

Easy integration using guidelines Urinary incontinence Migration

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Hungarian Continence Society
ISSOP Congress
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The integration will be easier if there are clear guidelines.

The people feel better themselves if they received good information in a migration situation.

I explain the usefulness of it through incontinence care.

Urinary incontinence (UI) is an extremely common complaint in every part of the world.

It causes a great deal of distress and embarrassment,
as well as significant costs,
to both individuals
and societies.

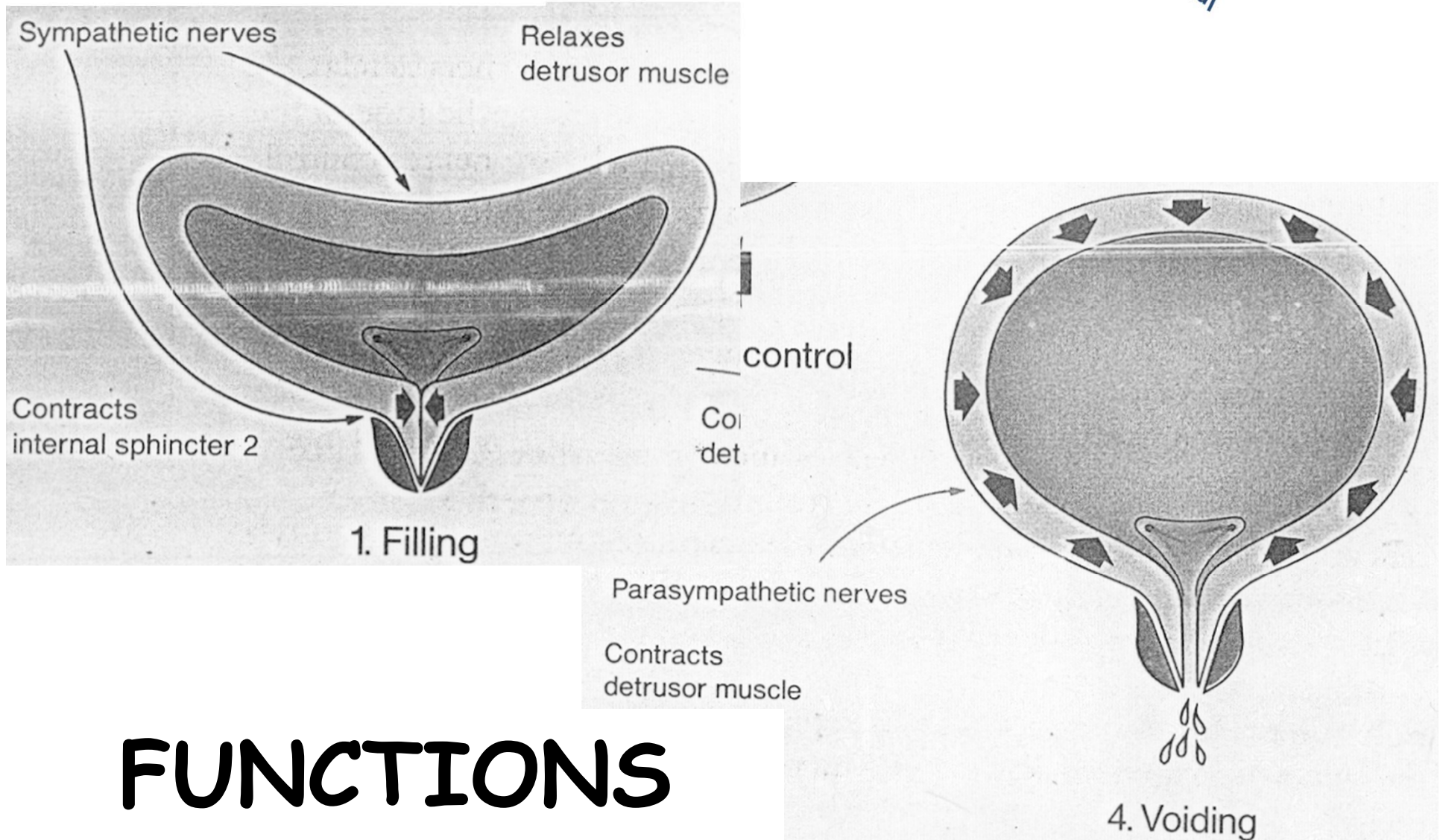


The migration is also an extremely common problem in the world.



It causes a great deal of distress and embarrassment, as well as significant costs, to both individuals and societies.



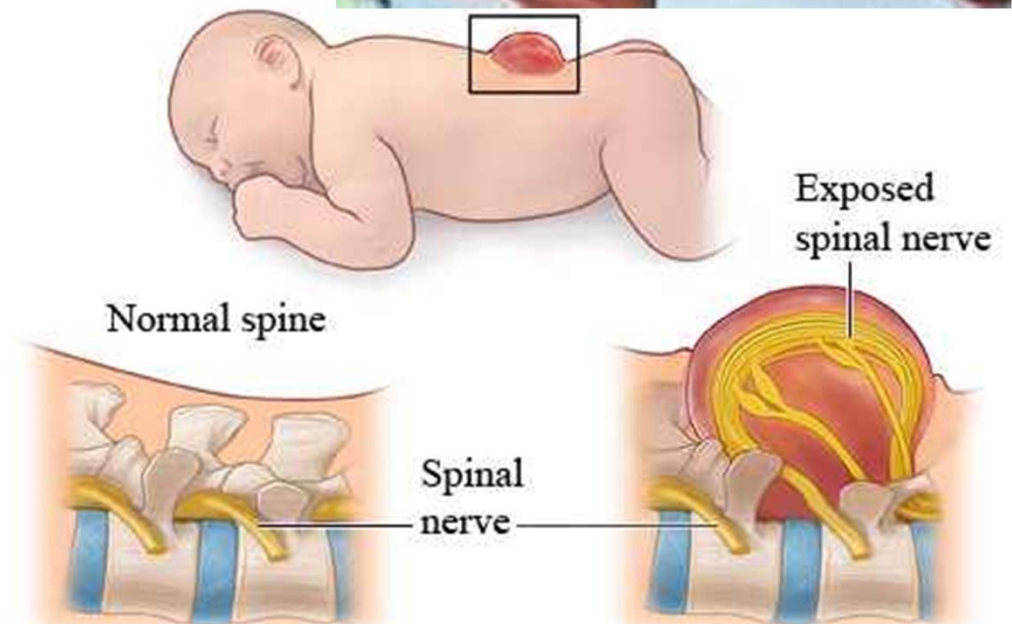


FUNCTIONS

BLADDER DYSFUNCTIONS

- 1. NEUROGENIC DETRUSOR SPHINCTER DYSFUNCTION: MMC, Tethered cord, Spinal dysraphism, Trauma**
- 2. NON-NEUROGENIC DETRUSOR SPHINCTER DYSFUNCTION: Dysfunctional micturition**
- 3. DETRUSOR SPHINCTER ANATOMICAL DISTURBANCES: Bladder extrophy, Epispadias**
- 4. DEVIATION AVOID SPHINCTER: Ectopic ureter**
- 5. URINARY TRACT INFECTION**

Newborn - Infant Neurogenic bladder dysfunction



Neurogenic bladder dysfunction

Inability to urinate

Difficult micturition

Retention

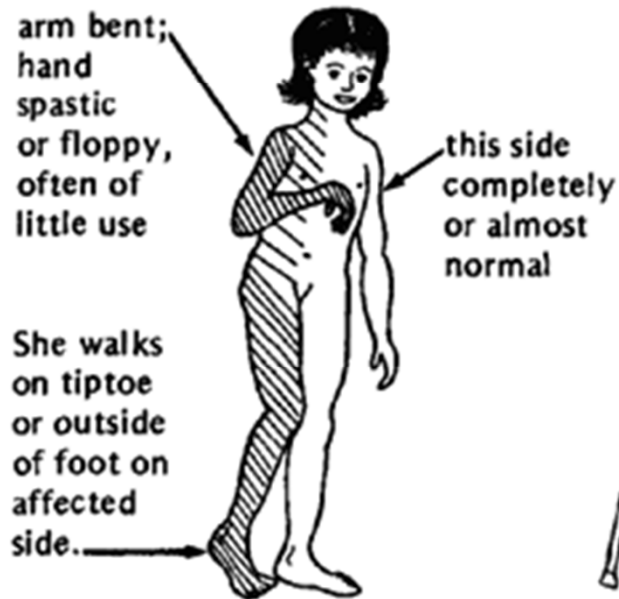
Incontinence

UTI

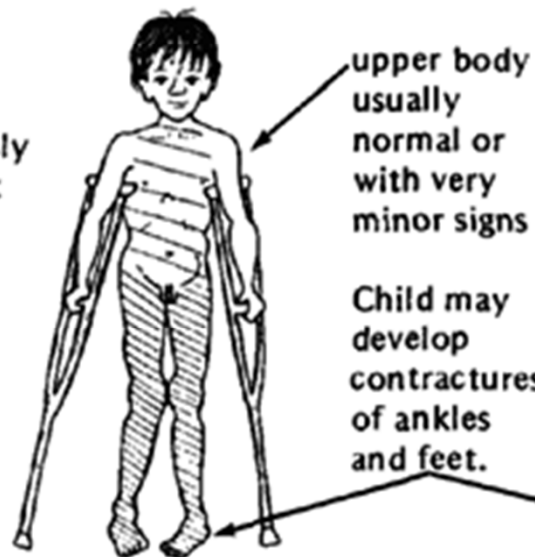
INFANT - CHILD - ADULT

Cerebral palsy

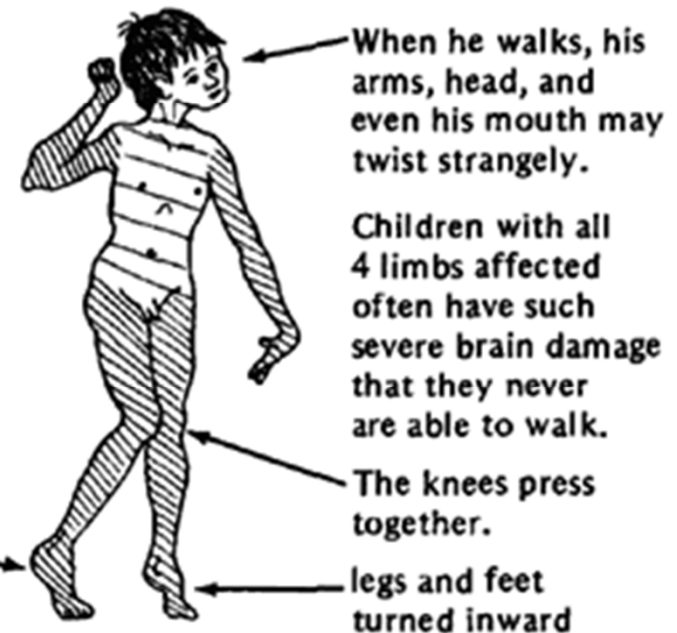
ARM AND LEG ON ONE SIDE (HEMIPLEGIC)



BOTH LEGS ONLY (PARAPLEGIC) or with slight involvement elsewhere (DIPLEGIC)



BOTH ARMS AND BOTH LEGS (QUADRIPLEGIC)







Micturition in Patient with Cerebral palsy

Normal

Urinary incontinence - more frequent

Urinary incontinence

Day and Night - 50%

Only day - 50%

Only night - Nocturnal Enuresis - 0%

Frequent micturition 75%

Urge complain 50%

Giggle incontinence 10%

Stress incontinence 10%

Different type of migration





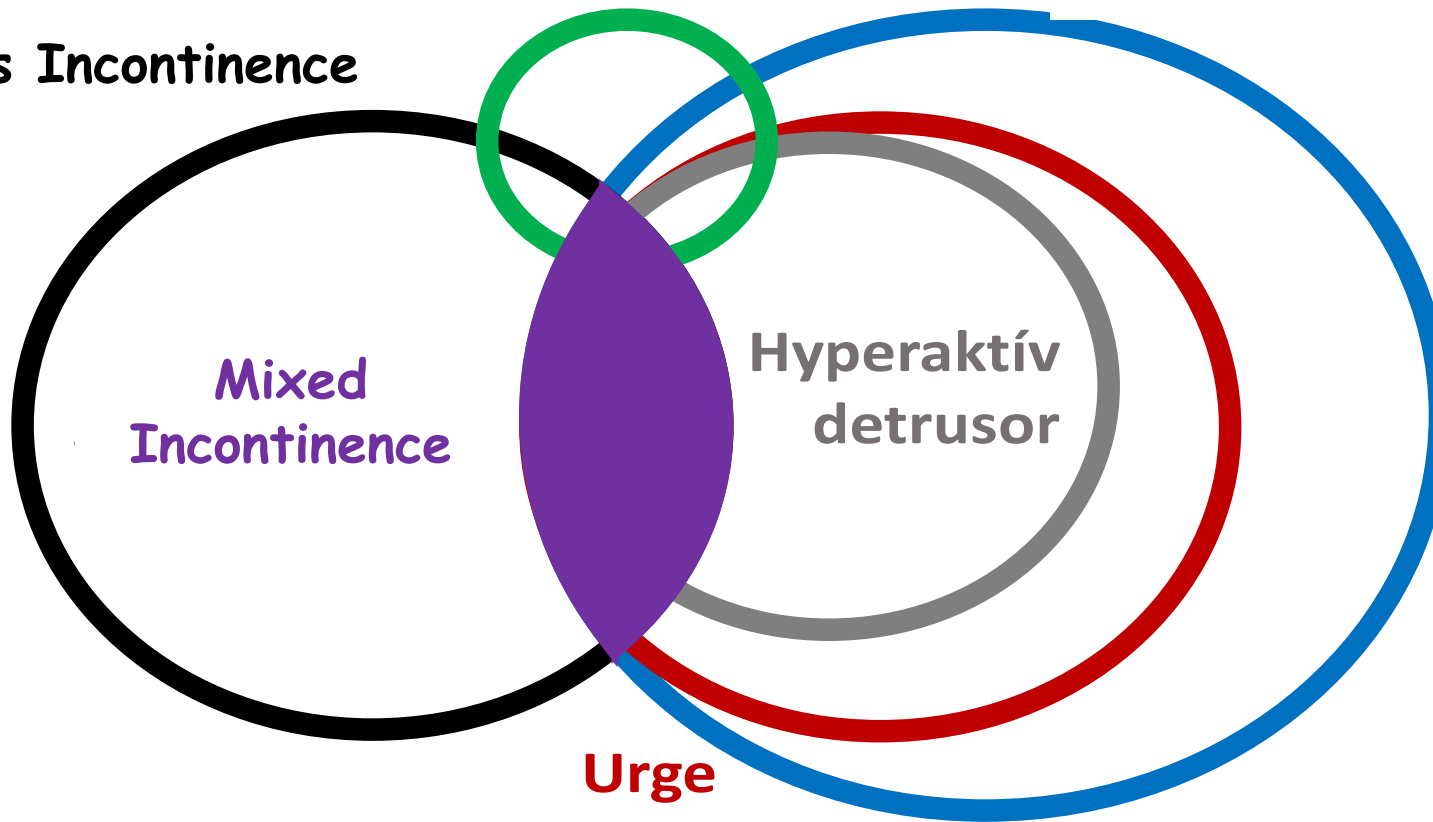


Urinary Incontinence

Neurogenic Bladder Dysfunction

Bladder Overactivity

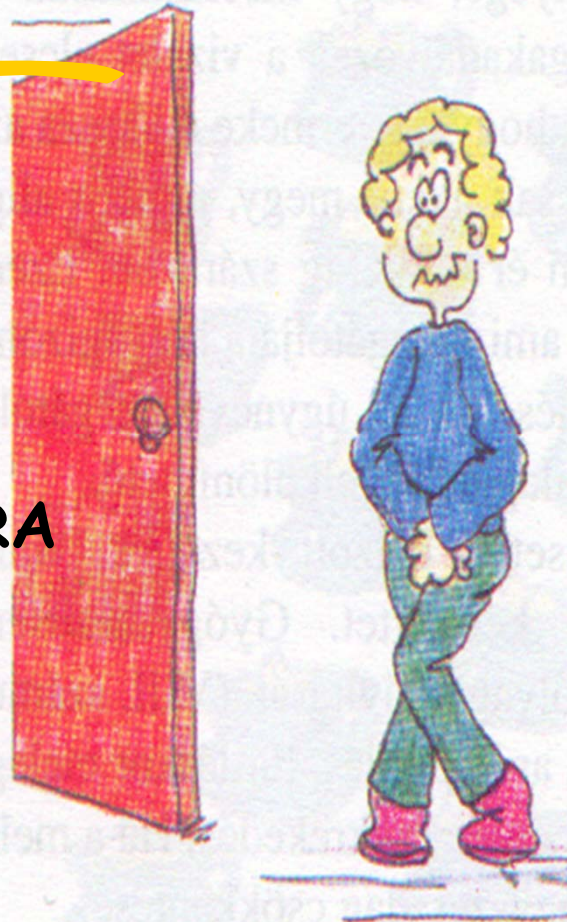
Stress Incontinence



URGE INCONTINENCE

CHILDREN

1. UNSTABLE DETRUSOR
2. UTI
3. STENOSIS OF URETHRA
4. DSD
5. STONE



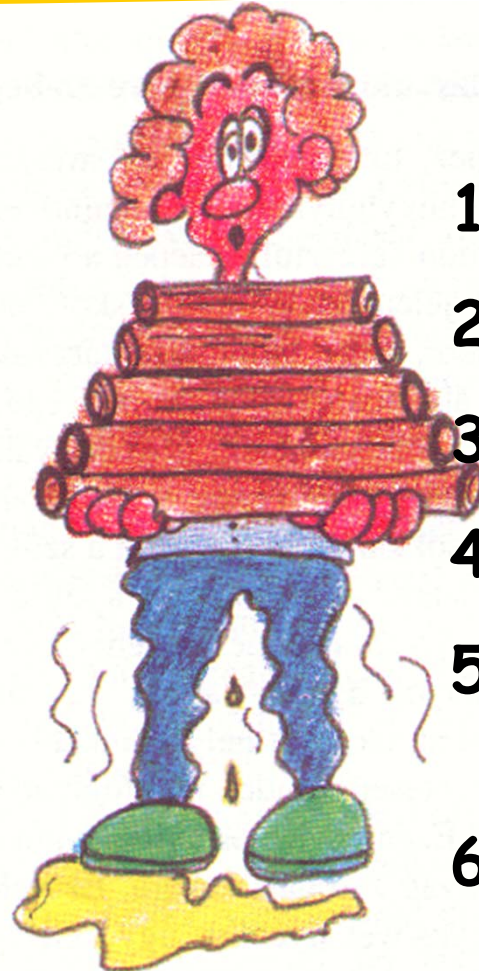
ADULT

1. BPH
2. TUMOR
3. GENITAL PROPTOSIS
4. PREVIOUS ANTI INCONTINENCE SURGERY
5. UTI
6. STONE

STRESS INCONTINENCE

CHILDREN

1. OBESITY
2. BLADDER EXTROPHY
3. EPISPADIAS
4. BLADDER INSTABILITY
5. WIDE BLADDERNECK



ADULT

1. DELIVERY
2. PERINEAL DAMAGE
3. GENITAL PROLAP.
4. OBESITY
5. BLADDER INSTABILITY
6. WIDE BLADDERNECK

Incontinence is a symptom,
which can be a form of appearance of many
different diseases or anatomical disorders.

Migration is also a symptom,
which can be a form of appearance of many
different situation and problems.

5 MAIN CAUSES OF MIGRATION

Environmental - Better climate, calamities, and natural disasters are examples of environmental causes or reasons.

Economic - Moving to find work or moving to follow a particular career path is an example of economic cause or reason.

Cultural - Religious freedom and education is an example of cultural cause or reason.

Political - Civil war or escaping from political persecution is an example of political cause or reason.

Social - Moving for a better quality of life or moving closer to a family member or friend is an example of a social cause or reason.

Mapping the Impacts of Climate Change

Select below

Extreme Weather

Direct Risks

Overall Vulnerability

Sea Level Rise

Direct Risks

Overall Vulnerability

Agricultural Productivity Loss

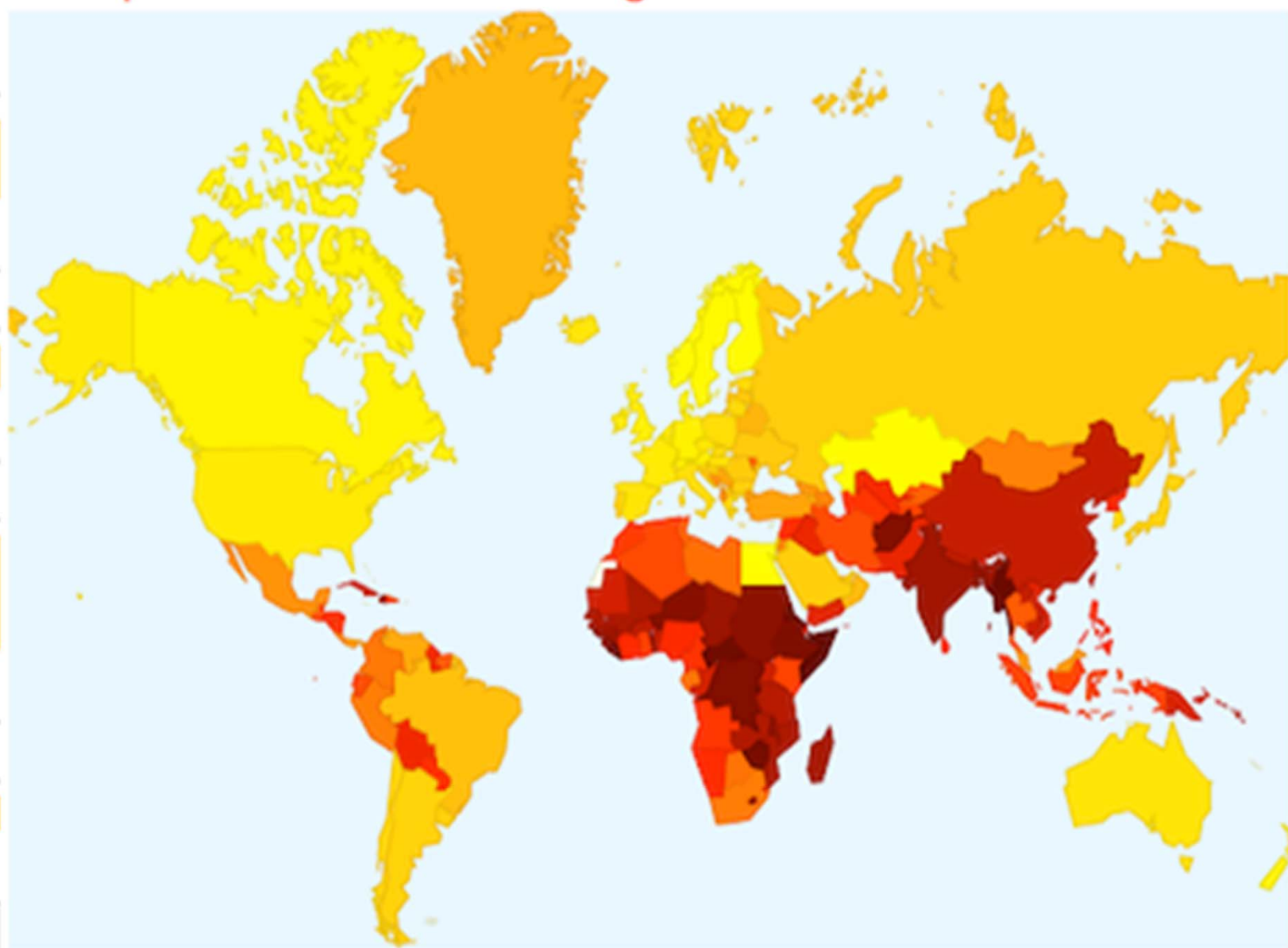
Direct Risks

Overall Vulnerability

Overall

Direct Risks

Overall Vulnerability



Rank 1  169

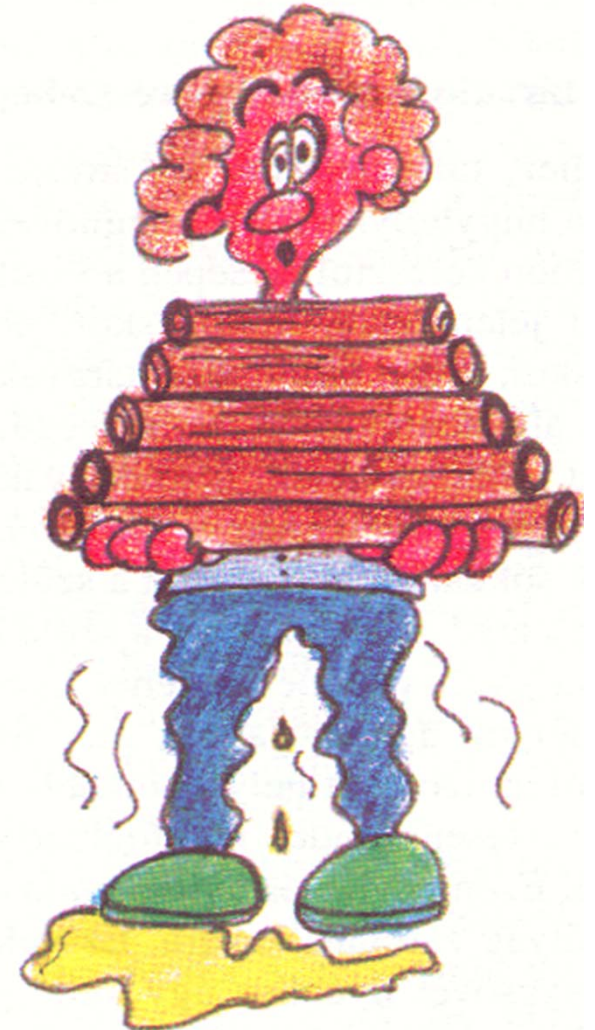
Overall Overall Vulnerability:
Physical Impacts Adjusted For Coping Ability

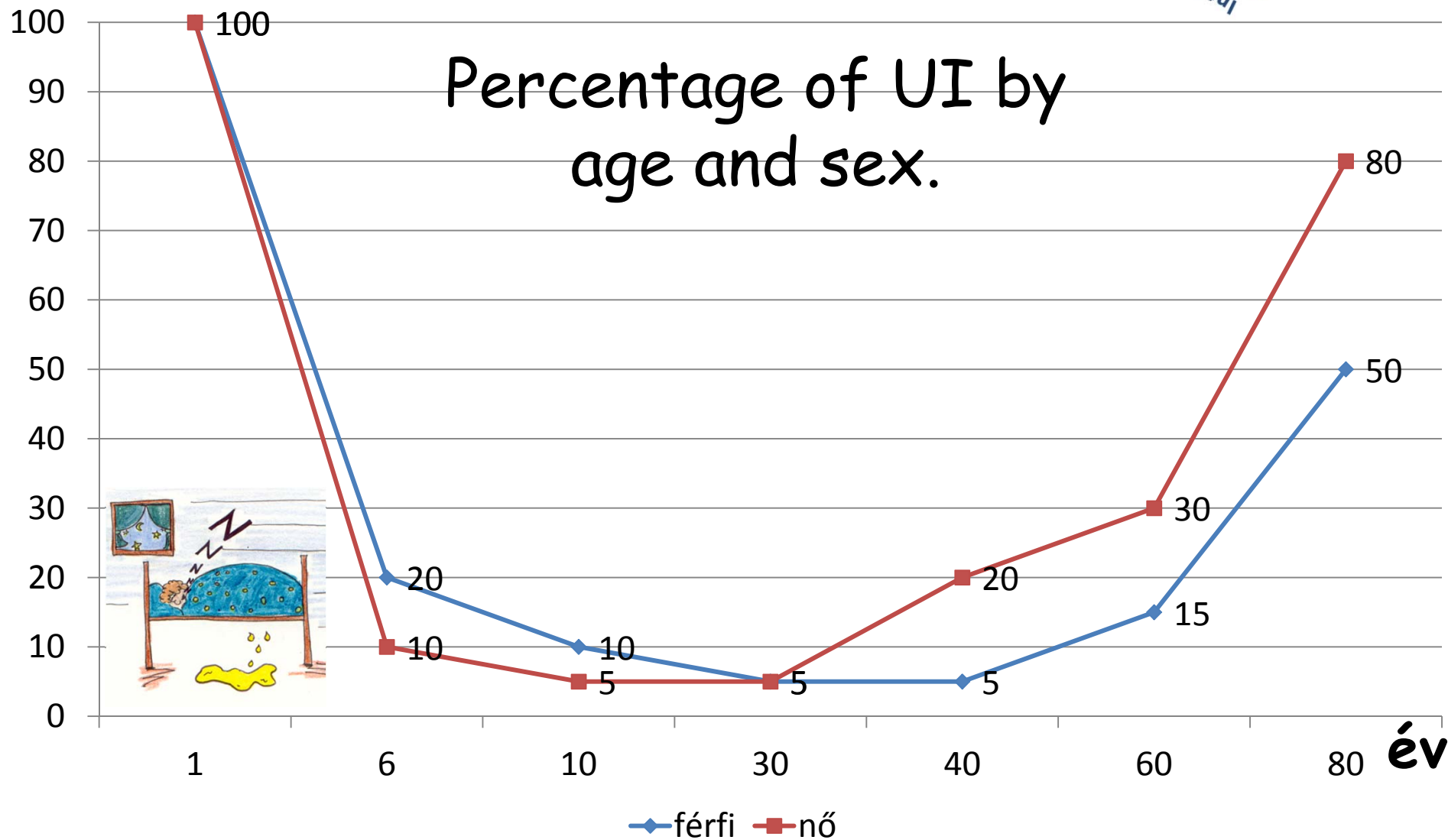






The temporary or permanent
urinary incontinence
incidence and prevalence
according to
endemic level of problem.





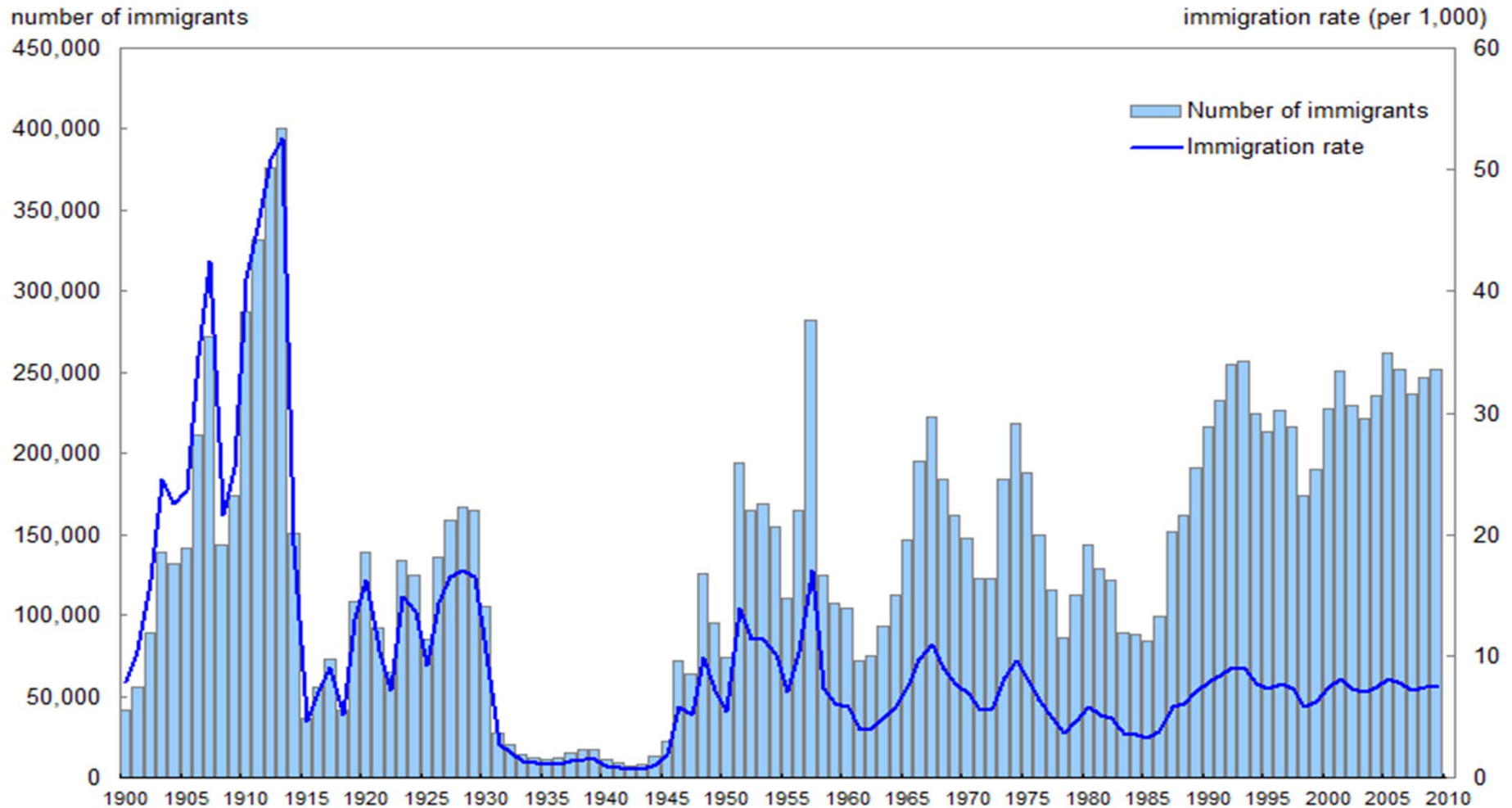
The incidence of continence disability increases with age and the entire Hungarian population



is projected to more than 5%, which is constantly increasing.

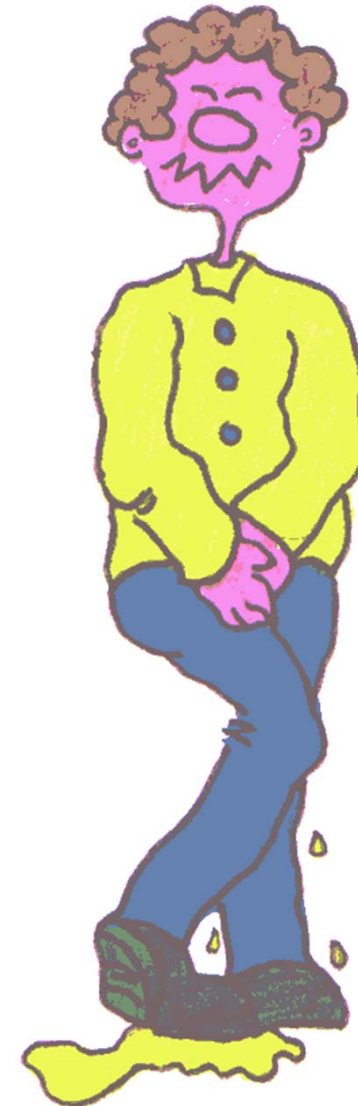
The average prevalence of incontinence is given by the various international statistics for women between 4.6 and 58.5%, and 1.6-24 % for men.

The migration number and rate



What's the problem with
urine incontinence?

And the migration?



The „hiding” patients -
shame,
taboo topic,

Nearly 60% of the patients
never turn to a doctor so,
the clarification of the
problem in relation to
essential.





They are reluctant
to turn to a
specialist
with the
complainants about
incontinence,

16-25% of doctors
do not care.

They are reluctant
to turn to an
Immigration Office

80% of Offices do
not care.

What's the problem with urinary incontinence (migration) yet?

Incontinence is a significant psychological and financial burden both for the individual and for the environment and the society.

Suspicious stains on the dress, urine smell.

Symptoms, associated with the incontinent state, the patient's social environment is completely rejective.



What's the problem of incontinence (migration) diagnostics?

The first physician-patient encounter
is experienced by nearly
a quarter of patients,
that the GP has no interest
in mentioning urine complaints.

They do not recommend further
substantive investigation, help.



What's the problem in ICS incontinence care?

Prevention - There is no pelvic floor training
and it is not payed

Therapy - Pelvic floor training - it is not payed

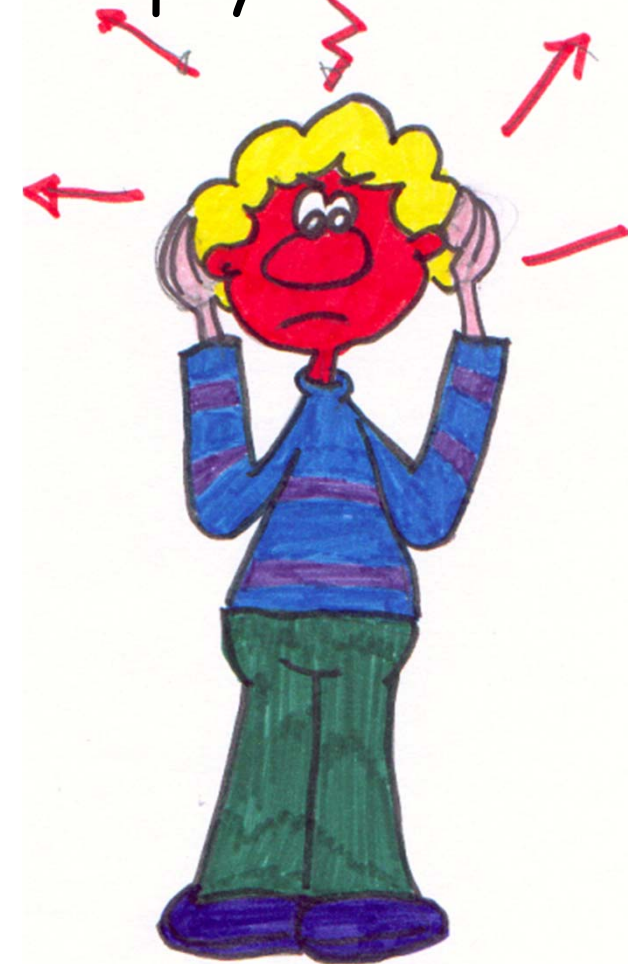
Symptomatic treatment - diaper

- Is not enabled in primary care
- financing is not tailored
to the individual - leak

Drug therapy

- Modern medicine is not supported,
expensive - not given
- Not modern - supported -
Treatment outcome is not so good

Surgery, Rehabilitation





What's the problem in ICS incontinence care?



Prevention-There is no pelvic floor training and it is not payed

Therapy - Pelvic floor training - it is not payed

Symptomatic treatment

Drug therapy

Surgery

- modern procedure is less known and less applied
- Non-modern process known applied -
results are not very good

Rehabilitation

- partial support - partial results

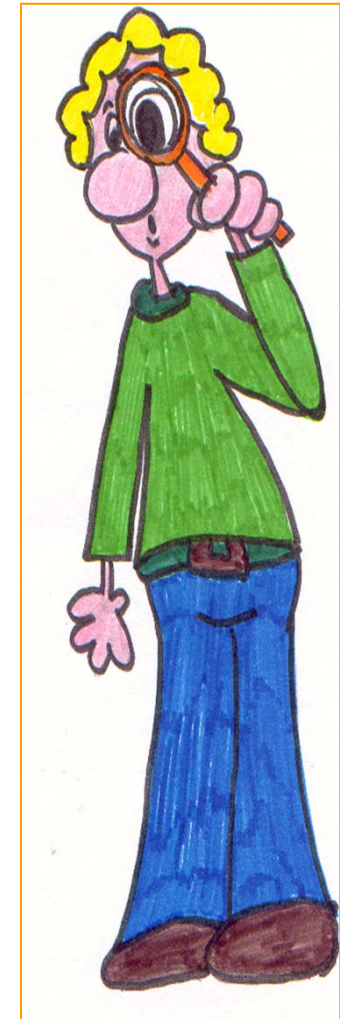
What have the Hungarian Continence Society done?

Retraining, further training:
Lectures, books, articles.

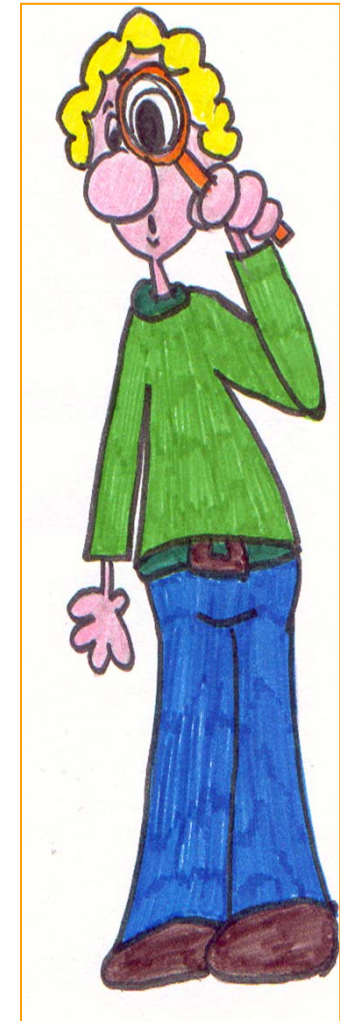
A drop of self-confidence.

Consensus conference.

Guideline development.



What have Hungary done?







In front of the „Keleti“ Railway station, Budapest









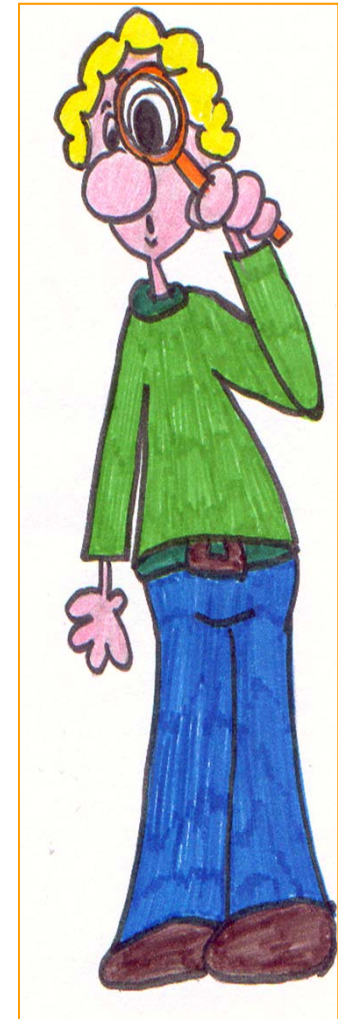
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A Nemzetközi Kontinencia
Társaság
továbbképző konferenciája és
a Magyar Kontinencia Társaság
IV. Kongresszusa
2013. október 11-12.



A vizelettartási zavarok kivizsgálása és ellátása Interdiszciplináris kongresszus

A Magyar Nőorvos Társaság (MNT) és a Magyar Urológus Társaság (MUT) Urogynekológiai Szekciójának és a Magyar Kontinencia Társaságnak közös tudományos kongresszusa és továbbképző tanfolyama. (Kötelező tanfolyam urogynekológiai licence vizsgához)

Programfüzet

2017.05.04.-06.

Budapest, Danubius Health Spa Resort Margitsziget
www.convention.hu

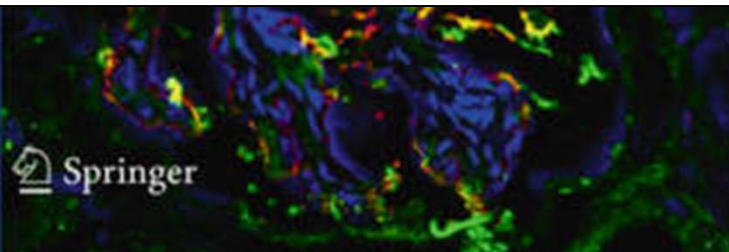


Volume 31 · Number 7 · July 2016

Journal of the
International Pediatric Nephrology Association

Pediatric Nephrology

Pediatr Nephrol (2004) 19:326–331
DOI 10.1007/s00467-003-1341-8
ORIGINAL ARTICLE
László Szabó · Béla Lombay · Éva
Borbás · Ilona Bajusz
Videourodynamics in the diagnosis
of urinary tract abnormalities in a
single center



 Springer

Volume 89
Supplement 2
May 2002

BJU INTERNATIONAL

www.bjuj.org

Abstracts of the 13th ESPU, Hungary, 11–13 April 2002

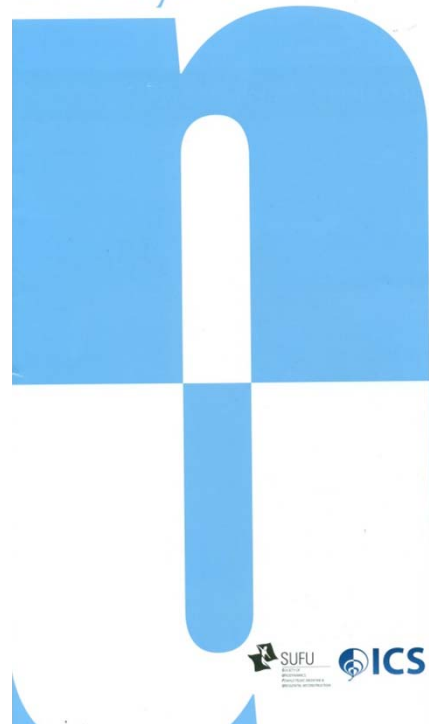
EDITOR
Hugh Whitfield

Maximum and average
urine flow rates in normal
children - the Miskolc
Nomograms
Brit J Urol (1995)
76 16-20.
L Szabó and
S Fegyverneki



Blackwell
Publishing

Neurourology
AND
Urodynamics



VOLUME 34 ISSUE 1

Original Contribution
• Urinary Tract Function
• Urinary and Fecal Continence
• Pelvic Floor Function

WILEY Blackwell



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Neurourology and Urodynamics 29:153–158 (2010)

REVIEW ARTICLE

Executive Summary: The International Consultation on Incontinence 2008—Committee on:

“Dynamic Testing”; for Urinary or Fecal Incontinence.

Peter F.W.M. Rosier, Gordon L. Hosker, **László Szabó** Ann Capewell, Jerzy B. Gajewski, and Peter K. Sand

Neurourology and Urodynamics 25:1-4 (2006)

Urinary Flow Disturbance as an Early Sign of Autonomic Neuropathy in Diabetic Children and Adolescents,

Laszlo Szabo, Laszlo Barkai and Bela Lombay

Original Clinical Article Urinary incontinence and voiding dysfunction after radical retropubic prostatectomy (prospective urodynamic study)

Attila Majoros, Dietmar Bach, Attila Keszthelyi, Antal Hamvas, Imre Romics

2006; 25(1): 2–7.

Analysis of Risk Factors for Urinary Incontinence after Radical Prostatectomy

Majoros A.^a · Bach D.^b · Keszthelyi A.^a · Hamvas A.^a · Mayer P.^b · Riesz P.^a · Seidl E.^b · Romics I.^a

MIÉ

Illus



Gyermek- urológia



szerkesztette

Merksz Miklós



 Semmelweis Kiadó

inencia

erápia, rehabilitáció

Szerkesztette

Katona Ferenc
Hamvas Antal
Klauber András

MEDICINA

Inkontinencia

Diagnosztika, terápia, rehabilitáció

Szerkesztette

Az inkontinens beteg ápolása

Szerkesztette

Katona Ferenc
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Klauber András

medicina

Incontinence

Diagnostics, therapy, rehabilitation

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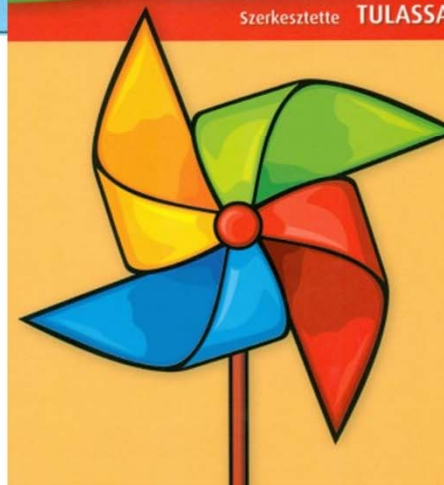
Ferenc Katona
Antal Hamvas
András Klauber

medicina

MIT KELL
MA TUDNI
AZ
INKONTINENCIÁRÓL

KLINIKAI GYERMEKGYÓGYÁSZAT

Szerkesztette TULASSAY TIVADAR



medicina

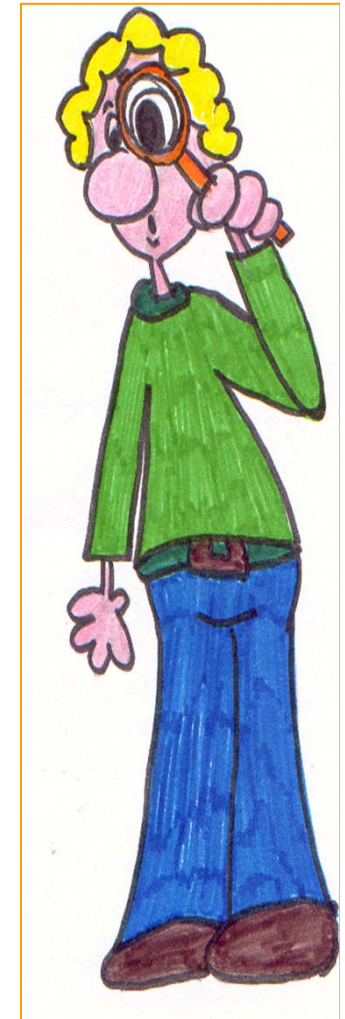
What have the Hungarian Continenence Society done?

Retraining, further training:
Lectures, books, articles.

A drop of self-confidence.

Consensus conference.

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Participants:

National Patient Forum

National Institute of Primary Care

Nursing directors

National Professional College

Hungarian Chamber of Pharmacists

Dept. of Urology Semmelweis University

Dept. of Gynecology Semmelweis University

National Institute of Medical Rehabilitation

Distributors for Health Alliance

Hungarian Continence Society

Professional consensus on the continence supply development

At the Round Table Meeting of the
Hungarian Continent Society on 24 June
2014, the parties agreed:



300 000 people use medical devices -
1/5 diaper.

Half of these diapers are leaking.
Either in the pants or in the bed.

Extra cost of 15 billion HUF
going to institutions
of 15 billion HUF home.

We buy leakage on public expense
and 30 billion service

can't work, don't produce, fall out from work -
approx 60 billion HUF



We don't have a proper diaper prescribe

There is not on public health list

Get bad diapers at reduced price.

Not or poorly administered UI,
as well as immediate and total social exclusion
of the patient, irrespectively of the age,
social status and qualifications
of the person concerned.

That's why the
fundamental purpose of
incontinence care is
a full social reintegration
of the people who lives
with continence disability



The fundamental role of the
family doctor,

urologist, gynecologist, neurologist,
rehabilitation specialist,
pediatrist, geriatrist,

preventive nurse, physiotherapist,
dietitian, nurse, pharmacist,

and medical tool manufacturer and distributor



In primary care

the family doctors, nurses,
don't have enough information
on the pathology,
examination, treatment,

And there is no way
for transient symptomatic
treatment





The prerequisite for the successful start of early symptomatic treatment and the need for further necessary diagnostic and therapeutic interventions are to provide symptomatic treatment for the patient's profile, (self-sufficiency, incontinence severity, body size, involuntary leakage type) which is obligatory and always adaptable to the level of primary care.

Effective treatment can be achieved by taking into consideration the patient's individual capabilities, possibilities and abilities, i.e. **personalized care**

Female incontinence

the propagation
of pelvic floor muscle exercise

would be important
with the development
of a nationally financed
physiotherapy.

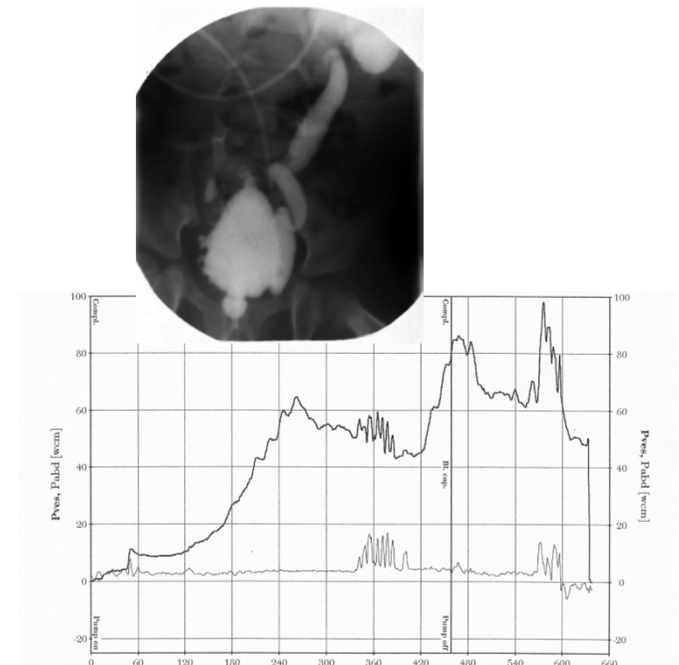


Male incontinence

the centralised examination and
treatment
to create important,
and instead of licensing implants
on an individual equity basis,
the decision making centres
should be created.



In the patients
with Neurogenic Bladder Dysfunction,
the VUD tests should be introduced at the
urodynamic centres.



The technique of intermittent catheterization should also be promoted.



Care practices should be organized with rehabilitation institutes and departments.





The patients' incontinence
in the hospital and social institution
is not adequately provided.

The elimination of this unworthy situation is
the obvious interest of hospital workers,
hospitalized patients and their relatives.



More than half of patients receiving funded care currently report residual symptoms (leakage).

This indicates the lack of personalization -
Quality, professional.

The medical supplies are often used as inappropriate, so the effectiveness of the prescribed devices is questionable.



The inappropriate device will lead to waste, often you have to replace the maybe cheaper, but not enough effective absorbent.

Our primary common goal is to improve the efficiency of the existing system by reducing waste.





The primary goal of continence care is the full social reintegration of the patient,

which requires the immediate and complete symptomatic stabilization, medication and/or instrumental intervention to ensure and the causative treatment as soon as possible commencing.

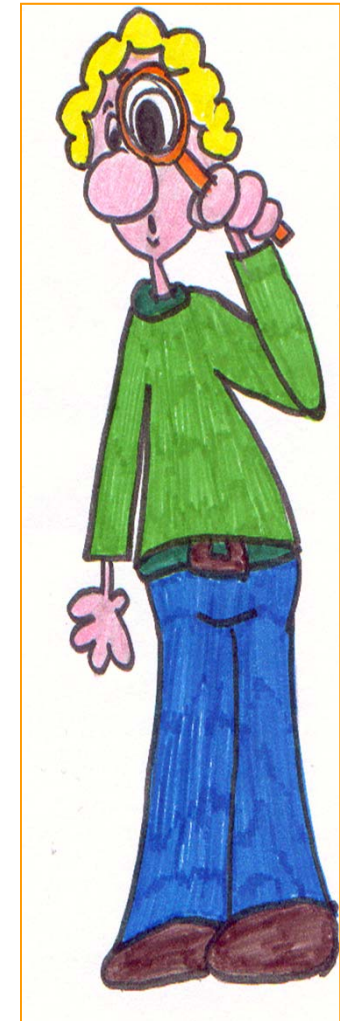
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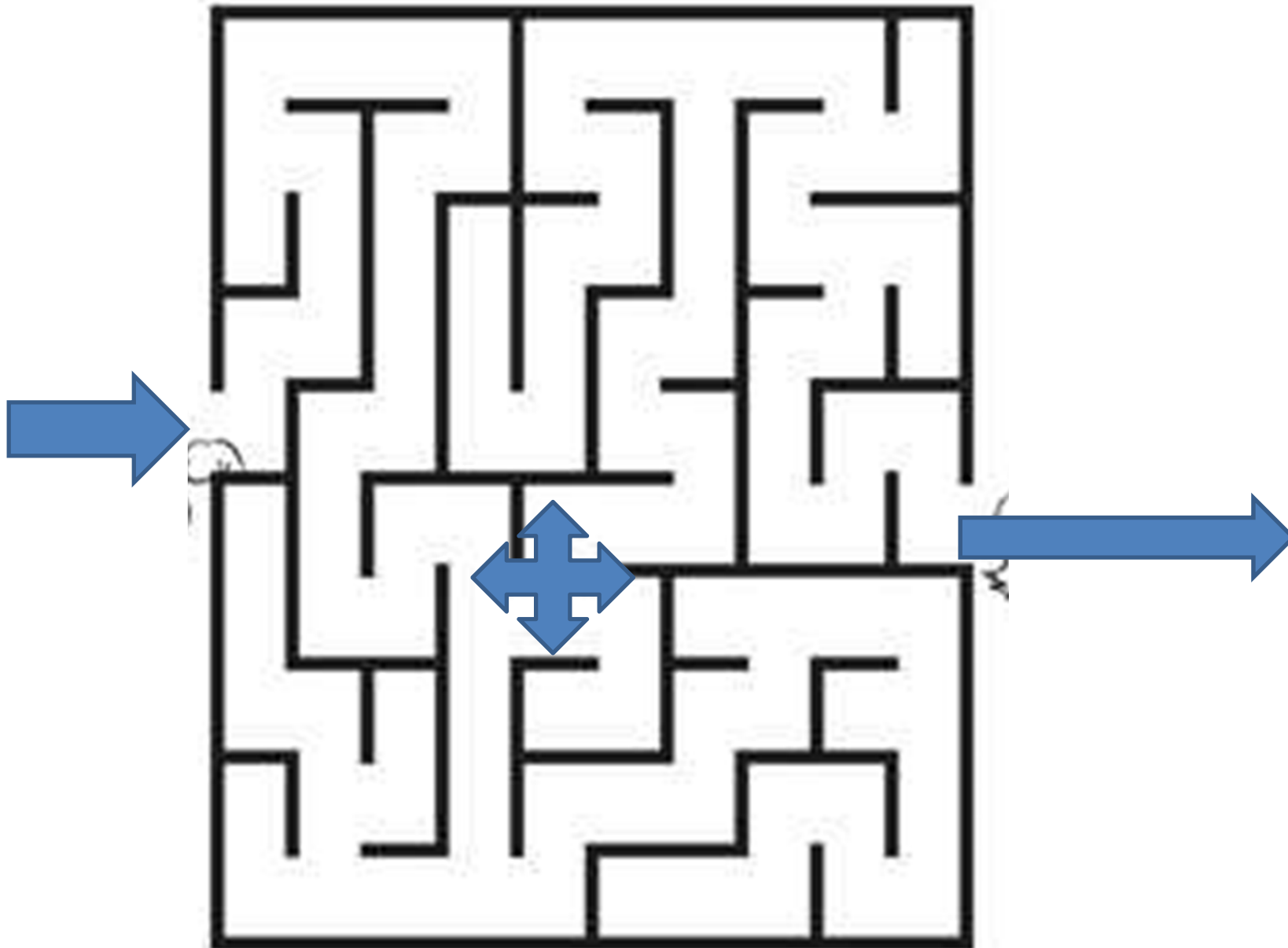
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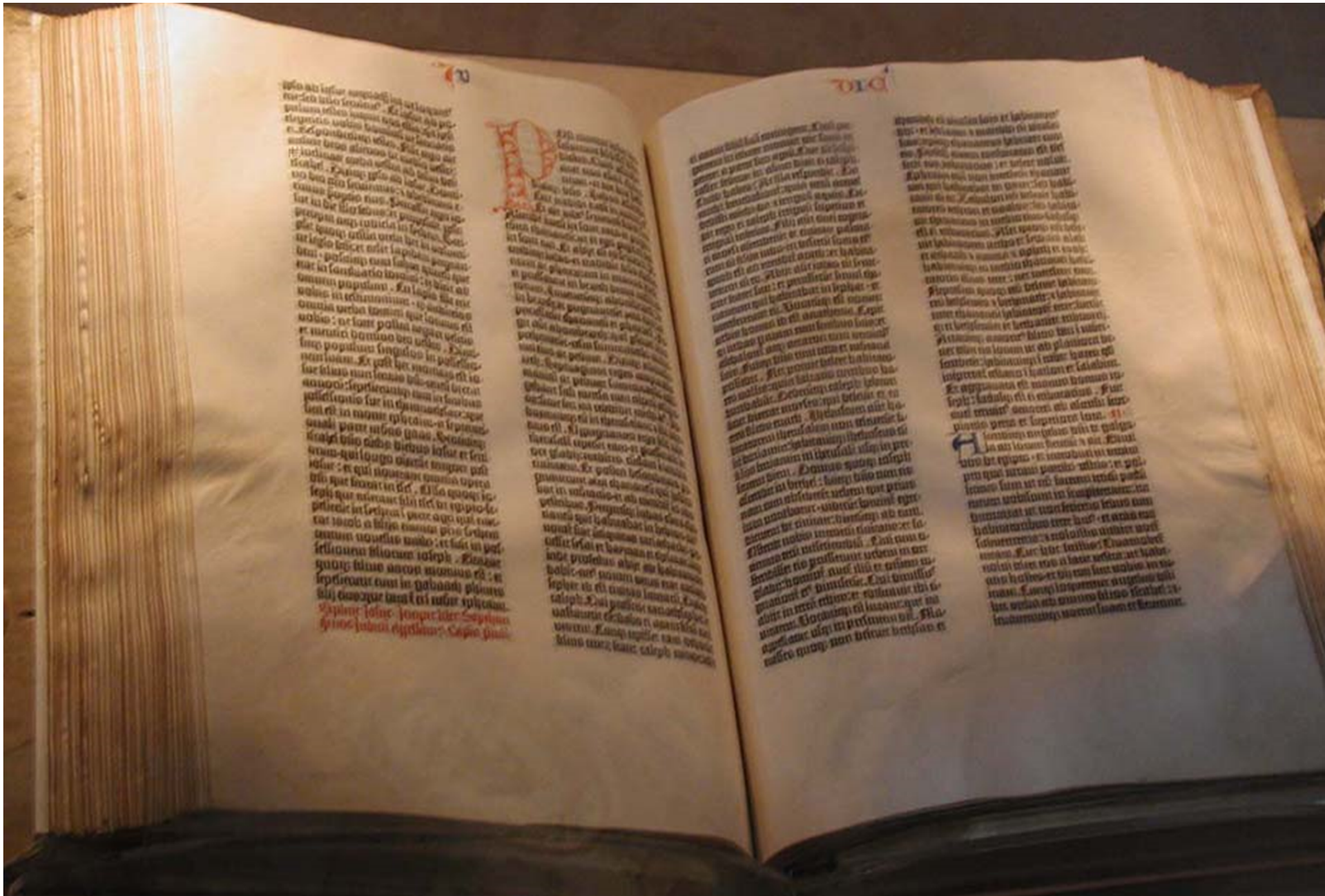


Directions

Which way?



Seventh-century [Quran manuscript](#) held by the University of Birmingham.



First printed Bible, Gutenberg 15th century

EGÉSZSÉGÜGYI KÖZLÖNY

AZ EMBERI ERŐFORRÁSOK MINISZTERIUMA HIVATALOS LAPJA

ÁRA: 2730 FT

TARTALOM

I. RÉSZ Személyi rész

II. RÉSZ Törvények, országgyűlési határozatok, kormányrendeletek és határozatok, az Alkotmánybíróság határozatai

- 25/2016. (II. 25.) Korm. rendelet az Országos Képzési Jegyzékről és az Országos Képzési Jegyzék módosításának eljárásrendjéről szóló 150/2012. (VII. 6.) Korm. rendelet, valamint a 2016/2017. tanévre vonatkozó szakmaszerkezeti döntésről és a 2016/2017. tanévben induló képzések tanulmányi ösztöndíjra jogosító szakképesítéseiről szóló 297/2015. (X. 13.) Korm. rendelet módosításáról 858
- 28/2016. (II. 25.) Korm. rendelet a 2003. évi uniós csatlakozási szerződésben rögzített egyes derogációkkal kapcsolatos kötelezettségek teljesítésére irányuló egyes beruházásokkal összefüggő közigazgatási hatósági ügyek nemzetgazdasági szempontból kiemelt jelentőségű ügyé nyilvánításáról 1010
- 41/2016. (III. 9.) Korm. rendelet a tömeges bevándorlás okozta válsághelyzet Magyarország egész területére történő elrendeléséről, valamint a válsághelyzet elrendelésével, fennállásával és megszüntetésével összefüggő szabályokról 1019
- 1083/2016. (II. 29.) Korm. határozat a KEOP 1.3.0/09-11-2011-0023 azonosító számú („Kék-víz» – Észak-Bács-Kiskun Megyei Ivóvízminőség-javító Program” című) és a KEOP-1.3.0/B/09-11-2011-0002 azonosító számú („Szekszárd Megyei Jogú Város hosszú távon egészséges ivóvízzel való ellátása” című) projekt támogatásának növeléséről és szakaszolásának jóváhagyásáról 1020
- 1084/2016. (II. 29.) Korm. határozat a Környezeti és Energiahatékonysági Operatív Program éves fejlesztési keretének megállapításáról 1025
- 1099/2016. (III. 1.) Korm. határozat a tejgazdat átfogó intézkedési tervéről 1153
- 1103/2016. (III. 3.) Korm. határozat a derogációs ivóvízminőség-javító projektek végrehajtásához kapcsolódó egyes kormányhatározatok módosításáról 1153
- 1112/2016. (III. 3.) Korm. határozat a KEOP-5.6.0/12-2013-0030 azonosító számú („Az SE Kútvolgyi Klinikai Tömb Energetikai Korszerűsítése” című), valamint a KEOP-5.6.0/12-2014-0020 azonosító számú („A Terrorelhárítási Központ 1101 Budapest, Zách u. 4. alatti objektumának területén található 7. számú épület energetikai korszerűsítése” című) projekt címének és forrászerkezetének módosításáról 1154

- 1123/2016. (III. 10.) Korm. határozat az Emberi Jogi Munkacsoportról szóló 1039/2012. (II. 22.) Korm. határozat módosításáról 1156
- 4/2016. (III. 1.) AB határozat a kötelező egészségbiztosítás ellátásairól szóló 1997. évi LXXXIII. törvény 42/C. § c) pontja 2014. december 31-ig hatályos szövegrésze alaptörvény-ellenességének megállapításáról és folyamatban lévő ügyben történő alkalmazásának kizárásáról 1156

III. RÉSZ Miniszterelnöki, emberi erőforrás és egyéb miniszteri rendeletek és utasítások

- 4/2016. (II. 22.) EMMI rendelet az emberi erőforrások minisztere feladat- és hatáskörét érintően a nemzetbiztonsági ellenőrzés alá eső személyek meghatározásáról szóló 20/2015. (IV. 10.) EMMI rendelet módosításáról 1169
- 5/2016. (II. 29.) EMMI rendelet az egyes protézisekkel kapcsolatos beavatkozások bejelentésének és nyilvántartásának rendjéről 1171
- 8/2016. (II. 25.) EMMI utasítás a közérdekű adatok megismerésének rendjéről szóló 17/2012. (XI. 16.) EMMI utasítás módosításáról 1176
- 1/2016. (II. 25.) EMMI KÁT utasítás az Emberi Erőforrások Minisztériuma Közszolgálati Szabályzatáról szóló 1/2015. (III. 4.) EMMI KÁT utasítás módosításáról 1177

IV. RÉSZ Útmutatók

Közlemények

- Az Emberi Erőforrások Minisztériuma szakmai irányelve a felnőttkorban előforduló, nem neurogén eredetű vizeletinkontinenciáról 1180
- Az Emberi Erőforrások Minisztériuma Nemzeti Nyelvtartási és Képzési Központjának közleménye orvostechnikai eszközök használatos rendeltetését végző szervezetek feljogosításáról 1200

VI. RÉSZ Az Országos Egészségbiztosítási Pénztár közleményei

VII. RÉSZ Vegyes közlemények

- Pályázati hirdmény betölthető állásokra 1202

Emberi Erőforrások Minisztériuma – Egészségügyért Felelős Államtitkárság
EGÉSZSÉGÜGYI SZAKMAI KOLLÉGIUM

**Egészségügyi szakmai irányelv –
A felnőttkorban előforduló, nem neurogén eredetű
vizeletinkontinenciáról**



Purpose of use

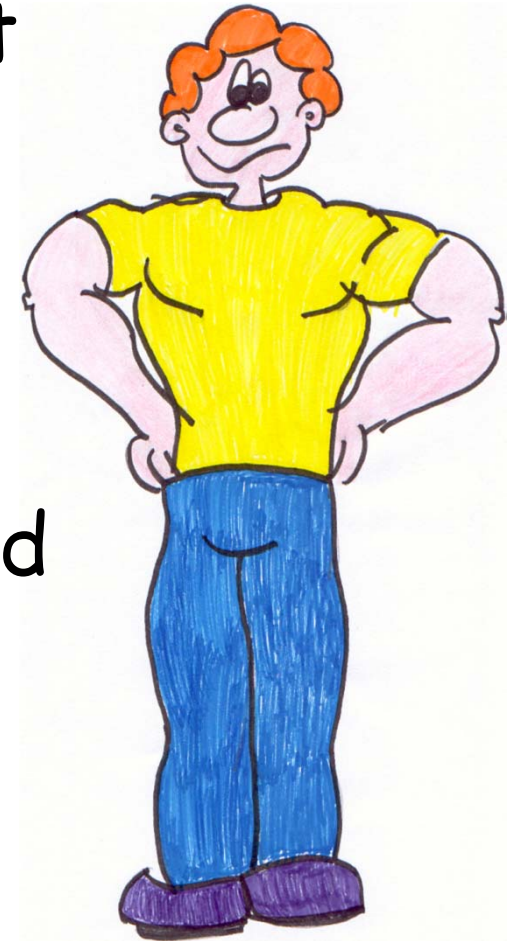
For healthcare providers to help clinical decision making:

This guideline was written for healthcare professionals who deal with the prevention, investigation, treatment, rehabilitation, care and nursing patients with non-neurogenic adult urinary incontinence.

This directive was written with the aim of presenting the currently updated international recommendations adapted to the situation in Hungary and helping to provide modern patient care.

The focus of these Guidelines is entirely on assessment and treatment reflecting clinical practice.

The aim is:
More effective, more efficient and more economical domestic continence care.





Hungarian Continence Society



Another purpose of the use of the guideline is to establish and operate an incontinence network in the field of health and care management in order to regulate professional activity to organize patient paths, to develop a social security funding environment to support decision-making.

GUIDELINES

TO PROTECT MIGRANTS IN COUNTRIES
EXPERIENCING CONFLICT OR NATURAL DISASTER



MICIC Save Lives
Increase Protection
Decrease Vulnerability
Improve Response
MIGRANTS IN COUNTRIES IN CRISIS INITIATIVE

MICIC

Save Lives
Increase Protection
Decrease Vulnerability
Improve Response

MIGRANTS IN COUNTRIES IN CRISIS INITIATIVE

Information on migrant community profiles and migrant and diaspora networks and focal points

Detailed information on the profiles of migrant communities, networks, and focal points can inform preparedness, including contingency planning, and

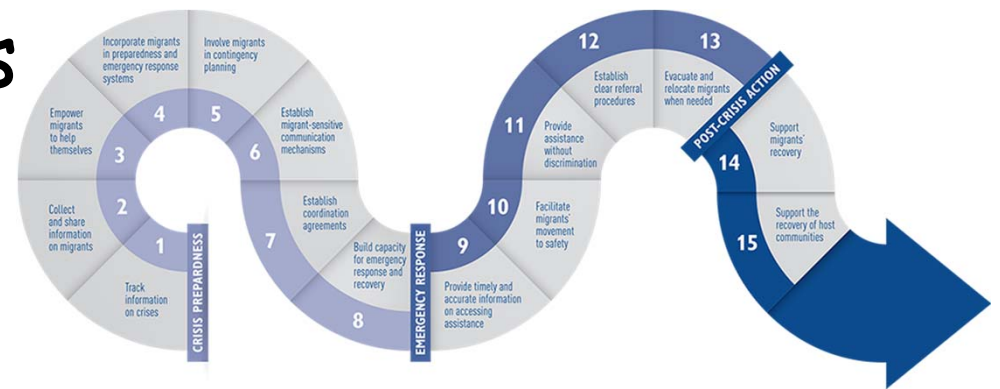
facilitate outreach, communication, and targeted responses. Information to gather could include:



- Geographic distribution of migrants in host States
- Nationality, ethnicity, and linguistic compositions of migrants in specific localities;
- Potential conditions of vulnerability, including gender, age, disability, immigration status, language capabilities, and working conditions;
- Geographic distribution, skills, and characteristics of diaspora;
- Formal and informal migrant and diaspora networks
- Information on migrant and diaspora community leaders.

Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster

They provide concrete and practical guidance to stakeholders at the local, national, regional, and international levels on how to prepare for and respond to crises



in ways that protect and empower migrants, leverage their capacities, and help migrants and communities recover from crises. The Guidelines address the full cycle of crises - crisis preparedness, emergency response, and post-crisis action.

The Guidelines provide guidance for different stakeholders

States bear the primary responsibility for assisting and protecting migrants. The Guidelines address roles and responsibilities of host States, States of origin, and States of transit.

Private sector actors make significant contributions as providers of services.

Employers and recruiters play an important role in protecting their migrant workers before, during, and after crises.



The Guidelines provide guidance for different stakeholders

Civil society actors are among the first responders and migrant advocates and allies. They can be a critical bridge between governments and migrant communities.

International organizations provide direct assistance to migrants and their communities, as well as crucial support to States and other stakeholders.



Hungarian Continenence Society

Recommendation 1

For any adult patient who is undergoing medical treatment for any reason, a general list of symptoms related to urinary disorders should be the usual element of general anamnesis, especially in cases with high risk. **(D)**

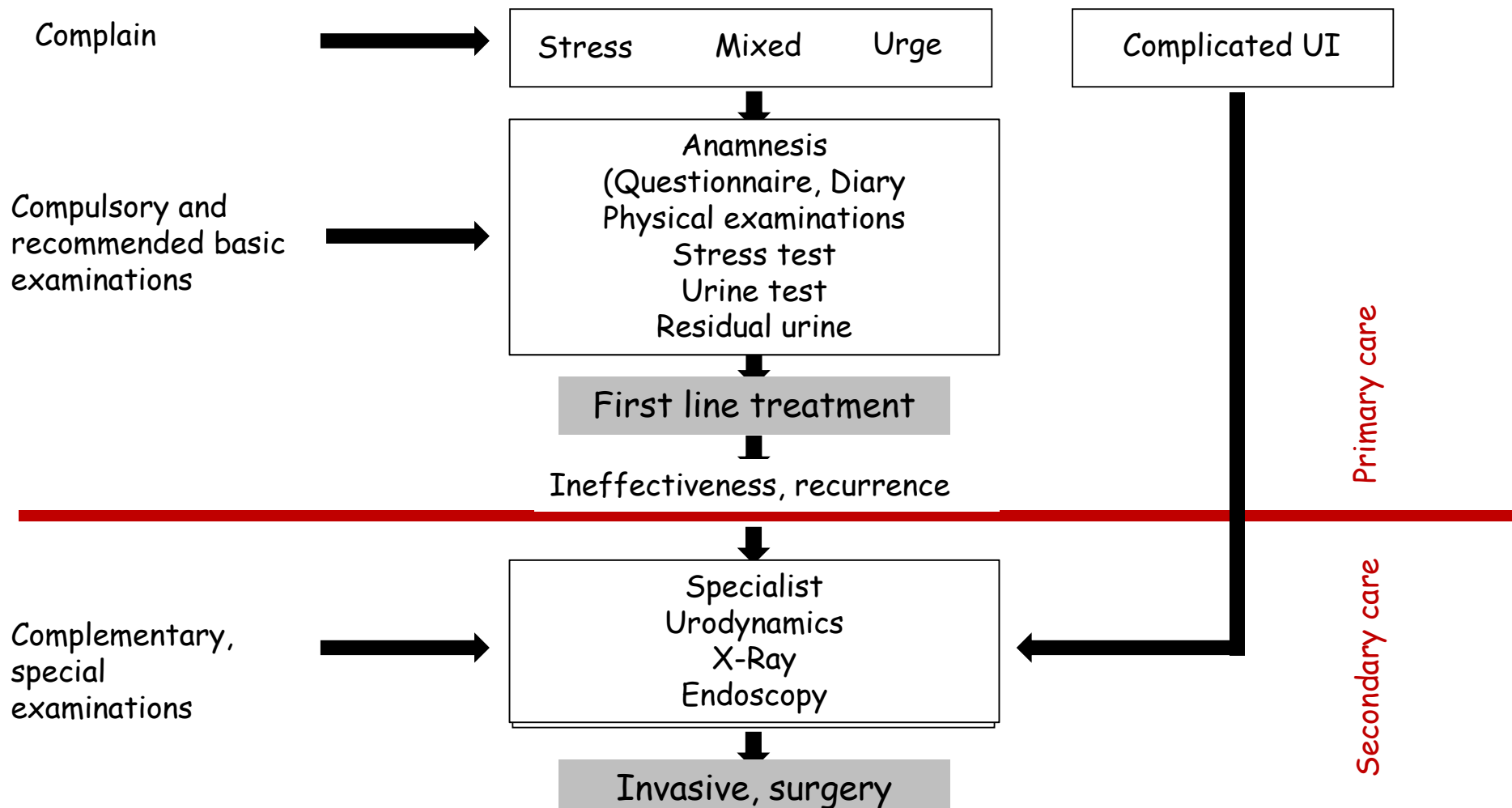
high risk patient: Elderly, diabetic, urogenital prolapse, a history of previous anti-incontinence-surgery, immobilized, elderly or permanently hospitalized patients with reduced mental health.

Recommendation 2

A reconnaissance questionnaire for determining the degree of severity, severity and quality of life of the incontinence type is recommended when recruiting a patient reporting a urine complaint (C)

In uncomplicated primary incontinence, if the symptoms are clear, unambiguous, the complaints are not serious the examination can be started by the GP. Moreover, one of the primary aims of this guideline is to start basic investigations and treatment in simple and pure cases within the framework of primary care.

Algorithm of examinations and treatment of UI in adults.



Changed supply principles

change means that urinary incontinence is to be investigated and performed in two stages.

Preferably simple, not complicated incontinence solution in primary care should be carried out, or to start.



Virág Szabó Ballance

Ineffective treatment or in case of primary complicated incontinence, special care is required.

Urine absorbing aid

Recommendation 60

Recommended urine absorbing aids prescribing of incontinence caused complaints to improve urinary incontinent patients. (B)

Recommendation 61

The proposed desired absorbent device type, capacity and size in relation to the selection should also take account of the urinary incontinence type and severity, as well as the patient's physical and functional capabilities, mobility, and other nursing-lifestyle needs (A)

Recommendation 65

Urinary incontinence significantly degrades quality of life, so it is recommended for all incontinent patients to have urinary incontinence as an aid for the duration of the examination, until the date of adequate treatment, or if the treatment did not result in complete improvement or permanently in patients who are not able to successfully treat continence.

Recommendation 160

Suggested transforming the current auxiliary centred therapeutic aid prescriptive system into a patient centric(D).

The individualised quality of utility supply condition of the current equipment-based price support system transformation and the patient-centred differentiated absorbent device remittance and aid the introduction.

The purpose of this guideline
in the short term
Improve UI investigation and care

in the long term,
to provide evidence-based professional
recommendations

Development of continence network based on
progressivity levels.



Migrant Information Center



International Organization for Migration (IOM)

The UN Migration Agency

Clean clear and covering the whole of the supply system, without a unified concept of professional guideline the optimal case-by-case level of care is unavailable.

The guideline is the cornerstone for everything from prevention to gradual, post-gradual training through support technology.



Bring down the Sky Virág Szabó