

Evento: COBRA F

Modalidade: PÔSTER

Tema: C08. Fisioterapia na Saúde da Mulher

TERMINOLOGY OF PELVIC FLOOR MUSCLE FUNCTION OF WOMEN WITH/WITHOUT URINARY INCONTINENCE: A SYSTEMATIC REVIEW

FERNANDA SALTIEL BARBOSA VELLOSO (FERNANDA SALTIEL) - UNIVERSIDADE FEDERAL DE MINAS GERAIS - fernandasaltiel@gmail.com, ANA PAULA GONÇALVES MIRANDA-GAZZOLA (ANA PAULA MIRANDA-GAZZOLA) - UNIVERSIDADE FEDERAL DE MINAS GERAIS, RAYANE OLIVEIRA DA VITÓRIA (RAYANE VITÓRIA) - UNIVERSIDADE FEDERAL DE MINAS GERAIS, ELYONARA MELLO DE FIGUEIREDO (ELYONARA FIGUEIREDO) - UNIVERSIDADE FEDERAL DE MINAS GERAIS

Background: Pelvic floor muscle functions (PFMF) are targets of the physical therapy interventions for women with urinary incontinence (UI). However, possible variations in PFMF terminology might hamper communication among researchers and health care professionals of Women's Health.

Objective: To investigate the terminology of PFMF regarding clear terms, conceptual and operational definitions.

Methods: Search was done in the following databases: PUBMED, CINAHL, LILACS and SCIELO. Inclusion criteria were observational studies investigating any PFMF of women with or without UI, published in English, Spanish or Portuguese, from 2005 to 2017. The risk of bias was assessed by a questionnaire on quality of observational studies. Data on terminology was extracted as terms, conceptual and operational definitions of PFMF, and synthesized according to keywords, key-ideas, and key-operationalization respectively. Consistencies and variations were identified for the most frequently PFMF investigated.

Results: Sixty-four studies were included and a low risk of bias was identified. All studies presented terms and operational definitions of PFMF, but only 29.7% presented conceptual definitions of those terms. One hundred and ninety six different terms referred to PFMF. According to similarities in terminology, 161 PFMF could be grouped into 26, but the other 35 were left ungrouped. Therefore, a total of 61 PFMF with different terminology were identified in the literature.

Conclusions: A large variation in PFMF terminology was identified, precluding data gathering and meta-analysis. The lack in the use of standardized terminology delays the progress of scientific knowledge and evidence based practice dissemination. Efforts towards a consensual terminology on PFMF are necessary to foster communication among health care professionals who deal with women with urinary incontinence.

Systematic review registration number: PROSPERO 2016: CRD42016045260 available at http://www.crd.york.ac.uk/PROSPERO_REBRANDING/display_record.asp?ID=CRD42016045260