrassment of the situation, loss of materials, as well as frustration in leave the house and get wet. These feelings are likely to develop in any incontinent elderly, due to the concern they have with the judgment of others, as well as fear of living in public.

Then UI can be responsible for causing social problems like social isolation, generating negative feelings and providing physical discomfort. These are situations that interfere with the daily activities of the elderly, in social coexistence. All of this affects the QOL.

Another negative feeling was the discomfort due to the inconvenience reported by them. Although the reports point to some adaptation, strategies such as the use of absorbents, diapers, before going to the bathroom or changing underwear to contain the loss of urine during their daily routine, become a condition of stigma, a threat, because it is a symptom that is associated with dirt. These strategies cannot always work and do not guarantee them any security.

Individual variations, to a greater or lesser extent, related to UI symptoms, have a negative repercussion on both physical health and emotional and psychological aspects. And other factors, such as gender, age, socioeconomic status and the amount of urine lost, may be responsible for different personal behaviors in relation to the UI problem.[17]

Considering these changes in relation to urinary loss, an evaluation of the impact on the life of the incontinent elderly person is important, and what meaning can provide an adequate treatment for the problem, analyzing the health conditions themselves. The results obtained will allow the health professionals involved with the UI treatment to deal with the best situation that contemplates the goals and behaviors to be adopted, thus providing a humanized treatment.[18]

[...] The smell that is horrible, my God of heaven, my old clothes had a bad smell, I had to bathe right away... (Vatican).

[...] After it started to leak it was that I started wearing diapers [...] [...] I put more is at night when I go to sleep... During the day I go often to the bathroom [...] (Brazil).

[...] I'm not going to lie, two nights ago when I wake up this week that has passed, when I get up there before I get to the bathroom the absorbent is already pissed [...] (Venezuela).

[...] when I start to want to pee, if I do not go to the bathroom, it's even going to be on his account. I have to run; there are times when I go to the bathroom running [...] (Argentina).

[...] But I get up straight, it bothers me today if I sleep in the house of an unknown person (China).

[...] For example, I'm sitting right here, if I felt a little alone, a little desire to pee, I had to go soon, because if I was not, I would get up skipping and pissing myself in the middle of the House [...]. I could not hold it; it was instant, immediate [...] (Australia).

[...] He comes to the urge to urinate and when he comes and if he takes a long time it is easy to urinate, right! It cannot sustain much time [...] (France).

[...] I always take caution; I pee before leaving home by now [...] (Italy).

[...] I felt a little bad because I got wet down here, I could not take it anymore, I was just getting wet near the thing; every now and then I could not sit anymore [...] (United States).

Through the reports of the participants, it was possible to observe that they feel uncomfortable because they have to move quickly and frequently to the bathroom, to prevent before leaving home, the bad smell that the urine exhales and also to use absorbents and diapers, which is a strategy that mainly men feel quite uncomfortable and often refuse to use them.

Therefore, UI is known to have a negative impact on the lives of the elderly affected by this problem, modifying their daily behavior, imposing restrictions and even compromising their social life. This sensation creates discomfort and with this, they must take precautions, and in case they forget can generate the situations that they fear that they happen.

Fear is the feeling of distress, anguish, fear, and apprehension that the incontinent have in feeling in a state of urinary urgency in the face of the danger of being urinated in public.[19]

As well as deficiency of knowledge on the subject has negative repercussions, because when the measures to provide

comfort and to reduce the fear are not known, this becomes bigger than necessary, thus affecting the QOL.[20]

[...] I'm scared to happen... I run away from the place... for instance, it is funny, and then I do not go because it may not work for me [...] (Portugal).

[...] Every 5 minutes I was in the bathroom... I said to my daughter, "I'm in serious trouble", then she said: "What is Mom?" I tell myself I'm pissing myself out so I cannot hold my urine [...] (Australia).

[...] Then I told him (physician), with faith not to die now because of this business of this disease [...] (Argentina)

[...] Soon I would not leave the house... I would feel ashamed, right? It was a little skirt once in a while, right? [...]. [...] Disturbed [...] (Spain).

[...] I always spoke like this to the doctor: it was not due that the uterus was removed... that I had taken the uterus and that it had moved with the bladder, it was out of place [...] (Vatican).

Boy, I felt like a little worried, because I saw, I see there in my city a boy who already underwent two surgery, as well as I passed, is of the urethra and he did not look good. He continues, is wetting the clothes [...] I was scared, that there I said my God will be my urethra will hold, my channel will hold urine, why me? [...] (Mexico).

Given the aforesaid speeches, it can be noted that urinary incontinence does not only cause fear about the risk of public or other people's urination, but also the fear that these individuals are living with an unknown issue.

It may be noted that in the first moment comes the fear of urinary losses in public, fear of embarrassment when they see themselves wet. In the face of the exhibition, the feeling of fear provokes the anxiety of these countries in imagining what others can think about the problem, as well as be judged and misinterpreted.

These reveal the fear that the disease does not have either 'cure' or treatment, ignorance that generates a feeling of concern and distress for not knowing the pathology, its prevention, as well as the treatments. It can be noted that people who suffer from this disease deprive themselves of social contacts because of shame, as mentioned by the country Spain, avoid leaving home very often and abstain from activities that gave them pleasure, affecting them psychologically and socially, in other words, leading the continents to take actions of withdrawal, isolation and avoiding certain social moments.

Elderly people also reported a feeling of shame, and this is related to morality, in which the ashamed establishes a relationship between the judgment itself and the judgment of others. The essential problem of the feeling of shame is the judgment of others, triggered by the opinion of others and therefore, it belongs to the public domain exercising an external control. Usually describe feeling embarrassment, shame, humiliation and disgust associated with incontinence as well as nervousness. Those presented by this section, which permeates the life of the participants with UI and the impact it represents on their social life and their well-being.[21]

The psychosocial effect can be more devastating than the health consequences. The incontinent elderly are worried about the absence of public toilets, causing them to be ashamed of the urine in public and with the smell of urine and often feeling dirty, causing limitations in social interaction activities, provoking restrictions on attending public places, traveling out of the house and even visiting friends.[13]

Well in case if I got here urinated, right. I saw myself in the danger of the station, leaving the station here, if I do not run into the station, I had arrived urinating, that's a shame right [...] (France).

[...] Whenever this happened to me I had to bathe because I already thought I was stinky [...] I was ashamed to feel someone stinking with pee. Why does it stink, right? [...] (Australia).

No, no, soon I would not leave the house [...]. I was going to feel ashamed right [...] (Spain).

[...] It's because I had this problem... I wore a pair of slacks and I got roasted my groin was all roasted so much that until today it's dark... it turned red and then it turned black I got so ashamed when I go pro doctor and he sees that ugly thing (Venezuela).

[...] because I was ashamed that the health man (Community Health Agent) is a man there, ours is a man. If it was a woman I was not ashamed, but it was a man I was ashamed to tell him I was pissing (Australia).

Shame is an embarrassing situation that has repercussions on social life and well being in the lives of the elderly, causing frustrations and limitations in the development of their activities due to the UI problem. For them, uncontrolled eliminations around the UI are associated with dirt, bad smell, wetting without feeling that they contribute to restrictions of activities in the home, loss of confidence in themselves, to present this episode in public, or in the social events. This feeling affects your morale and your daily life, causing frustrations and limitations.

The fear of experiencing shame in public is so intense that the elderly people blame themselves and take preventive measures aiming to prevent urinary loss. It is also noticed that women are especially ashamed of health professionals and that this can lead to not looking for treatment or the late demand.

The social aspects that impact in the quality of life of elderly people bearing urinary incontinence

Aging is a natural process characterized by a stage of life, caused by physical, psychological and social changes that particularly compromises each individual of prolonged age. At this stage the elderly individual has already concluded that he achieved his goals, but also suffered many losses, of which health was the one that stood out among the most affected aspects.[22]

The elderly's life quality has shown difficult implications for the assessment of aspects related to health, physical dependence and social aspects leading to a broader discussion. Considering the natural aging process of the individuals, strategies for health promotion and prophylaxis of diseases and diseases to this class, implemented by the entire multiprofessional health team, are necessary in order to achieve a reduction of comorbidity and morbidity, improvement of lifestyle, social and economic conditions and environments for the elderly people.[23]

The longevity of the human being in society represents a social achievement, where old age has become a contentious reality around the world in the last decades, being a phenomenon increasing in proportion. Old age can no longer be regarded as an "eventuality" at this stage of life was characterized when it was a question of attributing social benefits to the elderly. The development of science and new technologies has reverted to guarantee a better QOL and an increase in life expectancy on the planet, even considering the heterogeneity of the experience of this age, surrounded by social, political, economic and cultural.[24]

Social life means the pattern of behavior of the individual with the society that occurs through their relationships, contact with friends, wage new relationships, sense the view that others have of society, as well as interact with others. And for the elderly, the loss of health is the most disturbing factor, because for them the intellectual capacity does not change to the point of interfering with a good QOL.[25]

The biggest problem is for us to leave, let's say we have a city that we do not have public toilets, then you have urinary incontinence, you always need a bathroom and you risk doing your own laundry [...] (China).

[...] I soon seek a place [...]. There is a meeting in a place I will not [...]. For example, if it is funny there; I will not go by binge afraid of not working for me (Portugal).

[...] I felt bad, woman! I felt bad that I could not even go anywhere; I could not go to any house [...] (Australia).

[...] Oh, I was a little distant, I was a little distant, I was ashamed of anything; I often had my pants wet down here, so look (points at the pants) [...] (United States).

[...] But I get up straight, it bothers me today if I sleep in the house of an unknown person (China).

The interviewees' concerns about attending public places, sleeping outside the house, attending meetings/amusements, and even visiting friends are noted in the reports. Faced with this problem it can be seen that UI causes a restriction in the day-day of the affected people and that depending on its type, can lead this old one to a social isolation. The most frequent UIs are of the type: mixed with indices of 42%, effort with indices 38% and urgency with 18%.[21]

Accordingly, the reports reveal that UI is responsible for social problems that are directly related to social isolation, due to the restrictions of daily activities in the elderly, interfering in the individual's physical and mental health, marrying their self-confidence and affecting their QOL. In this sense, the family functions as a source of support in the treatment and for the elderly, this offered support increases the family bond, where consequently it will favor the process of recovery.[26]

Although the family predominates as an alternative in the system of informal support for the elderly and to be the main source of care for the elderly, it is worth noting that this attention does not apply to all the elderly. Because the impacts on family relationships caused by elderly care and its consequences shows to be very strong due to the inevitable changes.

Thank God, they give support, they are loving, they pray to be good, right... Every day they are calling to know how I am [...] (Brazil).

[...] She treats me like this: it's as long as life you have I'll stay with you straight or you do not do anything, I want to stay with you because I love you too much, so I cannot mistreat you for anything [...] (Argentina).

[...] You know, they understand everything and help me [...] (Argentina).

[...] My daughter understands, so she came with me for consultation, she did it all [...] (Venezuela).

[...] You understood... You understood. And he helped me, I brought him to the doctor, I did all kinds of tests [...] (Australia).

[...] My family, all the time, did not even care why I did not know, because I did not deserve not [...] (United States).

It is known that emotional support for dealing with the health-related problem is very important and when the problem brings with it feelings of fragility and discontent, this support becomes fundamental, especially family support. In the face of reports from the countries mentioned, it may be

noted that the support of the family was considered by most of the participants and that they play an important role in dealing with the situation.

Therefore, faced with the problem of incontinence, it is possible to notice the importance of the presence of the family member in the accompaniment of the elderly, the search for medical assistance, as well as in the monitoring of the therapeutic process chosen. Because the insertion of this initiative gives the elderly the satisfaction of being welcomed in the face of the problem and consequently performing healthy practices of disease prevention. So, the approach of the family is fundamental with these elderly people so that they feel the desire to share their afflictions, anguish, and fears.

Chronic diseases, because they are part of the reality of many elderly people, often cause emotional changes. These occur when the elderly go from healthy conditions to sick conditions, leading to a confrontation with the situation, such a situation leads to an emotional impact and can lead to suicide.[27]

A disturbing fact was revealed by one of the interviewees when he wished for self-extermination. The act of committing suicide is usually related to the emotional impossibility of the individual identifying viable alternatives for the solution of their conflicts and suffering, opting for death as a response and a series of factors associated with the risk of suicide, including disabling physical illness, mental illnesses that will generate feelings of suffering, distress and social isolation.[27]

> *[...] Oh, I stayed a little distant, I was ashamed of anything, I often had my pants wet down here so I heard it (pointing to his pants), his underwear was wet, his shorts wet. [...] I wanted to kill myself, I went after a rope to kill myself in the woods, I thought of suicide [...] (United States).*

Although it was only an account of suicide, the subject is of great relevance, since it has been seen that suicidal ideation is associated with the need that the elderly person felt to solve in the end a situation, which he considers to be intolerable. And from his speeches, it can be observed that the feeling of shame expressed is evident due to the exacerbation of humiliated machismo, and for him, it was easier to appear to be strong than to evidence a failure in the voiding function and to ask for help.

> *[...] My family... Did not worry about it, because they did not know; because I did not faint [...]. [...] I got hid because I was ashamed to say that I was feeling, that I had these things I thought of doing these nonsense [...] (United States).*

In this discourse, the same country reports another moment of discomfort in dealing with the situation, staying away from the usual day-to-day environments so as not to have to deal with the confidentiality of the issue. It is that with increasing age and changing biological, psychological processes may induce the elderly to self-destruct. It is noticed that the shame and lack of knowledge about the disease cause the old one to retract and hide of the family, guarding the problem to him.

For this, health professionals should be aware of these cases, and if they perceive they should intervene, providing support to the patient, explaining about the disease and its treatment and referring it to specialists as a psychologist and/or psychiatrist.

In relation to the treatment of urinary incontinence, it begins with its adequate diagnosis and the evaluation of precipitating factors, with prophylactic, surgical or physiotherapies, according to the nature and severity of the state and preferences of the physician and the patient. In addition to the psychosocial impacts, there is the aging factor, which causes the elderly to postpone the search for a specialized treatment service because they believe it is common or expected for the elderly to lose urine. Only when QOL is overly compromised by urinary incontinence do they seek the medical service.[28]

According to recommendations of the V International Conference about Incontinence, the initial evaluation of elderly people with UI complaints should be performed by general practitioners, where they should identify whether UI is complicated or not complicated, referring the complicated ones to specialized treatment. And uncomplicated UI should first be followed up by general practitioners, family, nurses, and physiotherapists.[29] Nonetheless, for Honório and Santos,[30] not all elderly individuals who have UI seek help or guidance because of the constraint in talking about it with relatives, friends or with a health professional. Such a feeling favors these individuals silently coexisting with the problem.

> *[...] He had many times even wet his pants down here... Once he did not come, he deprived me that he did not come any more, so I felt myself laughing, I would squeeze and not come nothing, it started to hurt, it started to swell, then I was holding on, holding on, that was the way I went to the doctor (United States).*

> *[...] Because when I feel like people who have problems, especially the age, then I have to go first, especially with the mucosa out. I paid a private consultation, because I am retired. Why does the doctor not have it, right? Then he made a private appointment and said that my problem was operative, right! (Venezuela).*

> *[...] I looked for [a physician], he advised me to come to a specialist there, I'm coming to this one now, which is the last one, so he's already going to the other doctor for me to take the exams and show him. He said: what are you "feeling"? To feel like this: when I want to urinate if I do not rush to urinate soon, the millet leaves. And he said, because it's the beginning of the prostate. [...] (Argentina).*

> *[...] After I did the prevention and after I did the last exam I felt an improvement... She [the doctor] said that I had to*

get treatment, I said that I had a treatment that was the bladder that was low or was another thing; it was something there! I was not able to hold it (Australia).

[...] One day in the street, when I got home, the moment I went in the door was already peeing, then I tried, because it is a pain, a pain I did not even walk on the floor because it seemed had a thorn. But I have not yet been to the gynecologist, the family doctor just passed medication and you do not have time for anyone... (Vatican).

[...] If it was just the problem, urine is coming out without us wanting, what else leaves me [thinking]... to have made me suffer the most is deprivation. Because when it comes out through the urethra we have this problem, the flow is leaking sometimes. It is not always, sometimes leaks, when the bladder fills and forces a little bit unsecured, there it comes out. Then suddenly, with a few days, there it diminishes, diminishing, diminishing, and then little hangs, it does not leave (Brazil).

[...] He [the doctor] directed me to take the exam, to know what it was... it gave prostate... a little inflamed. I used some medicine and recovered on the date right... and then in time it keeps going forward, right? The remedy is operating (France).

[...] It's I got there from my city. He told me to go and see a urologist doctor [...]. He [the doctor] said: your prostate is "very" altered; we will have to operate it. (Mexico).

It was evidenced in the reports that the incontinent elderly person does not seek the professional when the problem arises, because for them, incontinence is related to old age, in other words, to the physiological process of age, and when looking for a health professional is not for UI treatment but rather the treatment of aggravation of another pathology. In the reports cited by men, the main UI complaint was related to the altered prostate as well as urinary retention due to it. Urinary retention is the inability to eliminate accumulated urine in the bladder and may or may not be related to UI.[21]

In women, the demand for UI treatment is more frequent because of the care they take to prevent diseases and diseases related to women's health. These did not seek specialized care for UI treatment, but for treatment of prevention or worsening of the already established pathologies, in other words, uterine prolapse and urinary tract infection.

Given this scenario, it can be observed that the search for UI treatment does not occur as a primary factor, that although these countries have identified the problem, the lack of knowledge about the type of incontinence and its treatment mean that these elderly people do not seek help. And when health professionals try to identify which problems these elderly people have, they are ashamed to admit the loss of urine, especially if this professional is of the opposite sex, as reported by the country Australia, making it even more difficult to adhere to treatment.

[...] Only to the physician of the family. Now, [Community Health Agent] they never asked me about my health not because I was ashamed, he is a man you know, ours is a man. If it was a woman I was not ashamed, but it was a man I was ashamed to tell him I was going to take a piss (Australia).

Considering this discourse, health professionals and especially nurses, because they are professionals who perform nursing consultations, must perform the nursing diagnosis in the face of the patient's problems and needs, as well as have the sensitivity to identify the factors that affect these individuals, strengthening a greater bond together and planning measures to better accommodate this group.

CONCLUSIONS

The urinary incontinence in elderly people is a poorly discussed pathology during consultations. Furthermore, the elderly's low level of education ends up influencing them in realizing the necessity of looking for understanding and treatment about the disease. The health professionals must have a different perspective with regards to the elderly people bearing this pathology, since it directly affects their daily life, thus, interfering in their QOL.

The understanding of the speech was fundamental to describe the experiences of the elderly in living and managing urinary incontinence, because through the analysis of the speeches it was possible to perceive that behavioral modifications occur, such as negative feelings in relation to the social life to adapt and live with the incontinence.

Herein, it was also found that the family relationship and the incontinent elderly constitute a source of important support for the elderly. The lack of information from health professionals makes it difficult to recognize the problem for faster treatment. A qualified approach may minimize all negative feelings reported by participants.

The study had as limitations the data collection, since the schedules programmed for the consultations were anticipated, as well as the absence of a closed diagnosis in the medical record, making it difficult to approach elderly people, besides the denial of the issue by the elderly, especially in the female gender.

As a contribution, this research points to new findings in relation to the matter, with emphasis on the approach with the professional nurse in attending to this clientele in relation to their practice towards elderly people bearing urinary incontinence.

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