

10

가*

1)

(Abrams et al., 2002),

가 (International

Continenence Society, 1976).

1.

9.2%(Kim, Rhee, Kim & Chun,

1997), 17%(Kim 2002), 64.5%(Back, 1997)

(Jung, 2003). (ICS)

45%, 33%, 22%

가 (Kim, 2002).

“

”, “

”

(Kim et al.,

(post- micturition dribble)

1997; Kim, 2002).

(Abrams, Cardozo, Fall, Griffiths, Rosiers,

BMI 가

(MacLennan, Taylor

Ulmstem, Kerrebroeck, Victor, Wein, 2002).

& Wilson, 2000).

가

가

350 400ml 250 300ml

(Milsom, Stewart & Thuroff, 2000).

가

* 2002

1) 03. 11. 10. 03. 11. 15. 03. 12. 10.

가 , 가 1) 가
 , 가 , 가 6
 , 가 가 6 International consultation on
 . incontinence(1998) 6-8 , 1
 가 8-10 3 , 3-4 , 15 -20
 , 가 10
 가 가 .
 가 , 가 2
 가 .
 가 가
 가 10

(Goldstein, Hawthorne, Engeberg, McDowell & Burgio, 1992), 가
 (Fultz & Herzog, 2001; Kim, Kanagawa, Matsuzaki, 1999).

가 가 10
 가 가 .
 1) .
 2) 10 가 가 .
 3) 10 가 가 .
 4) 가 10 가 .

(Kang & Song, 1997; Back, 1997; Kim, 2002; McCormick, Scheve & Leahy, 1988; Flynn, Cell & Luisi, 1994; Mold, 1996).

3.
 1) : 가 가 (Kim & Kanagawa, 1998).

- 4) Lucy(1987)가 가 , 1 , 1) 5 가 5 가 , 가, Cronbach Alpha=.93 가 , Cronbach Alpha=.90 가 .
- 5) Sheikh & Yesavage(1986) 15 가 2) GDS(Geriatric Depression Scale) 가 , 가 가 Cronbach Alpha=.83 가 Cronbach Alpha=.85 . 10 <Table 1> , 2
- 6) Kim (1998) 16 10 , 가 500ml 3 Cronbach Alpha=.89 , Cronbach Alpha= .89 .

<Table 1> 10 week urinary tract function promotion program

1st week: Diagnostic Phase
 Pad test, vaginal palpation(cystocele, rectocele), two-finger test(0: no response, 1: feathery, 2: weak, 3: moderate 4: good, 5: strong by Oxford scoring system)
 Physical fitness and instruction on PFM exercise by audiovisual tape for incontinence

2nd week: Instruction and teaching about incontinence management
 Education with pamphlet made written by Kim, JI(including fluid intake amount guide to take consuming at least 1000 ml of fluid and over per day, constipation prevention by taking vegetables and fruits, calorie intake management such as candy, coke, cookie, fruits, etc).
 Physical fitness and instruction on PFM exercise by audiovisual tape
 Homework: bladder training, 100-times repetition of PFM exercise for 10 minutes during each week/ PFM exercise for 100 times.

3-9th week: Group Exercise & Counseling
 Physical fitness and instruction on PFM exercise by audiovisual tape
 Counseling about last week's homework accomplishment(exercise frequency, good positioning to do, and diet) and looking out PFM exercise adherence barriers.

10th week: Exercise & Evaluation
 Physical fitness and instruction on PFM exercise by audiovisual tape
 Evaluation about program

가 . 2 3 가
(two-finger test)

<Table 2> Characteristics of subjects

Item	(N=30)	
	Healthy Mean±SD	Hemiplegia Mean±SD
General	Age	73.6± 5.6
	Parity	4.8± 2.6
	BMI	25.0± 3.7
	Grasping Power	41.9±14.2
	No of Disease	3.5± 1.6
	No of Symptoms	4.1± 2.7
Urologic n(%)	Daytime frequency	5(31.2) 2(14.3)
	Nocturia	14(87.5) 14(100.0)
	Urinary incontinence	8(50.0) 9(64.3)

가 가 ,
가
가
가

3)

<Table 2>

1)
75.2 , 63
89 , 5.3 , BMI 25.1
5. , BMI
35.1 ,
26.2, 41.9 .
가 3.6 ,
3.5, 3.7 ,
5.2 , 4.1, 6.5 .
2)
8
5 (31.2%), 2 (14.3%)
1. , 1 14
(87.5%), 14 (100%)
가 8 (50.0%), 9 (64.3%)

5.

Wilcoxon

1.

<Table 3> Evaluation of urinary tract function

(N=18)

Item	Group	pre- test	post- test	Z	p
Subjective urinary condition	Healthy	48.0±20.9	70.8±22.5	- 2.545	0.011*
	Hemiplegia	49.2±32.0	56.6±26.5	- 0.552	0.581
Intra- vaginal contraction	Healthy	2.1± 0.8	3.1± 0.7	- 1.857	0.063
	Hemiplegia	1.1± 1.0	2.3± 0.5	- 2.565	0.010*

* p<0.05

<Table 4> Evaluation of psychological condition

(N=18)

Item	Group	Pre-test	Post-test	Z	p
Incontinence stress	Healthy	25.1± 5.9	23.5±10.5	- 0.119	0.906
	Hemiplegia	27.2± 6.9	30.1±10.1	- 1.590	0.112
Geriatric depression	Healthy	5.9± 3.4	5.5± 3.4	- 0.213	0.832
	Hemiplegia	7.3± 4.4	8.3± 3.0	- 0.409	0.682
Continenence self- efficacy	Healthy	99.2±26.3	111.9±28.2	- 1.274	0.203
	Hemiplegia	73.4±19.0	106.9±29.4	- 2.293	0.022*

* p<0.05

2. 10 가 20-30 가

1) 가 10 가

가 , <Table 3> 48.0 가

70.8 22.8 가 가 49.2 56.6 가

(Z=- 2.545, p=0.011), 7.4 가 가 (Z= -2.565, p=0.010).

2) 가 , 9.2%(Kim, Rhee, Kim & Chun, 1997), 17% (Kim 2002), 64.5%(Back, 1997)

<Table 4> 가 1 가 (Z=- 2.293, 8 (50.0%), 9 (64.3%)

p=0.022). Kim(2002) 60 14.6%가 37.7%가

가 가 가 가

3) 가, ' ; ' 가 14 (87.5%), 14 (100%) 가 10 가 6 (20%) 4 가 2 가 가 48 , 49.2 가 가

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- Abstract -

The Evaluation of 10 week Urinary Tract Function Promotion Program for the Elderly Women in the Community*

Kim, Jeung Im)

Purpose: This study was accomplished to apply and to evaluate the 10-week Urinary tract Function Promotion for the Elderly Women (UFPE), and to suggest guideline and to be utilized on the community level. **Method:** Subjects were 30 persons of 16 healthy elderly and 14 hemiplegic elderly. This UFPE was composed of diagnosis of incontinence & evaluation of physical

condition, understanding of urogenital system & urinary incontinence management. UFPE was evaluated by subjective urinary condition, intra-vaginal contraction power, continence self-efficacy (CSE), incontinence stress, geriatric depression. The collected data was analyzed using Wilcoxon Matched Signed-Ranks test by SPSS/WIN program. **Result:** 5 subjects (31.2%) in healthy group and 2 subjects(14.3%) in hemiplegic group have a daytime frequency, 14 subjects(87.5%) in healthy group and 14 subjects(100%) have a nocturia. After program, subjective urinary condition was increased just only healthy elderly ($Z=-2.545$, $p<0.05$), while intra-vaginal contraction power and CSE were increased significantly only in the hemiplegic elderly ($Z=-2.57$, $p<0.05$; $Z=-2.29$, $p<0.05$). There were barriers not to comply program guidance such as inadequate perception of pelvic floor muscle, forget to do exercise, fatigue. **Conclusion:** UFPE was effective in increasing subjective urinary condition for healthy elderly and in increasing intra-vaginal contraction power and continence self-efficacy for the hemiplegic elderly women. I suggest that this UFPE be utilized at the health center and elderly center, and public health nurse counsel and guide the elderly's work through phone service.

Key words : Urinary tract function,
Intervention program,
Elderly women

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