

FREQUENCY OF URINARY INCONTINENCE IN WOMEN IN THE PRODUCTIVE AGE**FREQUÊNCIA DA INCONTINÊNCIA URINÁRIA EM MULHERES NA IDADE PRODUTIVA****FRECUENCIA DE LA INCONTINENCIA URINARIA EN MUJERES EN LA EDAD PRODUCTIVA**Mara Angélica Dantas¹, Cássio Dias², Ellany Gurgel Cosme do Nascimento³

How to cite this article: Dantas MA, Dias C, Nascimento EGC. Frequency of urinary incontinence in women in the productive age. Rev Enferm Atenção Saúde, v. 9, n. 2, 16-27, 2020. DOI: 10.18554/reas.v9i2.3521

ABSTRACT

Introduction: Urinary Incontinence is defined as the complaint of any involuntary loss of urine.

Method: This is an exploratory, cross-sectional descriptive study with a quantitative approach. The study was carried out in the city of Pilões/RN. 300 women participated. Data collection was carried out through a questionnaire, which was self-administered with the exception of cases of illiterate women. **Results:** The frequency of female UI found was 8%. The average age was 38.8 years. The average number of times women with UI urinate during the day was 6.5 ± 1.6 times and during the night it was 1.8 times. **Conclusions:** The present study allowed us to know the frequency of urinary incontinence in women of working age in the city of Pilões/RN. The same led us to conclude that unfortunately all women who are unaware of what UI is.

Descriptors: Urinary incontinence; Nursing; Women's health.

¹ Universidade do Estado do Rio Grande do Norte.
<http://orcid.org/0000-0002-0344-5975>

² Universidade Federal do Rio Grande do Norte. <http://orcid.org/0000-0002-7811-0117>

³ Enfermeira. Doutora em Ciências da Saúde pela Universidade do Estado do Rio Grande do Norte. Professora Adjunta do Curso de Medicina da UERN. <http://orcid.org/0000-0003-4014-6242>

RESUMO

Introdução: A Incontinência Urinária é definida como a queixa de qualquer perda involuntária de urina. **Método:** Trata-se de uma pesquisa descritiva exploratória, transversal e com abordagem quantitativa. O estudo foi realizado na cidade de Pilões/RN. Participaram 300 mulheres. A coleta de dados foi mediante questionário, que foi auto aplicado com exceção dos casos de mulheres analfabetas. **Resultados:** A frequência de IU feminina encontrada foi de 8%. A média de idade foi de 38,8 anos. A média de vezes que as mulheres com IU urinam durante o dia foi de $6,5 \pm 1,6$ vezes e durante a noite foi de 1,8 vezes. **Conclusões:** O presente estudo nos proporcionou conhecer a frequência da incontinência urinária em mulheres em idade produtiva na cidade de Pilões/RN. O mesmo nos levou a concluir que infelizmente todas as mulheres que não tem conhecimento sobre o que é a IU.

Descritores: Incontinência Urinária; Enfermagem; Saúde da mulher.

RESUMEN

Introducción: la incontinencia urinaria se define como la queja de cualquier pérdida involuntaria de orina. **Método:** Este es un estudio exploratorio, transversal, descriptivo con un enfoque cuantitativo. El estudio se realizó en la ciudad de Pilões / RN. Participaron 300 mujeres. La recolección de datos se realizó mediante un cuestionario, que se autoadministra con la excepción de los casos de mujeres analfabetas. **Resultados:** La frecuencia de IU femenina encontrada fue del 8%. La edad promedio fue de 38.8 años. El número promedio de veces que las mujeres con IU orinan durante el día fue de 6.5 ± 1.6 veces y durante la noche fue de 1.8 veces. **Conclusiones:** El presente estudio nos permitió conocer la frecuencia de la incontinencia urinaria en mujeres en edad laboral en la ciudad de Pilões / RN. Lo mismo nos llevó a concluir que desafortunadamente todas las mujeres que desconocen qué es la IU.

Descriptor: Incontinencia urinaria; Enfermería; Salud de la mujer.

INTRODUCTION

Urinary Incontinence (UI) is actually, defined by the International Continence Society (ICS) with a complaint of any involuntary loss of urine, emphasizing the user's report. The UI characterization occurs according to the events that lead to the loss of urine, being classified as UI of effort simultaneous, urinary loss to effort, physical exercise, coughing or sneezing; Urgent UI Involuntary loss of urine followed or immediately preceded by a sudden and

uncontrollable urge to urinate, difficult to postpone or mixed when there are signs and symptoms of the two types reported above.¹

UI affects more than 50 million people of all ages around the world, especially women, who experience the pathology twice as often as men.^{2,3,4} According to the Brazilian Society of Urology, about 40% of women complain of some type of urinary incontinence after menopause. Among those who are in the reproductive period, it has estimated that 25% have the dysfunction.⁵

It is worth emphasize that the experience with episodes of urinary loss is a condition that occurs not only among elderly women, but also among young and middle-aged women. An epidemiological study revealed a UI prevalence of 26.5% in women aged 35 to 64 years and 41% in those over 65 years. Other studies describe a prevalence of 49.6% in women over 20 years and 45% in those between 30 and 90 years.⁶

The risk factors mentioned to the development of struggle urinary incontinence include old age, white ethnicity, obesity, vaginal births, estrogen deficiency, menopause, conditions associated with increased intra-abdominal pressure, smoking, collagen diseases, neuropathies and previous hysterectomy.⁷

Beyond hygienic discomfort, UI has multiple effects on daily activities, lead women to restrict or decrease their social and physical activities, progressing to emotional changes, including low self-esteem, depression, shame, fear, isolation and self-perception of health status. Its psychosocial effect can be more devastating than the health consequences.^{8,2} Depression and panic disease are highly prevalent in women with UI.⁶

For this problem, it was decided to know the frequency of urinary incontinence in women of working age and their knowledge about it.

METHOD

This is a descriptive, exploratory, cross-sectional study with a quantitative approach. The study was executed in the rural and urban area of the municipality of Pilões, located in the countryside of Rio Grande do Norte. The research participants were women in the productive age range (20 to 59 years). This age group was chosen because these women are part of the productive / work process and because it is a time of great social interaction.

Considering that the research population is 1,200 women⁹ and applying the sample error of 5%, the sample was composed of 300 women. Having as inclusion criteria: a) women residing in the urban or rural area of the municipality of Pilões, b) being between 20 and 59 years of age and exclusion criteria: a) having some cognitive or mental disability. b) not being present at home at the time of the survey.

Data collection was accomplished using a questionnaire, which was self-applied, except in cases where women could not read and / or write. The participants signed the Free and Informed Consent Form - FICF and the questionnaire was submitted. At the time of collecting the questionnaire, an educational flyer containing information regarding the signs and symptoms, causes and treatment of UI was delivered.

The analysis was carried out using descriptive statistics, the results were tabulated using the IBM SPSS Statistics 20® program and a Pearson-square IQ association test was performed between women who qualified with UI and those who did not, but no significant association was observed between the variables.

The study was submitted to the Ethics and Research Committee of the State University of Rio Grande do Norte (CEP UERN), being approved on March 15, 2016, opinion number: 1,451,863 and CAAE: 52945016.1.0000.5294.

RESULTS

The frequency of female UI in the productive phase found, in the municipality of Pilões / RN, was 8%, the complaint was reported by 24 of the 300 participating women.

If we extrapolate the data to the total population of this age group, the 1,200 women between 20 and 59 years of age in urban and rural areas, according to the census⁹, it can be estimated that 96 women may be affected by UI in this town.

The middle age women with UI was 38.8 ± 11.7 years. The family income average of these women was $1,321 \pm 1,435$ reais and their average weight was 64.9 ± 10.6 kilos.

In terms of socioeconomic and demographic profile, it was observed that 45.8% have completed and / or incomplete high school, 54.1% are single, 62.5% do not work, 83.3% live in the urban area, 62.5% live in their own home, 66.6% have six or more rooms and 54.2% have two to three people who live in their home.

The average number of times women with UI urinate during the day was 6.5 ± 1.6 and in the nighttime, it was 1.8 ± 0.98 .

Among women with self-reported UI, 20.8% said they did something they do not do today, of these 54.2% stopped going to parties, ashamed of the loss of urine; 41.6% have loss of urine once and / or more than once a week and 66.7% have loss of urine in the form of a jet (Table 1). When asked what urinary incontinence is, 100% of women said they did not know what it was.

The situations in which women with self-reported UI have loss of urine are small effort 26%, medium effort 62% and great effort 12%.

When asked about their daily habits, we had the following answers: 91.7% of the participants usually sit on their sidewalk, 79.2% usually go to church, 95.8% go to supermarket, 52.2% do not go to parties, 58, 3% leave the house for a walk, 95.8% go to their friend's home and / or family and 20.8% did something they do not do today.

Table 1: Signs and symptoms of women with UI from 20 to 59 years old, resident in Pilões/RN, 2017.

Variable	N	%
Frequency of loss of urine		
Several times a day	1	4,2
More than once a week	5	20,8
Once time a week	5	20,8
Hardly	13	54,2
Total	24	100
Quantity of loss of urine		
Wet just panties	15	62,5
Wet panties and clothes	5	20,8
Wet the clothes and drain down the legs	4	16,7
Total	24	100
Loss characteristics		
Jet	16	66,7
Drip	7	29,2
Continuous	1	4,2
Total	24	100
Uses protection to contain the urine		
No	18	75,0
Permanent	4	16,7
Ocasionalmente	2	8,3
Total	24	100
Types of protection to contain the urine		
Pants protectos	3	12,5
Sanitary pads	2	8,3
Do not use protection	19	79,1
Total	24	100
Frequency of changing the protector during the day		
once	1	4,1
Twice to third	3	12,5
Do not use protection	20	83,3
Total	24	100
Frequency of changing the protector during the night		
Once	3	12,5
Do not use protection	21	87,5
Total	24	100
Active sexual life		
yes	14	58,3
No	9	37,5
No answer	1	4,1
Total	24	100
Willingness to urinate during sexual intercourse		
Yes	2	8,3
No	12	50
No answer	10	41,6
Total	24	100
Avoid having sex due to loss of urine		
Yes	2	8,3
No	12	50
No answer	10	41,6
Total	24	100
Your sex life was impaired due to loss of urine		
Yes	1	4,1
No	13	54,1

No answer	10	41,6
Total	24	100

Source: authors

Among the investigated habits, it was found that 87.5% are not smokers, 83.3% do not use alcohol, 79.2% do not practice physical activity, 83.3% do not diet, 91.7% consume coffee and 50% consume citrus fruits (Table 2).

Table 2: Alimentary habits consume of UI women protection health practice self-reported from 20 to 59 years old, residing in Pilões/ RN, 2017.

Variable	N	%
Type of physical activities		
Walk	6	25
Work Out	1	4,1
Do not practice	17	70,8
Total	24	100
Consume coffee		
Yes	22	91,7
No	2	8,3
Total	24	100
Number of times that consume coffee a day		
Until three times	13	54,1
Four or more	9	37,5
No one	2	8,3
Total	24	100
Consume black tea		
Yes	3	12,5
No	21	87,5
Total	24	100
Number of times that consume black tea a day		
One	1	4,1
Three times	2	8,3
No one	21	87,5
Total	24	100
Consume chocolate		
Yes	8	33,3
No	16	66,7
Total	24	100
Number of times that consume chocolate a day		
One	8	33,3
No one	16	66,6
Total	24	100
Consume citrus fruits		
Yes	12	50
No	12	50
Total	24	100
Number of times that consume citrus fruits a day		
One	11	45,8
Three	1	4,1
No one	12	50
Total	24	100

Source: authors

The average weight of the children of the research members was 3.5 ± 638 grams. As for the types of births and the number of children of women with UI, it is highlighted

that 70.8% have children; 58.3% are multiparous, 50% have had normal deliveries and of these 37.5% have had two or more normal deliveries (Table 3).

Table 3: Types of delivery and quantity of children of women with UI, from 20-59 years old, living in the urban area, in Pilões/RN, 2017.

Variable	N	%
Number of children		
Primiparous	3	12,5
Multiparous	14	58,3
Nulipara	7	29,1
Total	24	100
Type of child-birth		
Normal	12	50
Cesarean	5	20,8
No child-birth	7	29,1
Total	24	100
Total normal child-birth		
One	5	20,8
Two or more	9	37,5
No child-birth	10	41,6
Total	24	100
Total cesarean child-birth		
One	5	20,8
Two	2	8,3
No child-birth	17	70,8
Total	24	100

Source: authors

DISCUSSION

Approximately 13 million adults in the United States of America have already experienced some episode of UI, being that 11 million (85%) are women.¹⁰ Similar to our theoretical findings Martins, Santos, Dorcínio, Alves, Roza and Luz¹⁰ bring that according to the realized studies, the experience with episodes of urinary loss is a condition that not only prevails in elderly

women, but also young and middle-aged women.

This discovery was close to our study, which brings estimates, that 8-58% of the general adult female population has symptoms of incontinence, bladder hyperactivity affecting approximately 40% of women who seek medical attention. In Brazil, almost 10% of women who visit the gynecologist have the same complaint, which is the loss of urine.²

Fonseca, Galdino, Guimarães and Alves⁴ found in women a daytime urinary frequency average of 3 times and a nighttime frequency of 1.5 times, which makes this study very close to ours as well. In addition, although UI leads to an increase in both daytime and nighttime urinary frequency. It is believed that the explanation for this discovery is the fact that most patients in that study had effort UI and not urgency UI, the latter being more related to a significant increase in urinary frequency.

The number of women who reported loss of urine in the form of a jet represents an important discovery, since it demonstrates the severity of UI that these women are affected by. In this way, was warned to us about how difficult it is to have UI and face this pathology. Similar to our findings Figueiredo, Lara, Cruz, Quintão and Monteiro¹¹ demonstrate that 46% of the participants had loss in jet, 28% in drops and 14% complete loss of urine, that is, loss of a large amount of urine associated to a sensation of complete emptying of the bladder.

Considering the feelings experienced by women with UI some studies, show that the psychological damage that UI brings to affected women causes suffering and disabilities, a fact that has led to significant morbidity due to negative feelings of shame, fear of suffering rejection, embarrassment, loneliness, sadness,

depression, guilt, humiliation, anxiety, irritation, lack of concentration, feeling of returning to childhood and fear of exhaling the smell of urine.

It is worth mentioning that a considerable part of women with UI avoid having sex due to the loss of urine and referred that their sexual life was damaged due to the loss of urine. We can see that UI causes a worse quality of life for women affected by the pathology. Similar to our findings, Rett, Wardini, Santana, Mendonça, Alves and Saleme¹⁵ say that UI cause restrictions in social and sexual interaction. Faria, Moraes, Monnerat, Verediano, Hawerth and Fonseca¹⁶ say that UI has a huge negative impact on the quality of life of women who are affected by the disease, affecting various aspects of these women's lives, including hygiene, sexual life. It also brings costs related to tampons and geriatric diapers, having an impact on the family budget.

Underline that the majority of women who reported UI, related that there were no changes in their social life, but in their habits, such as the use of panty protectors by some, to contain the loss of urine. This fact corroborates with the study by Rett, Wardini, Santana, Mendonça, Alves and Saleme¹⁵ who mention that the experience with UI leads women to carry out the most diverse mechanisms of behavioral changes to adapt to the inconveniences of urinary

loss such as : frequent use of strong smell perfumes; use of sanitary pads or protectors to control urinary loss; wearing dark clothes; decrease in water consumption; self-suspension of medicine that encourage urinary elimination; immediate search for the toilet in public places.

It stands out that no participant knew what UI was, so we can observe the lack of knowledge of the general population about pathologies that are not in the media and/or are not in an epidemic. In relation to this aspect, Leroy, Lúcio and Lopes⁷ show that most women with UI do not have the knowledge to perceive that their symptoms can be improved and cured with adequate medical treatment. Another relevant aspect of the study is the underdiagnosis of women with UI, which is due to their lack of knowledge about the pathology and treatment. None of the participants who reported UI came to the doctor to report the loss of urine. In relation to this discovery, Fonseca et al. (2005)¹⁷ shows that between 30 and 50% of women suffering from UI do not spontaneously report this fact to the doctor or nurse, and only seek the health service after the first year of symptoms because they believe that the loss of urine is expected as evolved ages.

In relation to this fact, some studies^{18,19,7,20} show that the total number of incontinent women, the vast majority consider it a very small problem, few

consult the doctor or any other health professional about this problem. The women who did not communicate to the doctor, the most common reasons are: shame and/or lack of freedom to talk about this problem with the doctor, considering that it is a natural event of aging and for this reason not having anything to do, thinking that it would happen spontaneously or that is not important enough to consult your physician. This finding corroborates with the data of our research.

Consequently, a considerable rate of UI was observed, mainly for struggle and it has negative impacts on the quality of life of these women. To facilitate the diagnosis and contribute to better monitoring, it is necessary for health professionals to address questions regarding the genito-urinary system and urine loss in their consultations, this could be put into practice during routine consultations, during child growth and development consultation (C and D), Pap smear, family planning. For this to happen, it is important that professionals are trained about the pathology.

CONCLUSION

Therefore, the present study allowed us to know the frequency of urinary incontinence in women of working age in the city of Pilões / RN, which was 8% a very relevant number when considering the total population of the town.

The same led us to conclude that unfortunately all women who are unaware of what UI is. It is worth mentioning that, although urinary incontinence is a pathology that affects women in the most varied age groups, it is still unknown.

REFERENCES

1. Santini ACM, Santos ES, Vianna LS, Bernardes JM, Dias A. Prevalência e fatores associados à ocorrência de incontinência urinária durante a gravidez. *Rev Bras Saúde Mater Infantil* [Internet]. dez 2019 [citado em 04 fev 2020]; 19(4):967-74. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292019000400967&lng=en. Epub 13 jan 2020. <http://dx.doi.org/10.1590/1806-93042019000400013>.
2. Kessler M, Facchini LA, Soares MU, Nunes BP, França SM, Thumé E. Prevalência de incontinência urinária em idosos e relação com indicadores de saúde física e mental. *Rev Bras Geriatr Gerontol.* [Internet]. ago 2018 [citado em 05 fev 20]; 21(4):397-407. Disponível em: https://www.scielo.br/pdf/rbagg/v21n4/pt_1809-9823-rbagg-21-04-00397.pdf. <http://dx.doi.org/10.1590/1981-22562018021.180015>.
3. Berlezi EM, Fiorin AAM, Bilibio PVF, Kirchner RM, Oliveira KR. Estudo da incontinência urinária em mulheres climatéricas usuárias e não usuárias de medicação anti-hipertensiva. *Rev Bras Geriatr Gerontol.* [Internet]. 2011 [citado em 05 fev 20]; 14(3):415-23. Disponível em: <https://www.scielo.br/pdf/rbagg/v14n3/v14n3a02.pdf>
4. Fonseca DC, Galdino DAA, Guimarães LHCT, Alves DAG. Avaliação da qualidade do sono e sonolência excessiva diurna em mulheres idosas com incontinência urinária. *Rev Neurocienc.* [Internet]. 2010 [citado em 05 fev 2020]; 18(3):294-99. Disponível em: <http://www.revistaneurociencias.com.br/edicoes/2010/RN1803/492%20original.pdf>
5. Sociedade Brasileira de Urologia. O que é a cirurgia de sling na incontinência urinária feminina? [Internet]. Rio de Janeiro: SBU; [201-?] [citado em 31 nov 2015]. Disponível em: <https://portaldaurologia.org.br/publico/faq/o-que-e-a-cirurgia-de-sling-na-incontinencia-urinaria-feminina/>
6. Higa R, Lopes MHB. Fatores associados com a incontinência urinária na mulher. *Rev Bras Enferm.* [Internet]. 2005 [citado em 05 fev 2020]; 58(4):422-28. Disponível em: <https://www.scielo.br/pdf/reben/v58n4/a08v58n4.pdf>
7. Leroy LS, Lúcio A, Lopes MHB. Risk factors for postpartum urinary incontinence. *Rev Esc Enferm USP.* [Internet]. 2016 [citado em 05 fev 2020]; 50(2):200-7. Disponível em: <https://www.scielo.br/pdf/reeusp/v50n2/0080-6234-reeusp-50-02-0200.pdf>. doi: <http://dx.doi.org/10.1590/S0080-623420160000200004>
8. Ferreira M, Santos PC. Impacto dos programas de treino na qualidade de vida da mulher com incontinência urinária de esforço. *Rev Port Saúde Pública* [Internet]. 2012 [citado em 05 fev 2020]; 30(1):3-10. Disponível em: <http://www.scielo.mec.pt/pdf/rpsp/v30n1/v30n1a02.pdf>
9. Instituto Brasileiro de Geografia e Estatística. Estimativas da população residente nos municípios brasileiros [Internet]. Rio de Janeiro: IBGE; [201-] [citado em 22 nov 2012]. Disponível em: <https://www.ibge.gov.br/estatisticas/sociais/populacao/9103-estimativas-de-populacao.html?edicao=17283&t=download>
10. Martins LA, Santos KM, Dorcínio MBA, Alves JO, Roza T, Luz SCT. A perda de

- urina é influenciada pela modalidade esportiva ou pela carga de treino? uma revisão sistemática. *Rev Bras Med Esporte* [Internet]. fev 2017 [citado em 10 mar 2020]; 23(1):73-7. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1517-86922017000100073&lng=en
11. Figueiredo EM, Lara JO, Cruz MC, Quintão DMG, Monteiro MVC. Perfil sociodemográfico e clínico de usuárias de serviço de fisioterapia uroginecológica da rede pública. *Braz. j. phys. ther.* [Internet]. 2008 [citado em 05 fev 2020]; 12(2):136-42. Disponível em: <https://www.scielo.br/pdf/rbfis/v12n2/a10v12n2.pdf>
 12. Higa R, Rivorêdo CRSF, Campos LK, Lopes MHM, Turato ER. Vivências de mulheres Brasileiras com incontinência urinária. *Texto & Contexto Enferm*, [Internet]. out/dez 2010 [citado em 05 fev 2020]; 19(4):627-35. Disponível em: <https://www.scielo.br/pdf/tce/v19n4/04.pdf>
 13. Zago AC, Fambrini MAS, Silva EPG, Vitta A, Conti MHS, Marini G. Prevalence and knowledge of urinary incontinence and possibilities of treatment among low-income working women. *Fisioter Mov.* [Internet]. 2017 [citado em 11 mar 2020]; 30(Suppl 1):151-9. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-51502017000500151&lng=en
 14. Volkmer C, Monticelli M, Reibnitz KS, Brüggemann OM, Sperandio FF. Incontinência urinária feminina: revisão sistemática de estudos qualitativos. *Ciênc Saúde Colet.* [Internet]. 2012 [citado em 05 fev 2020]; 17(10):2703-15. Disponível em: <https://www.scielo.br/pdf/csc/v17n10/19.pdf>
 15. Rett MT, Wardini ÉB, Santana JM, Mendonça ACR, Alves AT, Saleme CS. Female urinary incontinence: quality of life comparison on reproductive age and postmenopausal period. *Fisioter Mov.* [Internet]. Mar 2016 [citado em 11 mar 2020]; 29(1):71-8. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-51502016000100071&lng=en
 16. Faria CA, Moraes JR, Monnerat BR, Verediano KA, Hawerth PA, Fonseca SC. Impacto do tipo de incontinência urinária sobre a qualidade de vida de usuárias do Sistema Único de Saúde no Sudeste do Brasil. *Rev Bras Ginecol Obstet.* [Internet]. 2015 [citado em 11 mar 2020]; 37(8):374-80. Disponível em: <https://www.scielo.br/pdf/rbgo/v37n8/0100-7203-rbgo-37-08-00374.pdf>
 17. Fonseca ESM, Camargo ALM, Castro RA, Sartori MGF, Fonseca MCM, Rodrigues de Lima G, Girão MJBC. Validação do questionário de qualidade de vida (King's Health Questionnaire) em mulheres brasileiras com incontinência urinária. *Rev Bras Ginecol Obstet.* [Internet]. 2005 [citado em 11 mar 2020]; 27(5):235-42. Disponível em: <https://www.scielo.br/pdf/rbgo/v27n5/25638.pdf>
 18. Oliveira E, Zuliani LMM, Ishicava J, Silva SV, Albuquerque SSR, Souza AMB, Barbosa CP. Avaliação dos fatores relacionados à ocorrência da incontinência urinária feminina. *Rev Assoc Méd Bras.* [Internet]. 2010 [citado em 05 fev 2020]; 56(6):688-90. Disponível em: <https://www.scielo.br/pdf/ramb/v56n6/v56n6a19.pdf>
 19. Carneiro JA, Ramos GCF, Barbosa ATF, Medeiros SM, Lima CA, Costa FM, et al. Prevalência e fatores associados à incontinência urinária em idosos não institucionalizados. *Cad Saúde Colet.* [Internet]. jul 2017 [citado em 11 mar 2020]; 25(3):268-77. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-462X2017000300268&lng=en
 20. Tomasi AVR, Santos SMA, Honório GJS, Locks MOH. Incontinência urinária em idosos: práticas assistenciais e proposta de cuidado âmbito da atenção primária de saúde. *Texto & Contexto Enferm.*

[Internet]. 2017 [citado em 11 mar 2020];
26(2):e6800015. Disponível em:
[http://www.scielo.br/scielo.php?script=sci
_arttext&pid=S0104-
07072017000200316&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072017000200316&lng=en)

RECEIVED: 14/01/2019
APPROVED: 17/07/2020
PUBLISHED: 12/2020