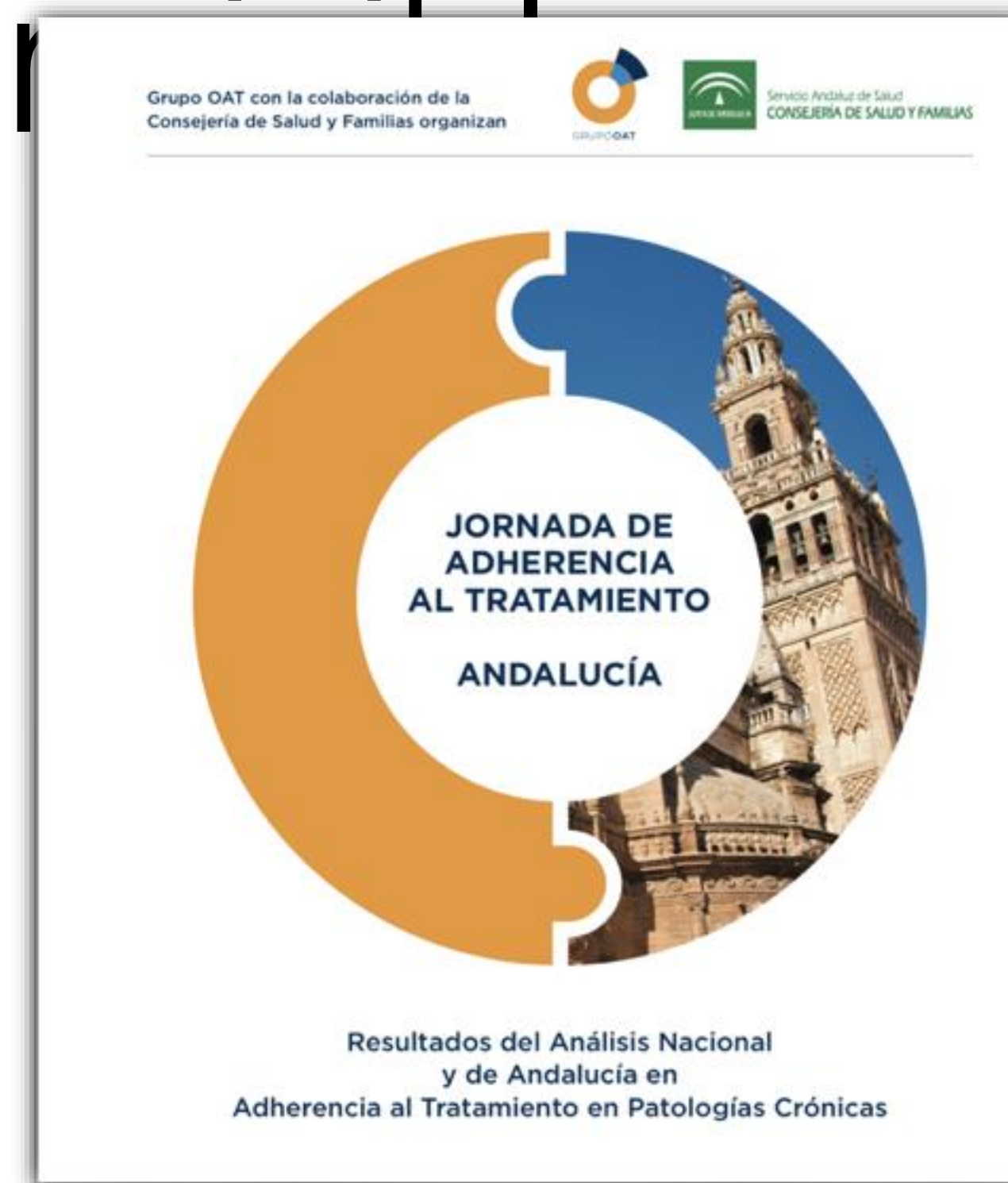


Vejiga hiperactiva. El reto de mejorar la adherencia en el paciente irritable

Pedro Blasco Hernández
Unidad de Urología Funcional. UGC Urología
HU de Valme



Servicio Andaluz de Salud
CONSEJERÍA DE SALUD Y FAMILIAS



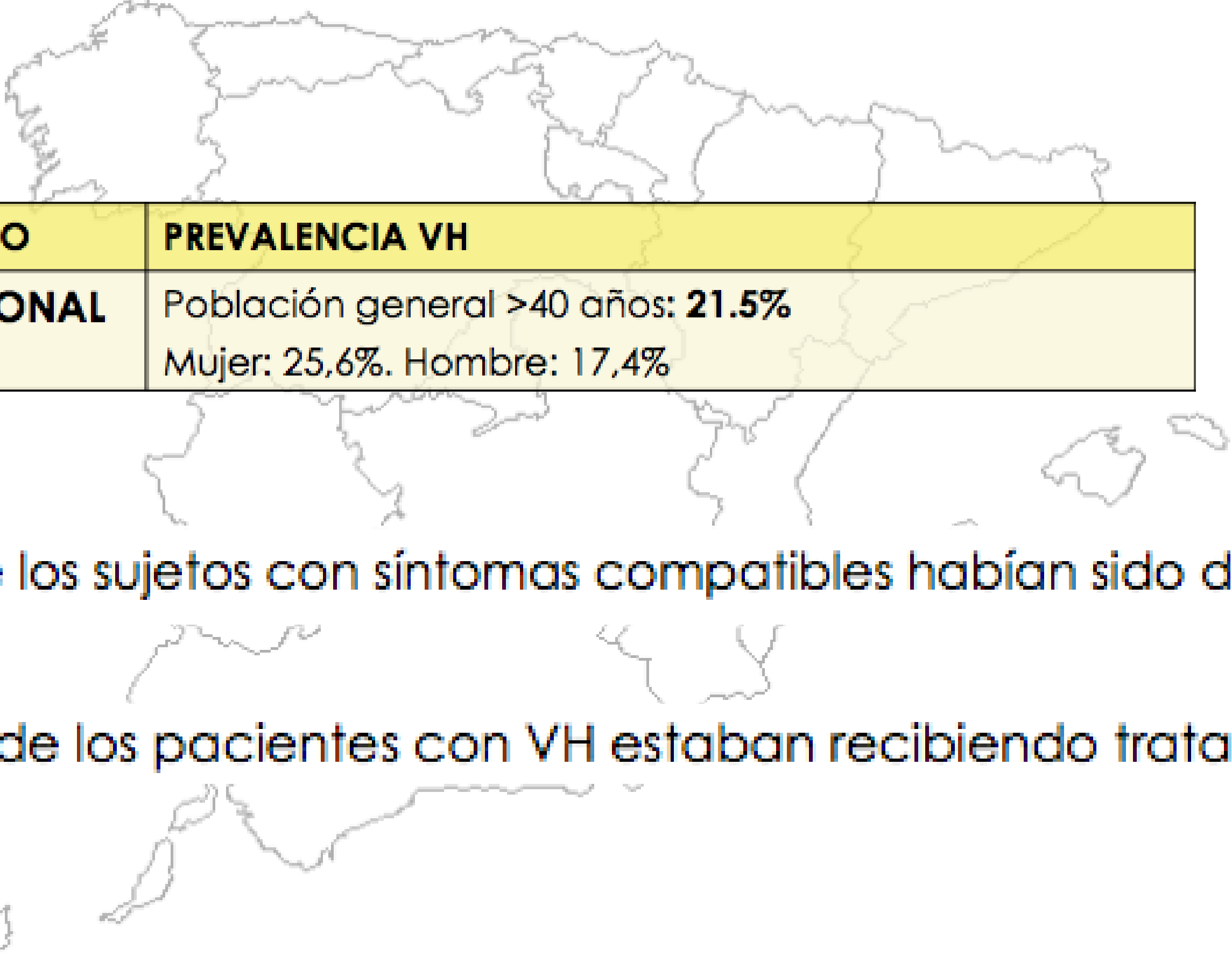
vejiga hiperactiva

Llenado	Vaciado	Postmicionales
<ul style="list-style-type: none">• Frecuencia miccional aumentada• Urgencia• IUU• Nocturia	<ul style="list-style-type: none">• Chorro débil• Dificultad de inicio• Intermitencia• Goteo terminal	<ul style="list-style-type: none">• Sensación de vaciado incompleto• Goteo postmiccional

“Urgencia con o sin incontinencia de urgencia, normalmente asociada con frecuencia y nocturia”



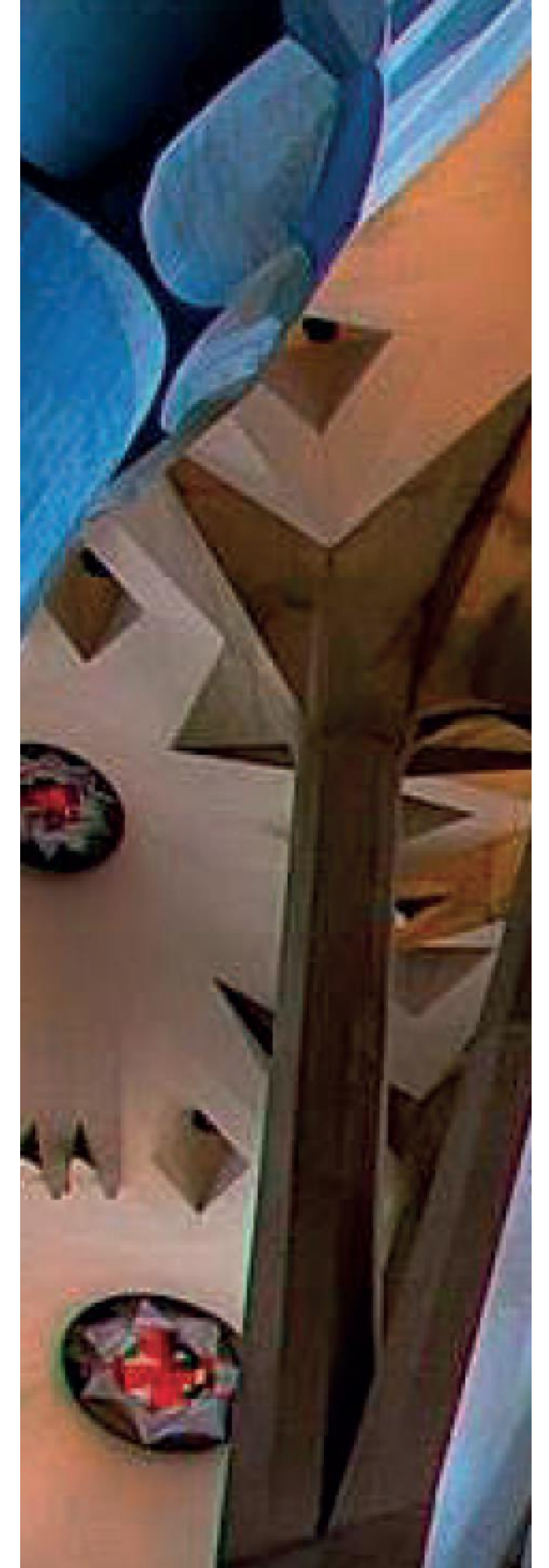
vejiga hiperactiva



ESTUDIO	PREVALENCIA VH
NACIONAL	Población general >40 años: 21.5% Mujer: 25,6%. Hombre: 17,4%

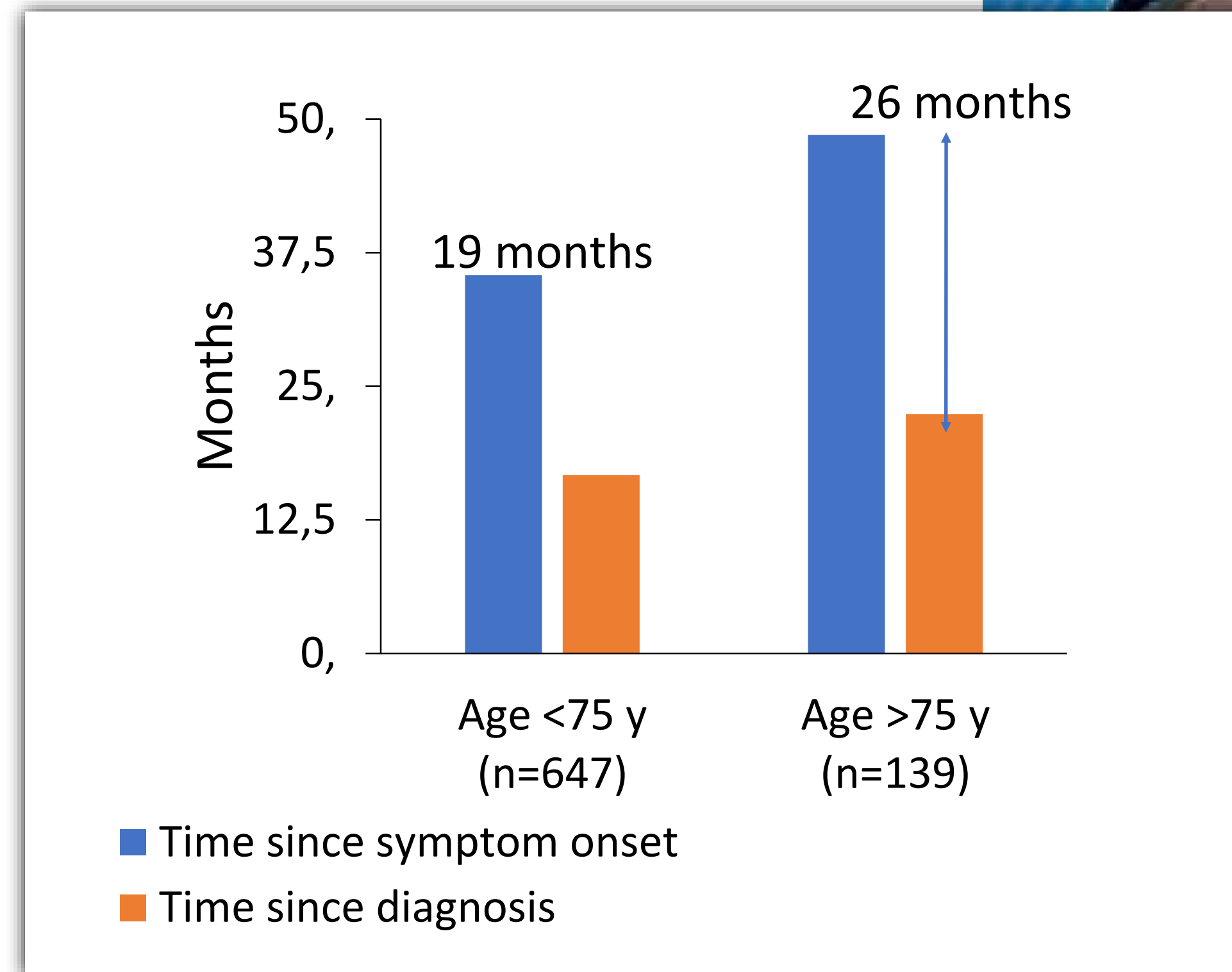
Sólo un **28,4%** de los sujetos con síntomas compatibles habían sido diagnosticados

Sólo el **16,7%** de los pacientes con VH estaban recibiendo tratamiento



pacientes invisibles

- Aproximadamente la mitad de los pacientes con VH piensan que los síntomas son una parte normal del envejecimiento
- Muchos pacientes también piensan que los síntomas de VH empeorarán con el tiempo
- Esta situación a menudo provoca considerables retrasos en la búsqueda de asistencia sanitaria



Neurourology and Urodynamics

Clinical Characteristics, Beliefs, and Coping Strategies Among Older Patients With Overactive Bladder

Pedro Blasco,^{1*} Maria Isabel Valdivia,² Maria Rosa Oña,² Montserrat Roset,³ Ana Maria Mora,⁴ and Marta Hernández⁴

¹Department of Urology, Hospital Universitario de Valme, Seville, Spain

²Department of Gynecology, Hospital Universitario de Valme, Seville, Spain

³Health Economics and Outcomes Research, IMS Health, Barcelona, Spain

⁴Department of Medical, Astellas Pharma S.A., Madrid, Spain

¿invisibles?

Implantación de una estrategia para mejorar la calidad de prescripción en absorbentes de incontinencia urinaria

Rev. UROL. 2014, 24,3:165-171

Fecha de recepción: 28/04/2014 - Fecha de aceptación: 06/06/2014

Absorbentes
4.000.000 euros/año

EUROPEAN UROLOGY 57 (2010) 453–458

available at www.sciencedirect.com
journal homepage: www.europeanurology.com

eau
European Association of Urology

Prostate Cancer

Cost Comparison of Robotic, Laparoscopic, and Open Radical Prostatectomy for Prostate Cancer

Christian Boenz^{a,b}, Amit Gupta^a, Timothy Hotze^a, Richard Ho^a, Jeffrey A. Cadedde^a, Claus G. Roehrborn^a, Yair Lotan^{a,c}

^aDepartment of Urology, University of Texas Southwestern Medical Center at Dallas, TX, USA
^bDepartment of Urology, Mannheim Medical Center, University of Heidelberg, Mannheim, Germany

PRL
70x5041€= 352,872€/año

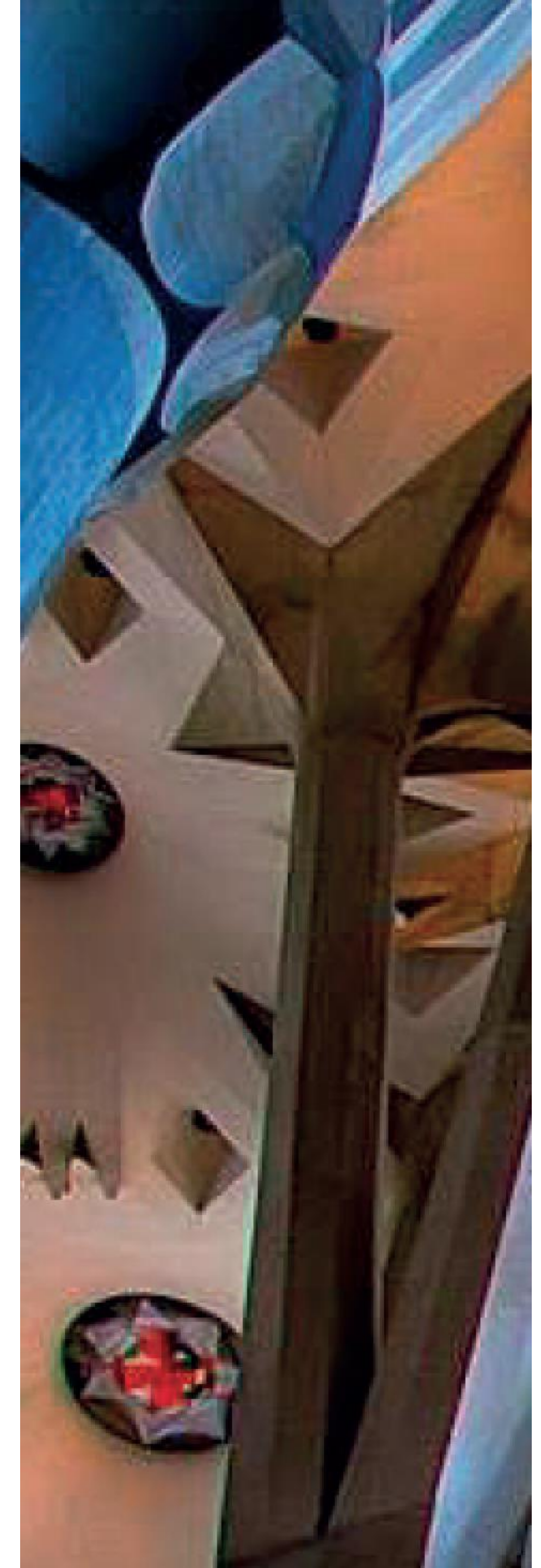
Variables	RALP	LRP	RRP	p [†]
Direct cost, median (IQR)	6752 (5283–7388)	5687 (4941–5905)	4437 (3989–5143)	<0.0001
Surgical supply cost (Roent) [‡]	2015	725	185	-
Operating room cost, median (IQR)	2798 (2493–3175)	2453 (2130–2778)	1611 (1491–1895)	<0.0001
Anesthesia cost, median (IQR)	419 (378–464)	365 (297–413)	234 (189–297)	<0.0001
Medication cost, median (IQR)	297 (247–353)	271 (213–332)	272 (231–331)	0.0008
Lab cost, median (IQR)	295 (246–350)	386 (321–558)	659 (435–860)	<0.0001
Room and board cost				<0.0001
Median (IQR)	495 (495–980)	990 (495–990)	990 (990–1485)	
Mean (SD) ^{††}	778 (758)	873 (409)	1242 (678)	

IQR = interquartile range; LRP = laparoscopic radical prostatectomy; RALP = robotic-assisted laparoscopic radical prostatectomy; RRP = retropubic radical prostatectomy; SD = standard deviation.

[†] Kruskal-Wallis test.

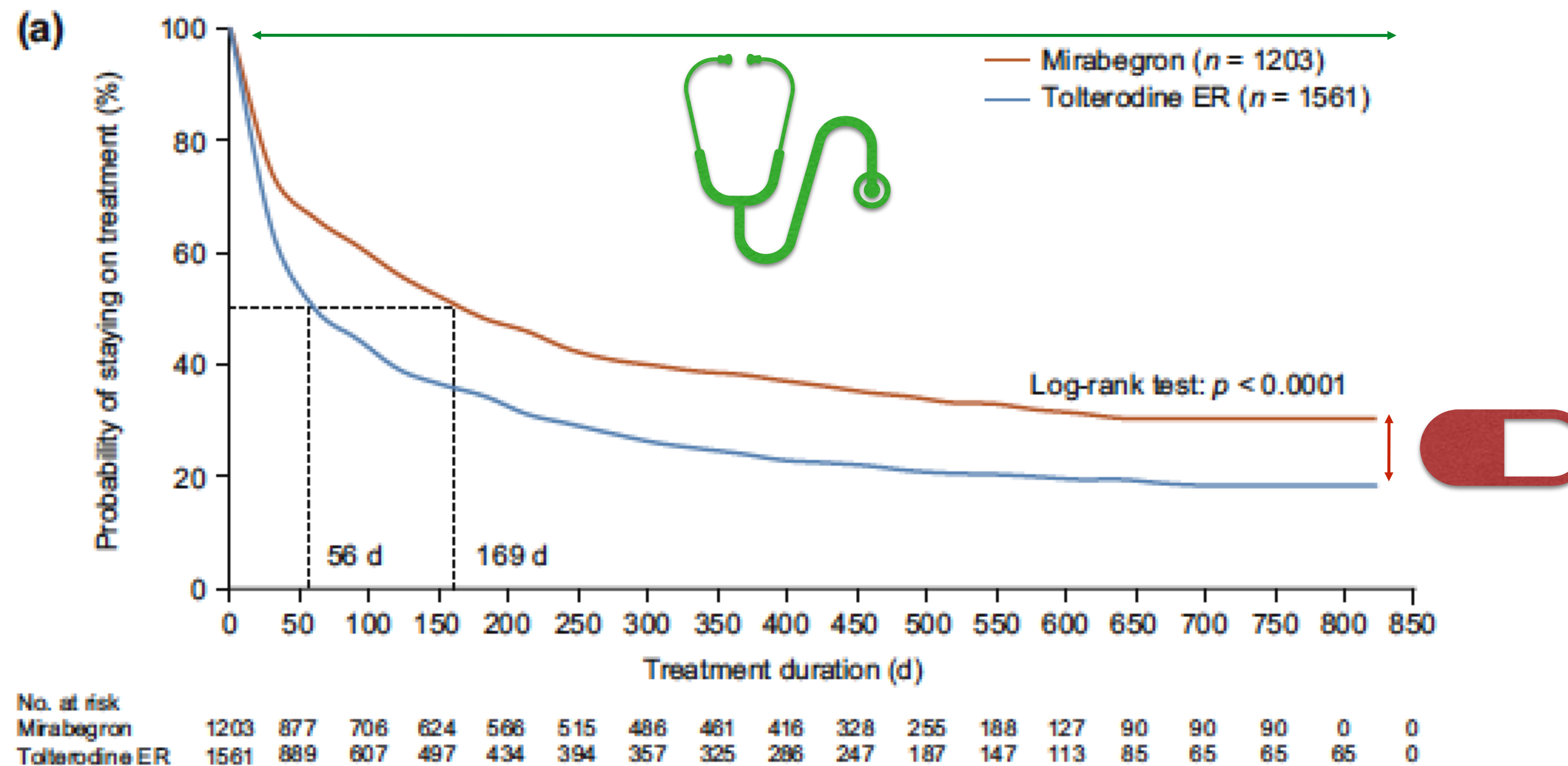
[‡] A formal statistical comparison of means was not performed for this variable because it was not normally distributed.

[§] Equipment for LRP included routine disposable laparoscopic equipment (eg, trocars, specimen containment sac, Visiport device, suction irrigator, and clip appliers) and adjunct technologies for hemostasis (FloSeal and Surgicel). Robot-specific surgical supply costs were for Hot Shears, two large needle drivers, grasper, forceps, and ProGrasp, each costing \$220 per use (cost averaged over 10 uses). We also used the robotic PlasmaKinetics sealer device, which costs \$250 per use (cost averaged over 10 uses). The surgical supplies for RRP included surgical drapes, suture, FloSeal, and Surgicel.

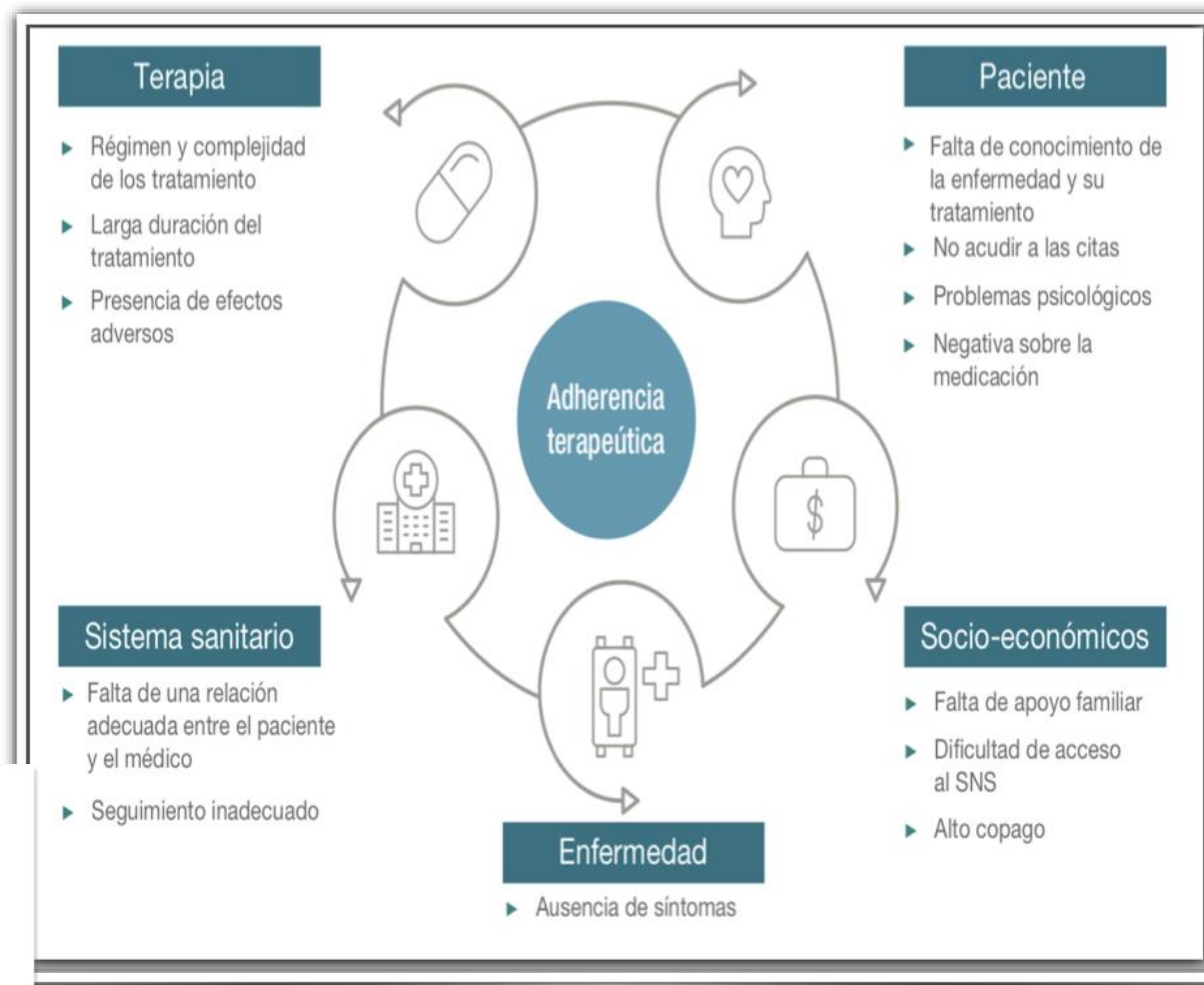


Persistence and Adherence with Mirabegron versus Antimuscarinic Agents in Patients with Overactive Bladder: A Retrospective Observational Study in UK Clinical Practice

Christopher R. Chapple^{a,*}, Jameel Nazir^b, Zalmi Hakimi^c, Sally Bowditch^b, Francis Fatoye^d, Florent Guelfucci^e, Amine Khemiri^f, Emad Siddiqui^b, Adrian Wagg^g

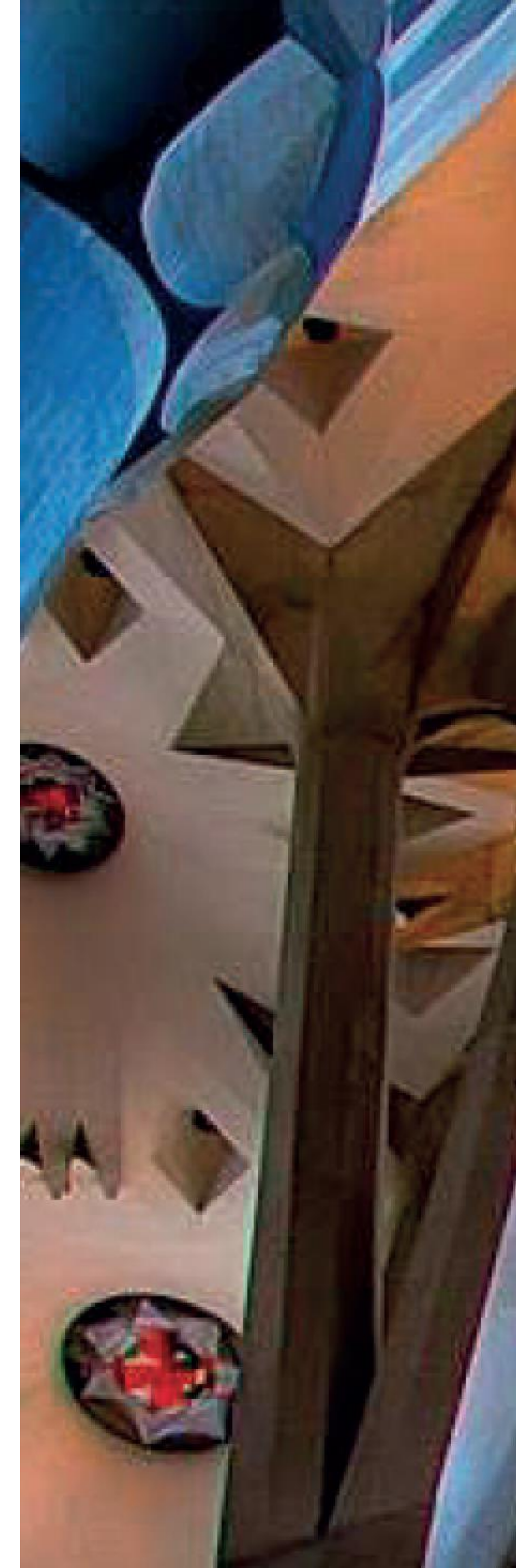


la rueda de la adherencia



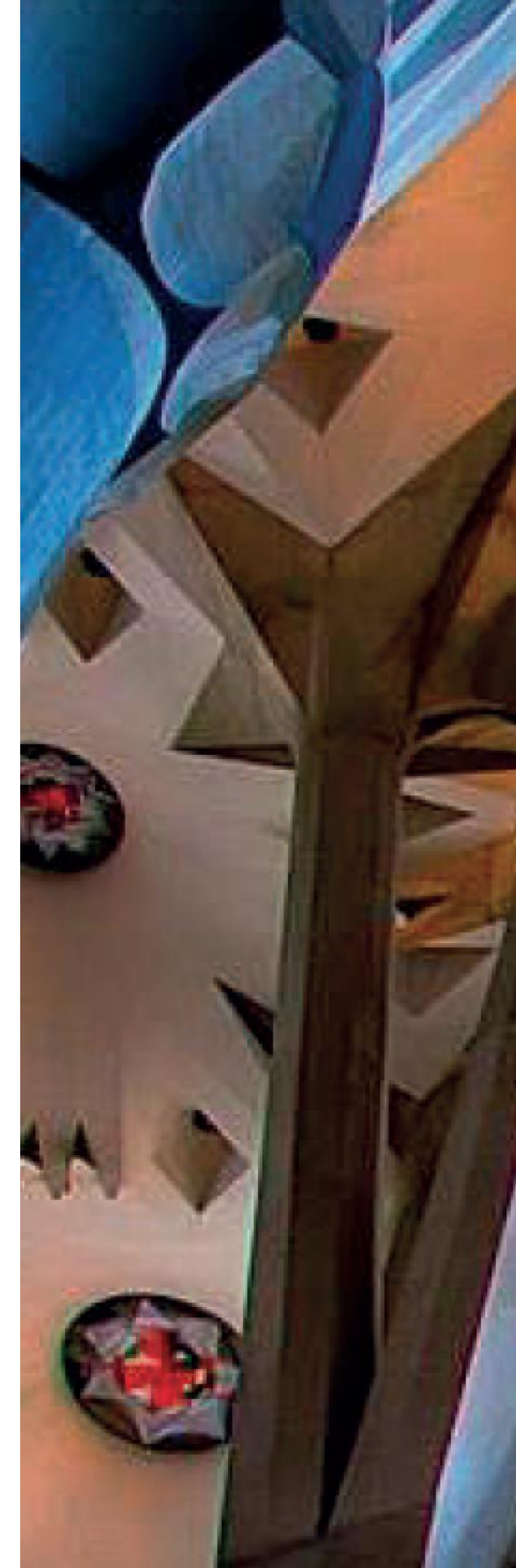
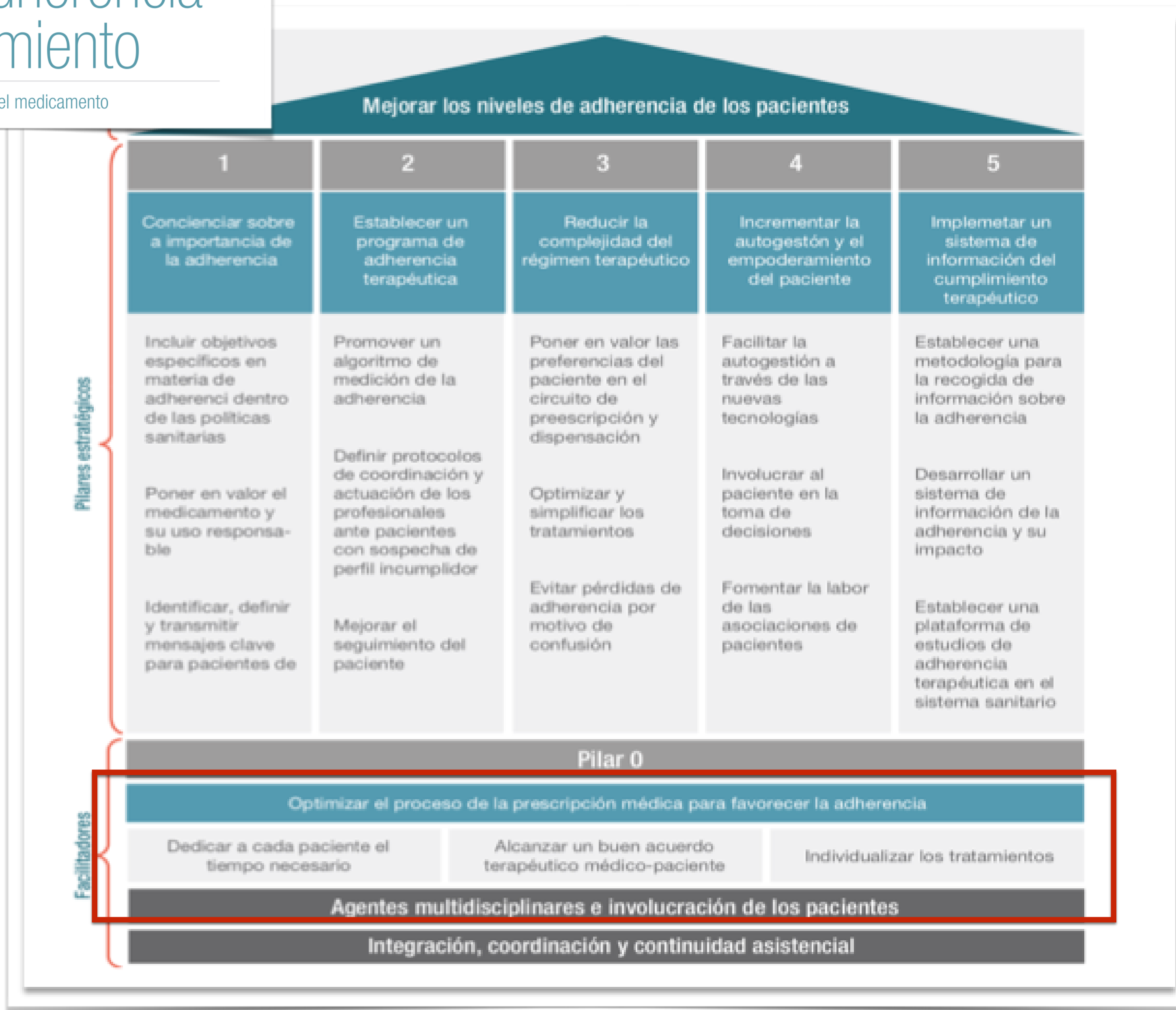
Plan de Adherencia
al Tratamiento

Uso responsable del medicamento



Plan de Adherencia al Tratamiento

Uso responsable del medicamento



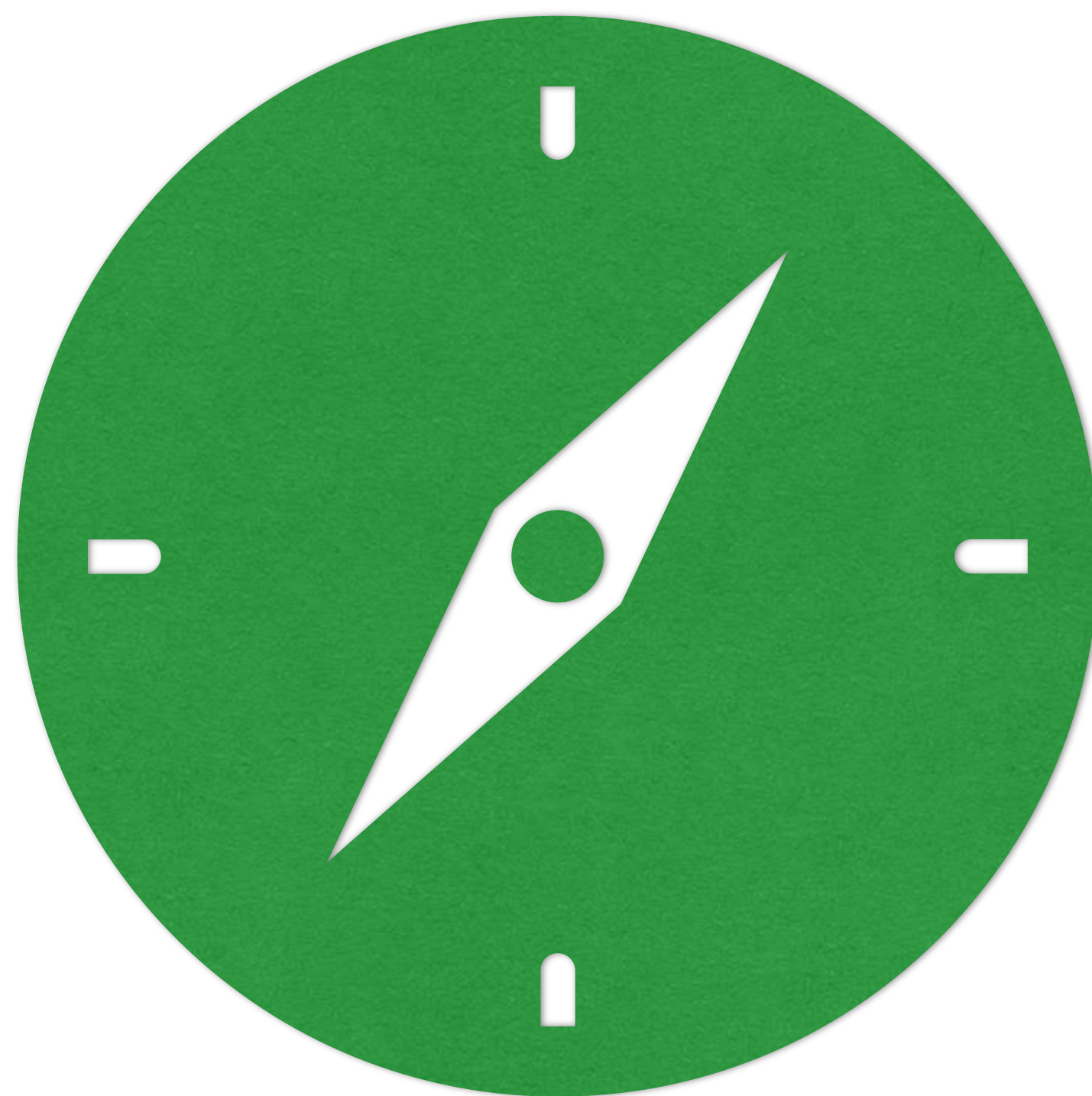


If you want to change the world,
start off by making your bed.

— *William H. McRaven* —

mejorar el manejo de
la enfermedad

Empoderamiento
del paciente



Mejora la calidad de tu
tiempo y tus habilidades
de comunicación

Patología crónica



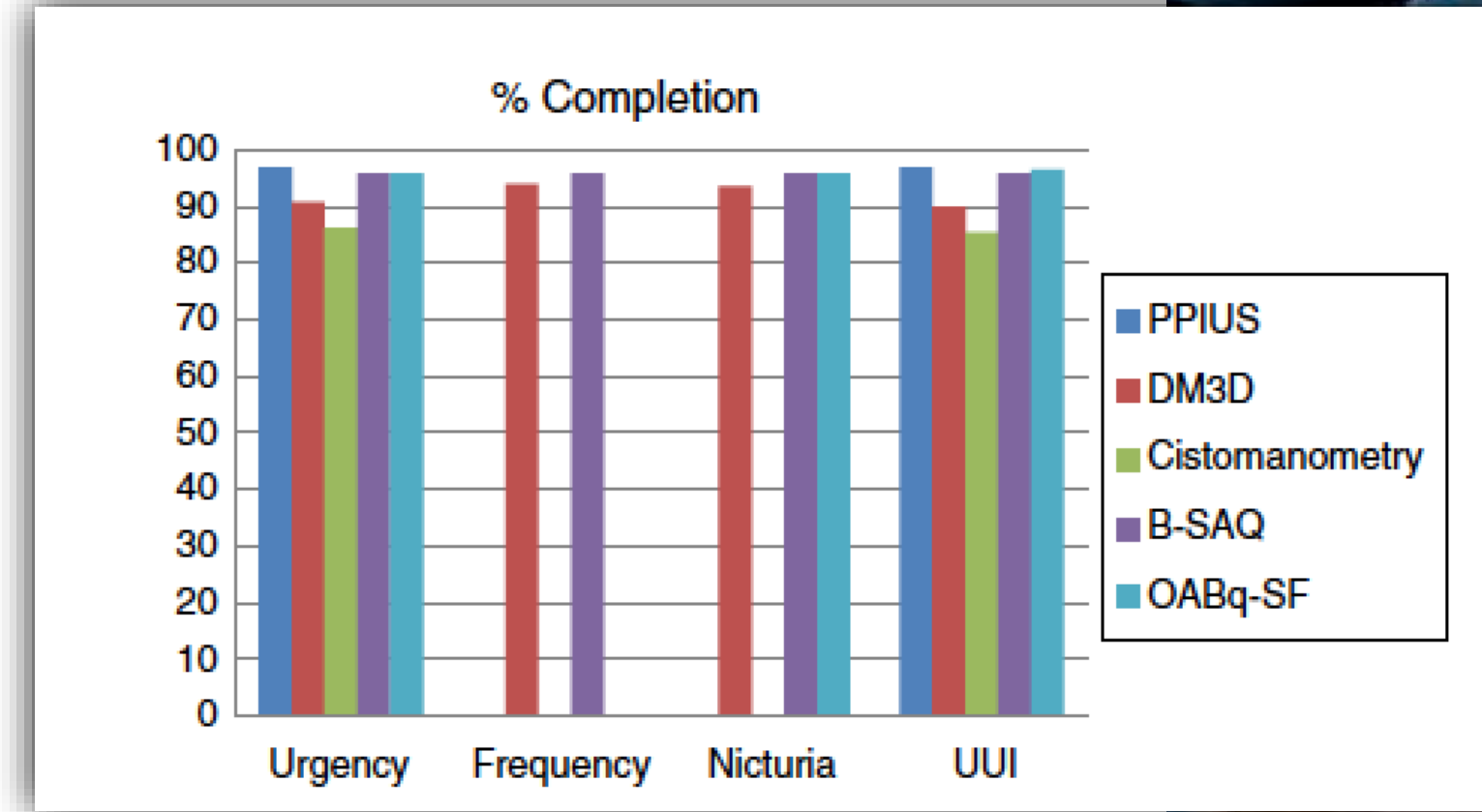
condición

ORIGINAL ARTICLE

How should we address the diagnosis of overactive bladder in women?☆



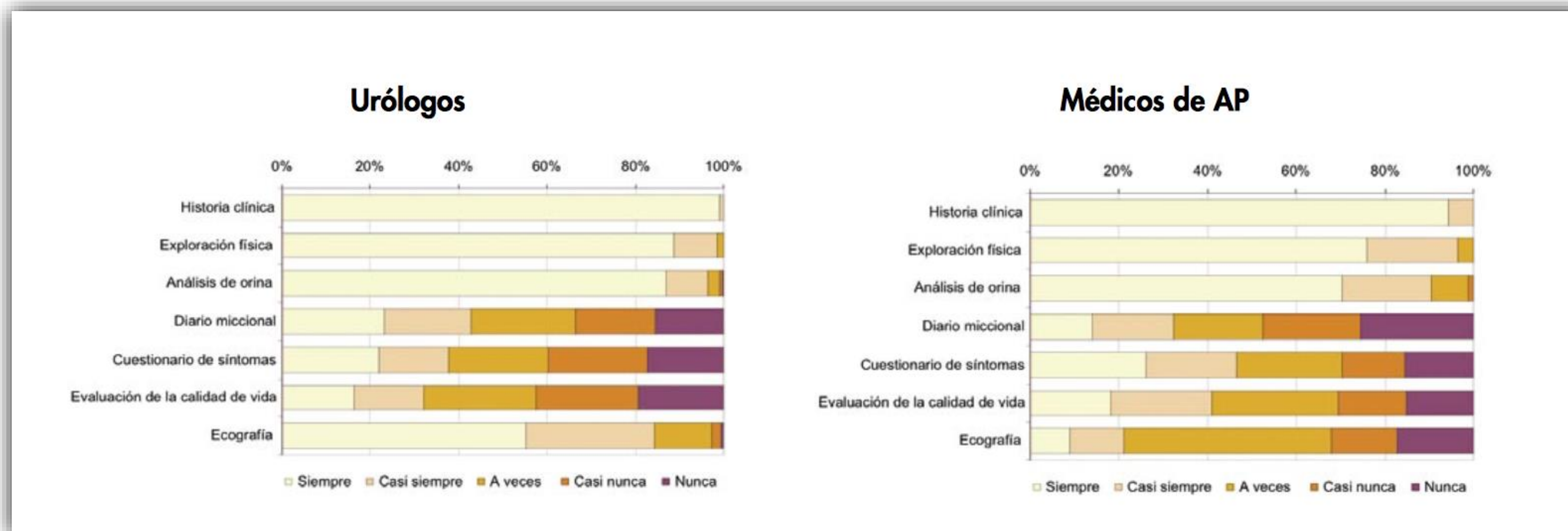
M.A. Jiménez Cidre^{a,*}, L. López-Fando^a, M. Esteban^b, A. Franco^c, S. Arlandis^d, D. Castro^e, L. Prieto^f, J. Salinas^g, C. Gutiérrez^h, J.L. Gutiérrez Bañosⁱ, J. Cambroner^j, Grupo de investigación en Resultados de Salud en Urología Funcional y Urodinámica (IFU)



Evitar lo subjetivo. Seamos estrictos

DIAGNÓSTICO Y MANEJO DE PACIENTES CON SÍNDROME DE VEJIGA HIPERACTIVA EN LAS CONSULTAS DE UROLOGÍA Y ATENCIÓN PRIMARIA EN ESPAÑA.

M^ª Justa García Matres y Francisco José Brenes Bermúdez¹.



Tratamiento farmacológico

- Eficacia
- Posología
- Efectos adversos
- Dosis flexible
- Tratamientos combinados
- Terceras líneas de tratamiento



intervenciones en el estilo de vida

Recommendations	Strength rating
Encourage overweight and obese adults with UI to lose weight and maintain weight loss.	Strong
Advise adults with UI that reducing caffeine intake may improve symptoms of urgency and frequency but not incontinence.	Strong
Review type and amount of fluid intake in patients with UI.	Weak
Provide smoking cessation strategies to patients with UI who smoke.	Strong

UI = urinary incontinence.

1. Primera línea de tratamiento
2. Involucra a la paciente con su problema
3. Muestra al profesional la relación necesidad/preocupación
4. Empodera a la paciente

la VH es crónica

Take-home messages

Poor adherence to treatment of chronic diseases is a worldwide problem of striking magnitude

Adherence to long-term therapy for chronic illnesses in developed countries averages 50%. In developing countries, the rates are even lower. It is undeniable that many patients experience difficulty in following treatment recommendations.

Chronic diseases:

Diseases which have one or more of the following characteristics:

They are permanent, leave residual disability

Are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care

ADHERENCE TO LONG-TERM THERAPIES
Evidence for action



World Health Organization 2003

la VH es crónica

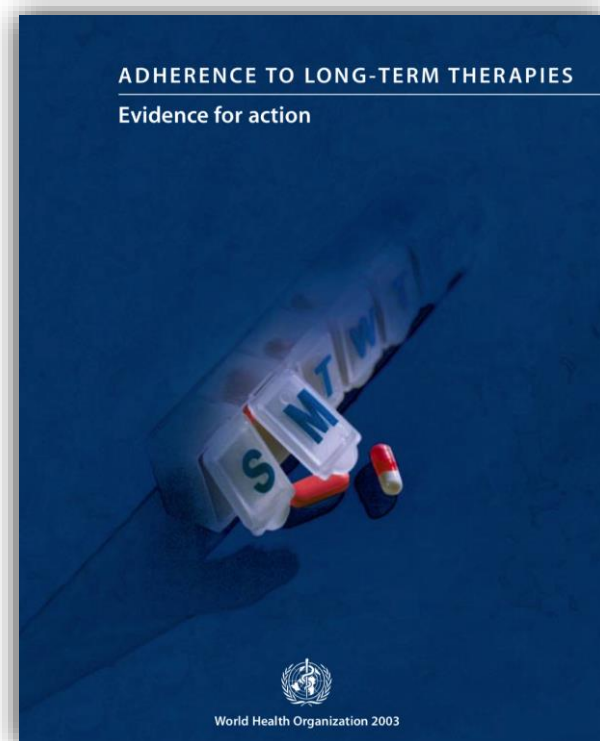
Especialista de
Atención primaria

Enfermería

Urología



Ginecología



existent modelos...

PRIMARY CARE DIABETES 11 (2017) 29–36

Contents lists available at ScienceDirect

Primary Care Diabetes

Journal homepage: <http://www.elsevier.com/locate/pcd>

International Journal of Nursing Studies 86 (2018) 139–150

Contents lists available at ScienceDirect

International Journal of Nursing Studies

Asian Nursing Research 9 (2015) 158–167

Contents lists available at ScienceDirect

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com

Original res
Stages of
model for
diabetes
with type
Hsu-Min Tse

Effectiveness of p
nurses to improv
mellitus, hyperte
Marta Gorina^{a,b,*}, Joa

Research Article
Transtheoretical Model-based Nursing Intervention on Lifestyle



Transtheoretical therapy: Toward a more integrative model of change.

© Request Permissions

Prochaska, James O., DiClemente, Carlo C.

Psychotherapy: Theory, Research & Practice, Vol 19(3), Fal 1982, 276-288

existen modelos...

Protocolo de actuación entre Atención Primaria y Hospitalaria

Area de Gestión Sanitaria Sur de Sevilla

N	NO IU	IUU	IUM	IUE	DIARIOS Ent/Úti	ICIQ-SF IU-4	Antim	Kegel	Tto mixto	Deriv
111	14 12,6%	16/97 16,49%	59/97 60,82%	22/97 22,68%	111/111 100%	111 100%	16 16,49%	22 22,68%	59 60,82%	10 10,30%

766

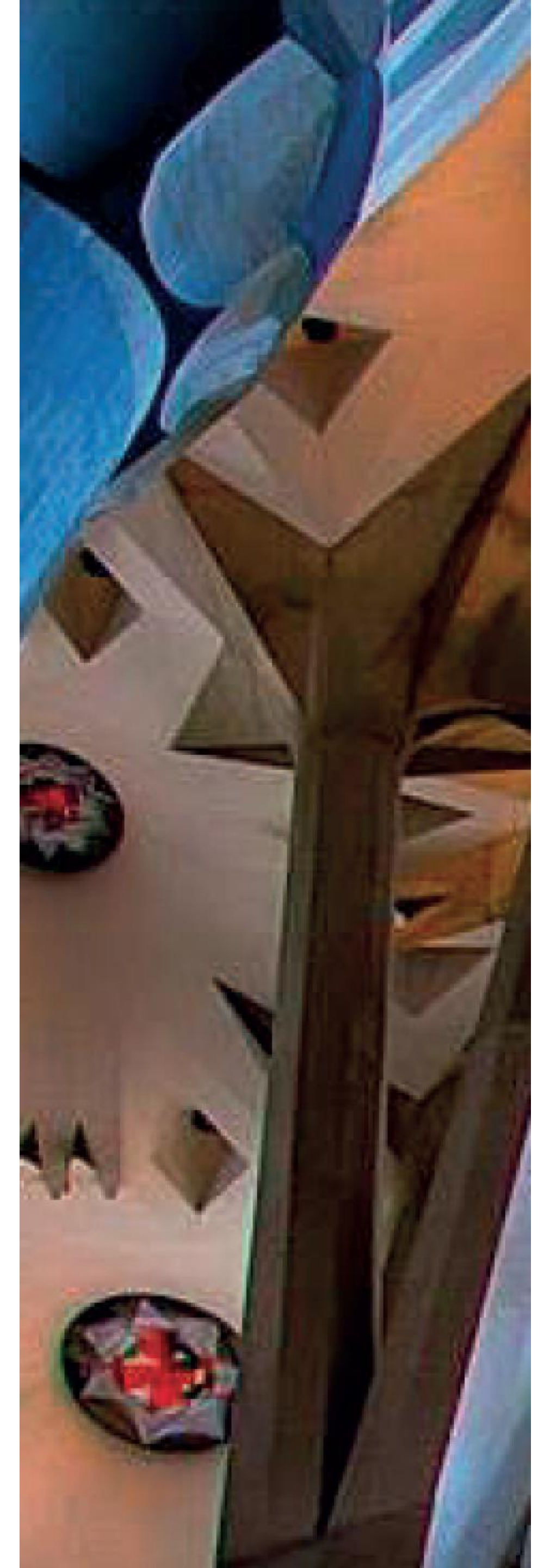
Blasco P¹, Valdivia M I², Oña M R², Rodríguez M V³, Jurado R⁴, Caro P⁵, Gutierrez M³, Martín C⁵, Rivas J³
1. UGC Urología. HU de Valme, 2. UGC Ginecología. HU de Valme, 3. CS San Isidro Los Palacios., 4. CS Doña Mercedes. Dos Hermanas, 5. CS Nuestra Señora de las Nieves. Los Palacios

ARE INCONTINENCE GUIDELINES USEFUL APPLICABLE TOOLS OR MERE SCIENTIFIC APPROACH TO THE PROBLEM?



 **ICS 2013
BARCELONA**

26 - 30 AUGUST 2013
BARCELONA, SPAIN



empoderamiento del paciente

El profesional es responsable de como aplica los cuidados

El paciente de como maneja su enfermedad
En calidad de vida el abandono es una posibilidad

INFORMACION

CONSEJO

TIEMPO

paciente persona

REVISTA
CONAMED

Una mirada crítica sobre la noción: paciente/usuario/cliente desde la antropología en salud

A critical view over notion: patient/customer/client since Health Anthropology

Sergio Lemus Alcántara¹, Alicia Hamui Sutton², Minerva Ixtlá Pérez¹, Alfredo Paulo Maya³

ENFERMO

↓
El sujeto
que enferma

PACIENTE

↓
Necesitado de cuidados
Pasivo vulnerable
Estado e indefensión

CLIENTE

↓
Solicita ayuda para resolver un problema
sin renunciar a su responsabilidad
Vinculado al mercantilismo

USUARIO

↓
Capacidad de decisión/elección

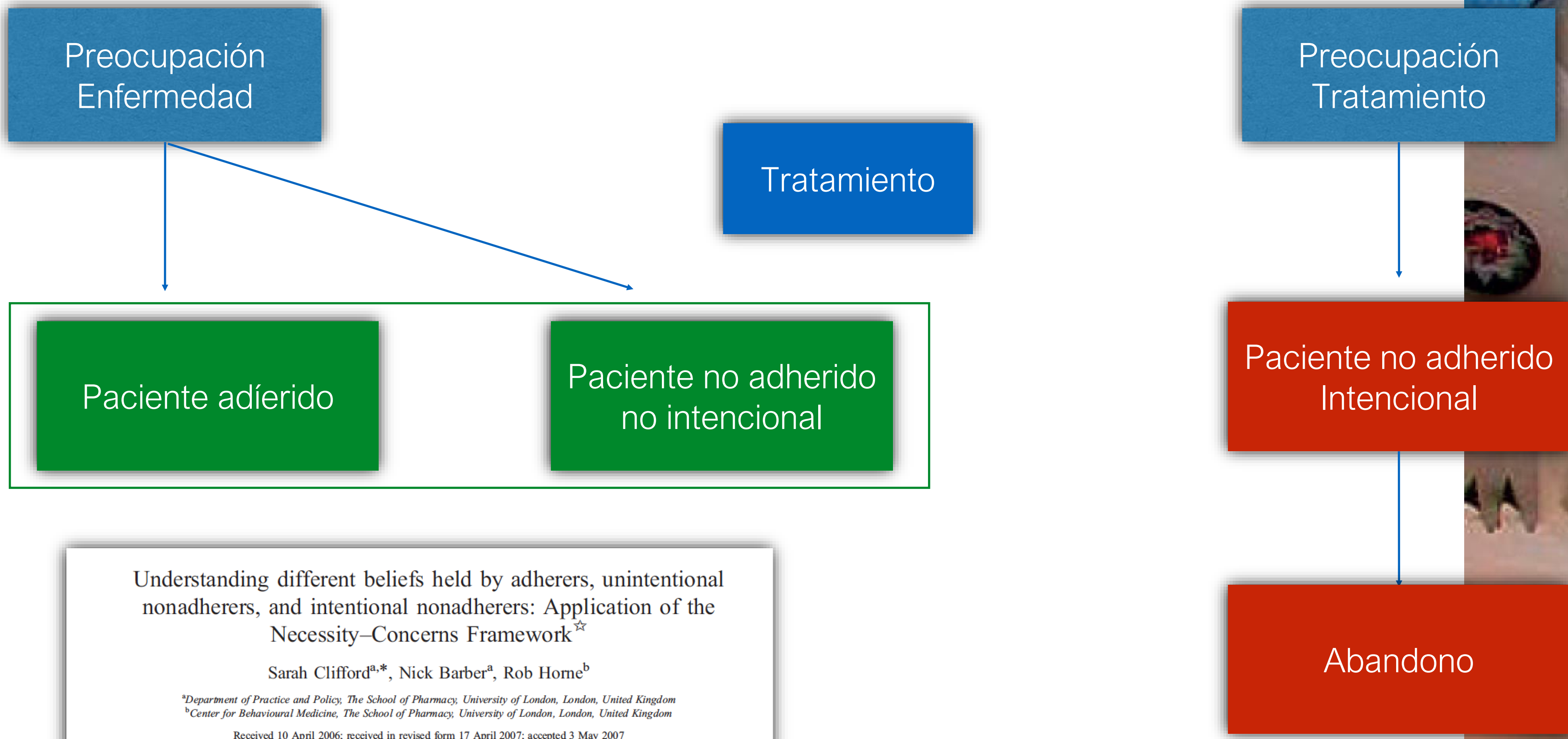
PADECIENTE ... SUJETO/PERSONA

↓
Nueva noción de cuño biomédico
Según criterios de cronicidad/dolor
Necesidad contar con un modelo de
atención

↓
Necesidad de
AUTOCUIDADO
AUTOATENCIÓN

calidad de vida

condición



Understanding different beliefs held by adherers, unintentional nonadherers, and intentional nonadherers: Application of the Necessity–Concerns Framework[☆]

Sarah Clifford^{a,*}, Nick Barber^a, Rob Home^b

^aDepartment of Practice and Policy, The School of Pharmacy, University of London, London, United Kingdom
^bCenter for Behavioural Medicine, The School of Pharmacy, University of London, London, United Kingdom

Received 10 April 2006; received in revised form 17 April 2007; accepted 3 May 2007

KEY SKILLS TO THRIVE IN 2020

1

COMPLEX PROBLEM SOLVING

Every day, you have problems to solve at work. Develop your problem solving skills, so you can show that you're a leader.

2

CRITICAL THINKING

This is a skill that you use in every area of your life. Hone your critical thinking skills, so that you make better decisions.

3

CREATIVITY

Hone your creativity skills by experimenting with different models. Why? You will solve problems more creatively, and make better decisions.

4

PEOPLE MANAGEMENT

Learn people management skills so that you can help to develop those around you.

5

COORDINATING WITH OTHERS

Collaboration skills are more important today as more people work in groups. Learn how to work more effectively with others.

6

EMOTIONAL INTELLIGENCE

Emotional intelligence is more important than many technical skills. Learn the traits of emotionally intelligent people.

7

JUDGMENT & DECISION MAKING

Decision making has always been an essential skill. These days with so much information, can you make better judgments?

8

SERVICE ORIENTATION

These days many products are complex, and that's what customers demand. Service may be the thing that gives you the edge.

9

NEGOTIATION

You have to negotiate every day. Do it professionally. Hone your negotiation skills.

10

COGNITIVE FLEXIBILITY

How quickly are you able to switch from one task to the next. Hone your cognitive flexibility.

HARD SKILLS
vs.
SOFT SKILLS

There are two types of skills required to do a job well – *hard skills* and *soft skills*.

SO, WHAT SKILLS
MATTER MOST TO
RECRUITERS??

HR Pros value interpersonal skills over technical expertise.

HARD SKILLS:

*Adobe Photoshop,
Microsoft Office, C++,
Certification...*

SOFT SKILLS:

*Communication Skills,
Team Work, Problem
Solving, Leadership
Abilities...*

And even fewer Job Seekers think their technical skills matter.

October 1, 2014

The Connection Between Evidence-Based Medicine and Shared Decision Making

Tammy

Auth

1 Cen

Perspectives in Primary Care: Knowing the Patient as a Person in the

Research Article

Advancing Soft Skills: Leadership Seminars for Clinical Nurse Leader Students

Bertram, Julie, RN, PMHCNS-BC, PhD

L'Ecuyer, Kris, RN, MSN, CNL, PhD

Shatto, Bobbi, RN, MSN, CNL, PhD

Marquard, Samantha, RN, MSN/MPH, FNP-BC

Carril, Kathleen, RN, MSN, CNL

Creative Nursing Vol 24 Issue 2, DOI: 10.1891/1078-4535.24.2.110

medicine,

conclusiones

- La vejiga hiperactiva es una patología prevalente e infradiagnosticada
- A menudo las pacientes tardan en consultar
- La incontinencia en general es cara, sobre todo si no se trata
- Debe ser abordada desde un enfoque interdisciplinar en el contexto de afectación de calidad de vida



conclusiones

- Mejorar la adherencia significa:
- Mejorar el manejo de la patología
- Mejorar la capacidad de comunicación de los profesionales
- Trabajar en equipo interdisciplinarios
- Trabajar por el empoderamiento del paciente



una cuestión de expectativas

expectativa

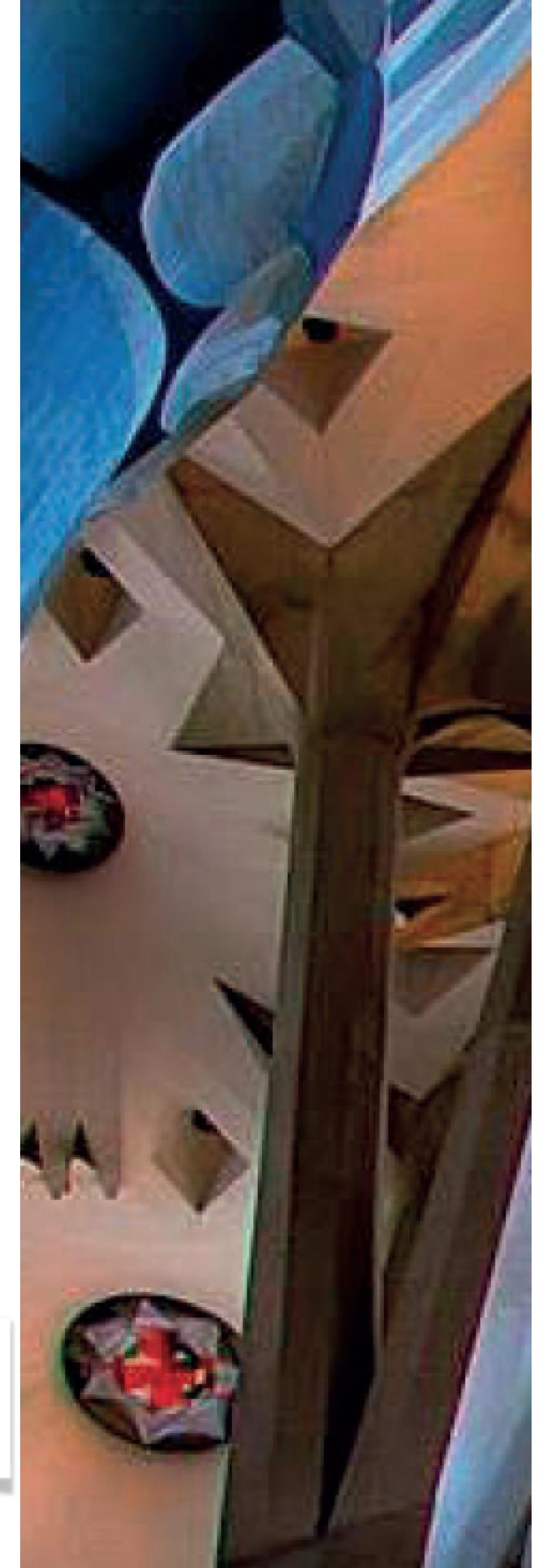
Del lat. *expectatum* 'mirado, visto'.

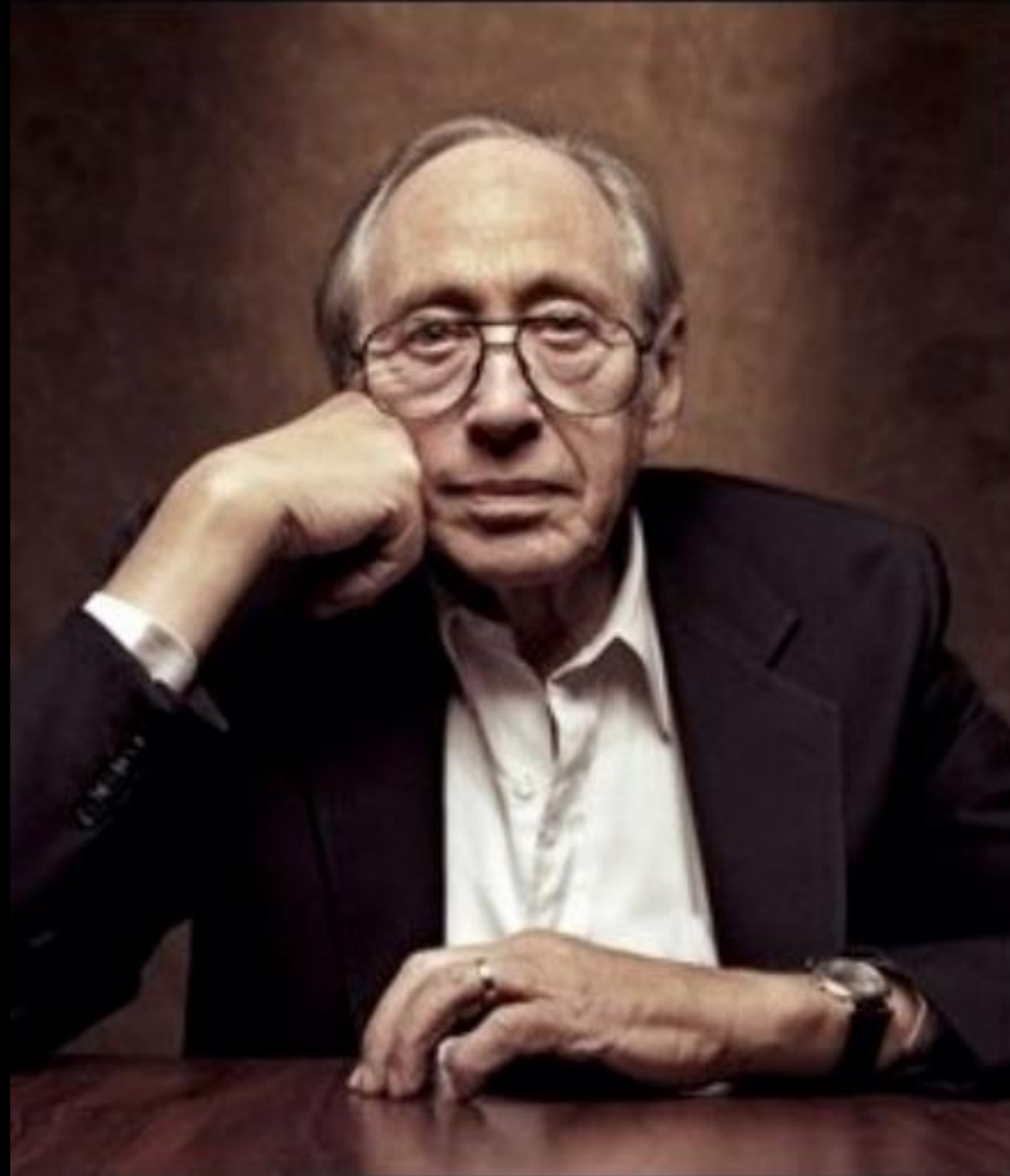
1. f. Esperanza de realizar o conseguir algo.
2. f. Posibilidad razonable de que algo suceda.
3. f. Posibilidad de conseguir un derecho, una herencia, un empleo u otra cosa, al ocurrir un suceso que se prevé.

ESPERANZA



POSIBILIDAD





La sociedad necesita todo tipo de habilidades que no son solo cognitivas, son emocionales, son afectivas. No podemos montar la sociedad sobre datos

(Alvin Toffler)

pedro.blasco.sspa@juntadeandalucia.es

