
Urinary incontinence in the climacteric and menopause phases: Effects, Consequences and Acceptance

RESUMO | Este trabalho traz a reflexão, através de conhecimentos multidisciplinares, sobre a incontinência urinária em decorrência da menopausa. Conceitua, a critério de informação, as diferentes fases que compõem o período de finalização da menstruação, experienciadas pelo público feminino, mais especificamente o climatério, pré-menopausa, menopausa e pós-menopausa. A discussão tem o objetivo de encontrar alternativas de comunicação e interação com a mulher em menopausa e trabalhar todos os sintomas possíveis encontrados nesta fase da vida, para que ela perceba a importância e a necessidade de procurar ajuda médica, informações inerentes ao tema, para uma melhor qualidade de vida, saúde e segurança nas suas transformações físicas e psíquicas.

Reflete-se também sobre a realidade da mulher, os efeitos e impactos da menopausa na vida dela e a incontinência urinária como efeito dessa passagem. Como elas enfrentam essa condição no dia a dia e a insegurança que carregam ao viverem esse momento de transformação e 'perdas' relacionadas.

Por isso, os profissionais debatem sobre a importância da comunicação e da disseminação da informação como caminhos para auxiliar na compreensão desse público a tudo relacionado à condição de incontinência urinária, em especial na menopausa.

Os temas também debatem sobre a rede de apoio e o papel de cada um na percepção das mulheres ao que elas devem fazer, como fazer e por que fazer os tratamentos preventivos ou remediativos.

É ciclo natural da vivência da mulher, mas os sintomas e efeitos não podem ser naturalizados, por isso a necessidade de se entender o panorama da incontinência urinária, nível Brasil, na vida das mulheres em menopausa.

ABSTRACT | This work brings reflection, through multidisciplinary knowledge, on urinary incontinence due to menopause. It conceptualizes, at the discretion of information, the different phases that make up the period of completion of menstruation, experienced by the female public, more specifically the climacteric, pre-menopause, menopause and post-menopause.

The purpose of the discussion is to find alternatives for communication and interaction with women undergoing menopause and to work on all the possible symptoms found in this phase of life, so that she realizes the importance and need to seek medical help, information inherent to the subject, for a better quality of life, health and safety in their physical and mental transformations.

It also reflects on the reality of women, the effects and impacts of menopause on her life and urinary incontinence as an effect of this transition. How they face this condition on a daily basis and the insecurity they carry when experiencing this moment of transformation and related 'losses'.

Therefore, professionals discuss the importance of communication and dissemination of information as ways to help this public understand everything related to the condition of urinary incontinence, especially in menopause.

The themes also discuss the support network and the role of each one in the women's perception of what they should do, how to do it and why to do preventive or remedial treatments.

It is a natural cycle of women's experience, but the symptoms and effects cannot be naturalized, hence the need to understand the panorama of urinary incontinence, at the level of Brazil, in the lives of women undergoing menopause.

RESUMEN | Este trabajo trae la reflexión, a través del conocimiento multidisciplinario, sobre la incontinencia urinaria por menopausia. Conceptualiza, a criterio de la información, las diferentes fases que componen el período de finalización de la menstruación, experimentado por el público femenino, más específicamente el climaterio, la premenopausia, la menopausia y la posmenopausia.

El propósito de la charla es encontrar alternativas de comunicación e interacción con la mujer en la menopausia y trabajar todos los síntomas posibles encontrados en esta etapa de la vida, para que ella se dé cuenta de la importancia y necesidad de buscar ayuda médica, información inherente al tema, para una mejor calidad de vida, salud y seguridad en sus transformaciones físicas y mentales.

También reflexiona sobre la realidad de la mujer, los efectos e impactos de la menopausia en su vida y la incontinencia urinaria como efecto de esta transición. Cómo enfrentan esta condición en el día a día y la inseguridad que cargan al vivir este momento de transformación y las 'pérdidas' relacionadas.

Por lo tanto, los profesionales discuten la importancia de la comunicación y la difusión de información como formas de ayudar a este público a comprender todo lo relacionado con la condición de incontinencia urinaria, especialmente en la menopausia.

Los temas también discuten la red de apoyo y el papel de cada uno en la percepción de las mujeres sobre lo que deben hacer, cómo hacerlo y por qué hacer tratamientos preventivos o curativos.

Es un ciclo natural de la experiencia de la mujer, pero los síntomas y los efectos no se pueden naturalizar, de ahí la necesidad de comprender el panorama de la incontinencia urinaria, a nivel de Brasil, en la vida de las mujeres en fase de menopausia.



Maria Augusta Bortolini

Gynecologist, post-doctorate in Sciences and affiliated professor at the Department of Gynecology at the Federal University of São Paulo, Escola Paulista de Medicina, specialist in Urogynecology and Pelvic Reconstructive Surgery at Mount Sinai Hospital, University of Toronto, Canada, Member of the Scientific Committee of Brazilian Association for Continence B. C. Stuart.

Aline Muniz

Gynecologist, gynecologist and obstetrician specializing in women's urinary disorders and pelvic floor surgery at HCFMUSP, Member of the Scientific Committee of the Brazilian Association for Continence B. C. Stuart.

Rodrigo Castro

Gynecologist, Associate Professor, Lecturer at the Department of Gynecology at UNIFESP, Member of the Scientific Committee of the Brazilian Association for Continence B. C. Stuart.

Julio Geminiani

Urologist doctor, PhD in Urology from the Federal University of São Paulo; Professor at the Pontifical Catholic University of São Paulo in Urology and Urogenital Reconstruction and Vice President of the Brazilian Association for Continence B. C. Stuart.

Fátima F Fitz

Fisioterapeuta, especialista em Fisioterapia na Saúde da Mulher, PhD, Doutora e Mestre em Ciências da Saúde pela Unifesp, Professora da disciplina de Fisioterapia na Saúde da Mulher e Urologia no Centro Universitário São Camilo. Presidente da Associação Brasileira pela Continência B. C. Stuart.

Mariane Castiglione

Physiotherapist, doctoral student in urology at the Universidade de Medicina do ABC, professor at the faculty, specialist in human sexuality at the Faculdade de Medicina at USP, and member of the Scientific Committee of the Associação Brasileira por Continência BC Stuart.

Ana Cláudia Delmaschio

Clinical psychologist, specialist in human sexuality from the Faculty of Medicine of USP, member of the Department of Psychoanalysis at Instituto Sedes, member of the Scientific Committee of the Associação Brasileira Pela Continência B. C. Stuart.

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This work is the result of a study commissioned by Bigfral in 2022, which correlates urinary incontinence and menopause. The study was carried out through focus groups; in-depth interviews with women age 45 and older going through menopause; by quantitative research, carried out by the Datafolha Institute, which approached 2206 people, including women aged 45 years or over, women aged 18 to 44 years and men over 18 years of age.

From the data obtained, seven health professionals were gathered, including gynecologists, pelvic physiotherapists and psychologists to comment and present the deliberations, with the objective of understanding and then measuring symptoms, pain and losses of women in the different phases of climacteric. In addition to analyzing the positive aspects, the changes that may point to their self-images and identities, and how families and health professionals in their surroundings deal with these changes.

INTRODUCTION

The work is based on research that seeks to understand the relationship between urinary incontinence and menopause, since it is understood that menopause is the main trigger for urinary incontinence.

The study aims to understand and then measure the symptoms, "pains" and "losses" of women in the different phases of the climacteric and how this period affects the well-being of women. It also brings the positive aspects, the changes that can point to the woman's self-image and identity, in addition to conjecturing how families and close health professionals deal with these changes.

For this, Bigfral commissioned a survey, by the Datafolha Institute, to

understand the patient's perception, through what she is facing or will still face and be able to measure how much is known about urinary incontinence in the menopausal phase.

It is a quantitative, statistically significant research, with online approaches, with 2206 interviews, in the five Brazilian regions, with women aged 45 years or more; women under 45 and men 18 and over.

The objective of the research with all these audiences is to understand, for example, from the point of view of women over 45 years old, what they know about menopause and map their perceptions about what happened to them and what they are going through.

From the point of view of men and women under 45, what information do they have to deal with the person close to them who is going through menopause and possibly urinary incontinence?

Most women approached reported a first episode of urinary incontinence during menopause. It is observed that 83% of women over 45 years old have gone through or are going through menopause, which is equivalent to 58.5 million women in Brazil in 2022 and which will reach 72 million in 2030, according to the IBGE. Women under the age of 45 represent 4% of the total surveyed.

According to research, three out of 10 menopausal women have urinary incontinence. This number is equivalent to 17.5 million women in Brazil in 2022 and that will be approximately 21.5 million in 2030. For younger women, it is pregnancy that can cause this condition.

The main symptoms reported among the interviewees were: heat, the main symptom, reported by 75% of the women, followed by emotional changes with 50%; dry skin and insomnia for 48%; mood swings and anxiety, 47%; vaginal dryness and lack of libido, 46%; weight gain, 45%; and hair

loss, 42%.

In addition to physical symptoms, emotional factors were also reported, seven out of 10 women said that going through menopause affected their well-being, with 38% stating that the climacteric affected their femininity, 28% of them feel ashamed and one in four women prefer social isolation. When it comes to urinary incontinence, that number increases to 8 out of 10 women.

For many women, menopause can be lonely, as 71% of respondents reported not talking to their mother; 66% said they did not talk to their spouse; 65% with a sister; 50%, with friends and 12% do not talk to anyone, mainly for fear of looking old, of hearing mockery, for finding it unnecessary, for shame, for fear of not being desired anymore, of being judged and for fear of not being seen as active.

Even with health professionals, many feel ashamed to talk about it. In fact, of the women who shared their insecurities with their close support network, 35% of them were met with a reaction of neglect, mockery and laughter.

And dialogue is not feasible on either side, since 39% of the men surveyed said they do not talk to their partner about the subject.

According to the survey, 65% of women only start talking about the subject or seeking professional help after entering the climacteric period. In parallel to this, 79% of them said they talked to the doctor, and most only after the first symptom.

What about urinary incontinence within this context? Urinary incontinence is frequent in 3 out of 10 women aged 45 years or older, with 32% of them reporting stress urinary incontinence.

Regarding the consequences, 40% of women change their routine because of urinary incontinence, with 21% saying they stop doing physical exerci-

ses, 18% going out for leisure and 12% having sexual intercourse. And the isolation is even more present when the woman goes through menopause and suffers from urinary incontinence at the same time.

The lack of communication and/or information is also presented in important data, since 33% of the women reported not talking to doctors about urinary incontinence, since 56% declared not having the opportunity to go to the doctor; 20% do not seek help out of shame; 10% do not seek help because it is not a priority. And 51% of the women declared that their doctors did not talk to them about urinary incontinence being a result of the menopause and this can be associated with the fact that 50% of women do not use any product or medication for this condition.

Acceptance of menopause for understanding the consequences

Arriving at the menopause stage has a very strong meaning for women. It is a period of loss, recognition and self-acceptance. Many women cannot understand what is going on and take a long time to seek specialized help.

According to PhD, Maria Augusta Bortolini, gynecologist, most women recognize the difficulty of dialoguing on the climacteric theme and menopause, as they associate it with aging.

It is understood, then, that women take time to seek help or talk about menopause and its consequences, as it is a situation that also involves emotional values and concerns that go beyond the fact of not having more children.

At this stage, many women begin to see themselves as unproductive, useless, among other derogatory factors, since, biologically, the female body was made to reproduce. All these issues make it difficult to accept this process, as they begin to believe that their usefulness is annulled.

In addition to all this, women wrinkle, lose libido, dry out, no longer

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produce hormones, do not sleep well, and many other situations that negatively represent aging. So it's not just a cultural issue, it's a biological issue as well.

In current times, life expectancy has increased and, with that, women live longer and want to live with dignity, beautiful, healthy and with emotional well-being.

For this, they seek strategies to delay the aging process, either through medication or surgery, which is very complex, as this "need" goes far beyond the cultural, physiological and philosophical part.

Among the acceptance of aging and the consequences, urinary incontinence, when it comes within this context, carries a much worse meaning, as the woman begins to think about using a diaper. It is a totally different and heavier context compared to the 30-year-old woman, for example, who may have urinary incontinence as a result of postpartum.

According to the specialist, in clinics, what is most heard from women in the climacteric phase is about the loss of control of their own lives. In reports, they ask for help to understand the symptoms of menopause, and cite malaise, irritability and an unprecedented emotional outburst. This all generates insecurity in the woman, who becomes afraid to leave the house.

It is crucial to understand that this is all hormonal. At this stage, the woman faces a 'boom' of this oscillation of hormones and emotions, as well as hormonal changes throughout the reproductive life phase, due to premenstrual tension (PMS), pregnancy and puerperium.

In addition to the feeling of not being in control, the woman still carries the pejorative issue of not just getting older, but going crazy, losing her mind, since she doesn't understand mood swings and hormonal oscillations.

This stigma has always been carried by women. When she is in a bad mood, people already relate it to PMS or say that she is "unloved", that is, the woman does not have the right to go through all this without being judged.

In the climacteric, all these issues are no different. Jokes are present even indoors. Urinary incontinence, at that moment, is an aggravating factor, because, in addition to everything, the woman starts to pee without self-control.

The lack of urinary control, emotions, sleep quality, skin reaction, how she will wake up, how she will be the next day, generates insecurity, greater stress for this population of women. When the woman is already 70, 80 years old, acceptance is usually a little higher. So, there are differences in perception.

From climacteric to menopause: stages and perceptions

doctor Rodrigo Castro, gynecologist, explains the two concepts: menopause and climacteric. The climacteric is the phase in which the woman begins to experience hormonal oscillations, the ovary begins to fail and from there the period is didactically divided into: pre-menopause, menopause and post-menopause.

In pre-menopause, the woman begins to have symptoms. The first are insomnia, fluctuations in body temperature - hot flushes -, waking up in the middle of the night, often motivated by excess heat, takes off your clothes and soon after feels cold and covers up again.

These are the first signs that a woman is experiencing ovarian failure, a defining moment in the aging process. From there, aging is accelerated and she can develop urinary incontinence, caused by the decrease in support structures, which are stimulated by collagen, which has a very strong relationship with estrogen, and the bino-

mial begins.

Menopause means a woman who has not menstruated for more than 12 months, starting from her last menstrual period. At this stage, there is a significant decrease in steroid production.

Entering menopause, a woman's quality of life decreases and, when there is urinary incontinence, this becomes even more potent. There are women who undergo hormone replacement in order to try to control urinary incontinence, whether stress, urgency, or mixed, however, the success rate of this treatment is very small, almost zero.

However, Dr. Rodrigo explains that when the woman did not have the trauma, did not have the delivery and enters menopause, she may have mild urinary incontinence. In this case, hormone replacement has more relevant success.

To solve the problem, when urinary incontinence is not resolved with hormone replacement, monotherapy with estrogen therapy is not enough. It is necessary to couple physiotherapy, behavioral therapy, among others, to be successful in this treatment.

Contextualized information and communication

The lack of information is an issue to be evaluated according to the reality of each woman. It is necessary to contextualize to understand the differences between the work methodology developed within the public system and the private system.

In the public system, the topic is addressed very quickly. In the private system, the subject is more in-depth, but it is important to note that, often, the patient herself does not see herself in that context and, therefore, does not accept to work/treat it.

On the other hand, there are women who are more concerned and raise questions about menopause spon-

taneously at age 40, for example. The professional can explain that the onset of menopause varies between 45, 50 or 55 years, providing as much information as possible.

But this is not a recurring reality, as many women still have a certain amount of denial and fear of receiving this information. On many occasions, the professional tries to transfer knowledge to them, but they do not feel ready for it. Reflection of the fear of aging and a series of psychic issues that encompass this phase of life.

Another situation, which impacted the information process, was the fact that hormone replacement therapy, some 25 years ago, was related to breast cancer, which interfered and interferes a lot in women's receptivity/acceptance of this type of subject.

Thirty years ago, when 45-year-old women began to enter the climacteric, doctors already started hormone replacement therapy. The strong point was prevention of cardiovascular disease, prevention of osteoporosis, and prevention of lipoprotein alteration.

Nowadays, the treatment is no longer routinely done, as not every woman receives hormone replacement therapy. The information is very relevant in these cases, because it is necessary to explain all the modalities of hormone replacement therapy, attentive to the non-development of breast cancer.

The lack of information has several justifications: that of the patient, that of the doctor and that which is related to hormone replacement treatment. There is no doubt that menopause greatly impacts women's quality of life, and when you have urinary incontinence it impacts even more.

It is important for the professional to pay attention to all these issues, because, however much information reaches women, they are ashamed to say that they are incontinent. It is the professional's role to question the patient, reassuring her about these factors and

finding solutions for her life.

Mariane Castiglione, physiotherapist, reflects on the work that is carried out based on the reality of each woman's economic and sociocultural classes, both in the Unified Health System and in the private sector.

The more information the woman has, either through the media, through the link with health professionals, the more access to treatments she will have.

From the point of view of physiotherapy, what is perceived is that, within the private practice, women are concerned with prevention and seek physiotherapy to improve muscle support. It is suggested, then, to work the musculature with body exercises, as physiotherapy brings benefits to these issues.

There are women, even within the private context, who associate aging with senility. They report the loss of urine and the use of a daily pad as part of their routine. It is noticeable that there is no discomfort with urinary incontinence in milder cases, as it is noticeable that many women normalize urine leaks over the years, provided they are less severe.

Within the public service, women do not have as much access to physiotherapy, due to the fact that there are few professionals and resources are scarce. Sometimes, accessibility, both public and private, is not so great, but it is an important topic.

It is also noticed that the better the woman's sociocultural condition, the more information and resources she has. And with that, questions begin regarding accessibility to skin care, hair care, more specific physical activities.

It is necessary to have a look at this woman in menopause as a whole, to have a biopsychic and sociocultural concern. It is necessary to encourage the practice of physical activity, care related to nutritional aspects, self-care, routine with gynecology, among

others, to create an informative and ideal universe of treatment for these women to have quality physical, mental and emotional health .

The consequences on the sexual routine

Sexuality is another issue that grows a lot in relation to the negative effects of menopause, as it impacts on the health of the pelvic floor and disrupts the dynamics of couples.

Studies show that women who arrive in this period and suffer from urinary incontinence, stop having sexual activity, mainly with penetration, because there are urine escapes in the middle of the relationship.

Studies also show that men, because of this feminine behavior, end up developing associated sexual problems. So the concern with the partnership, the impact on libido, are interesting points to be addressed and worked on.

It is important for women to be informed about the health of the pelvic floor, to have an educational work on the subject, with quality information, to understand the importance of the muscles in the region.

This all encompasses all prevention work for their quality of life in the future and all methods of prevention and body strengthening related to urinary incontinence and physical therapy exercises are essential for the positive effects of this treatment.

Exercise adherence for urinary incontinence

There are points that are more difficult to be addressed within physiotherapy, in the climacteric period, such as hormonal oscillation, which can impact adherence to exercise programs.

For Dr. Fátima F Fitz, physiotherapist, irritability, lack of concentration to focus on exercise and therapy, radically interfere with adherence to exercises, because, in physiotherapy, this adherence is essential for positive



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results.

Another factor that negatively impacts adherence to therapy is that the result is not immediate. This hormonal oscillation ends up interfering with the lack of motivation, especially in patients who have never performed physical exercises in their lives, and who will now need to do so.

These women need to understand the relevance of consistency and adherence to exercises, to achieve the benefits of the treatment of urinary incontinence, since a minimum of 8 weeks, with a minimum frequency of three days a week of exercises, is necessary to observe a positive result. .

All these issues of hormonal oscillation, excessive irritability, lack of concentration and not seeing treatment results quickly can contribute to non-adherence to treatment.

This is a point that hinders clinical practice, both in public and private institutions. Another point that may influence whether or not a woman adheres to the treatment exercises is the severity of urinary incontinence, how much the symptoms interfere with her quality of life on a daily basis.

It is the professional's role to make the patient understand the importance of exercises, explain all the benefits and develop methods to improve adherence, introspecting the factors that are associated with the abandonment of physical therapy, so that they have more quality of life and control over urinary incontinence.

From denial to acceptance: psychological factors

The multidisciplinary discussion is important so that health professionals are able to look at women in this context in a more global way. Human beings are not used to losing functions.

Working these contexts, within the emotional and psychological difficulties, is important for the acceptance of the woman's condition and facilitates

the search for treatment and, mainly, her self-esteem.

The psychologist, Ana Cláudia Delmaschio, explains that the difficulty in accepting the aging process, and all the consequences, is related to the fact that women are used to being reproductive. And that when they reach this stage of life, they relativize issues of loss.

When a woman reflects on climacteric and menopause, for her, it is an announcement that her body is reaching its expiration date. And how to deal with it? Information carries the responsibility of empowering women, in a way. Not just women, but working in partnership with husbands, boyfriends, family members, as there is something to be said for everyone.

It is important and necessary for everyone to understand that it is not a woman's will to go through all this and that she is not in a comfortable phase of life, in addition to the fact that there are several other consequences behind it. Intimacy, partnership and welcoming are important, so that they can go through this in a less impactful way and feel secure in having someone to rely on.

The research underlying this discussion shows that many women still prefer to hide this from their partners rather than share this information with them. This is a fact that is very shocking and very worrying, from a medical and psychic point of view.

Climacteric and urinary incontinence are points that denounce this fragility, so social isolation is the only way for women to protect themselves.

Thinking about disorders, depression and anxiety, studies also say that women who have been depressed at some point in their lives, in this climacteric phase, will have an even greater chance of having a relapse. It is a very important issue, the life history of each woman, as this will influence how she will face this moment.

Another related point, and an important one to be considered, is that the menopause and climacteric period coincides with other losses. Children leaving home, creating more independence, fear of approaching retirement, loss of professional function, are situations that end up bringing other fears to this woman.

Other relevant aspects also bring insecurity for these women, such as the doubt whether the husband will be able to or want to be with her at this time, the aging of the body, sagging, lack of pleasure in sexual intercourse, since she has vaginal dryness and penetration becomes a moment of pain. And what are the positive alternatives to this that can be thought of to improve this woman's life?

It is also necessary to think that the woman goes through a matter of mourning, as she is ending a life cycle. She is assimilating the loss of a body that she liked the way it was and will need some time, with the help of professionals, to work through all these losses and find different paths, which do not announce this old age as something horrible and that she has a lot to live, to do, to accomplish, among other things.

The survey numbers are alarming. There are almost 60 million Brazilians going through the climacteric and almost 30 million reported on symptoms, irritability, emotional outburst, among others and that professionals need to pay attention to all of this. In any case, it is important to note that not all women will go through the climacteric this way. For some, it will be a quieter phase.

FINAL CONSIDERATIONS

For Dr. Ana Cláudia, the health professional cannot wait for the woman to question or address menopause and urinary incontinence, because sometimes she will not reach this point,

because she is not ready to hear what she does not want to hear.

It is important for the information to be available to everyone, enabling conditions for them to be interested in accessing these answers, breaking a little of this woman's resistance to face the reality that, many times, is already close to happening.

For Dr. Maria Augusta, the accessibility and feasibility of facilitating information is a way to reach more people with urinary incontinence, in a global appeal.

At some point, breaking the taboo on the subject, women will manifest or professionals will ask about these symptoms earlier. This can happen at the height of the heat or later on, when she has a more dry vagina, starting to have symptoms of urinary genitourinary atrophy - which she may not even associate with menopause -, but the professional can approach it in a subtle way. At some point this will be discussed, respecting the woman's moment to receive this information, but it is necessary to realize this need.

In order to age with dignity, accept the phases and see the benefits, there are also women who anticipate, around 40 years old they already seek treatment information and attitudes that can be taken to prevent symptoms and impacts on their lives.

The woman has to preserve functionality and all of this will depend on the physical activity she will propose to do. To prevent it, good nutrition, physical activity and health care in general are needed from an early age.

Welcoming, placing the person in time and space, making it clear what depends or not on them, is also embracing all the female insecurity in this time. It's making her realize that she doesn't age alone and all the consequences can be related to the way she receives, accepts and takes care of herself.

For Dr. Rodrigo, it is necessary to

think about how to multiply this information for the people, since national data were worked on in this article, which are extremely important for understanding the reality of Brazilian women and that the multidisciplinary nature of the professionals involved in this work can help both both in publicizing and in reflecting on how to take it to the population in general, as it speaks a lot with what already exists in the academic universe and is of great relevance to the social interest .

Using social networks as a model to multiply this information, so that it reaches as many people as possible, to understand that urinary incontinence, at any stage of life, is not normal and that menopause can enhance this condition. It is a challenge to make the woman receive the information, understand what is happening to her and seek professional help.

Dr. Mariane emphasizes the importance of working on these issues/information within the academic world, in the training of health professionals. And working with partnerships, with digital influencers, can help spread information more efficiently, since there is an identification, which can make the subject easier to understand.

Dr. Fátima ends by informing that it is necessary to know how to age, respect the body and extinguish comparisons with other women. Working this aging with the population is very important, because each one has its own reality and different perceptions.

Women need to understand that these are phases of life and that it is necessary to talk about it, so that they do not face it alone and are able to take care of themselves properly.

Aging is a biological process. So the challenge is to give life to those extra years and how to do that? Exercising, adhering to treatments, taking care of yourself, seeking information and respecting yourself

