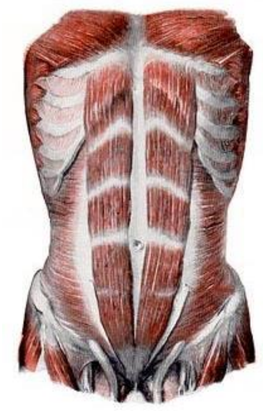
CO-CONTRACTION OF THE ABDOMINAL MUSCLES AND PELVIC FLOOR MUSCLES IN URINARY CONTINENCE

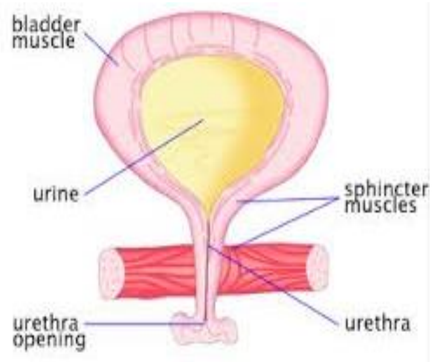
Barbosa AMP[1], Vesentini G[1], Marini G[1], Piculo F[1], Almeida APM[1], Damasceno DC[1], Rudge MVC[1]

[1]Graduate Program in Gynecology, Obstetrics and Mastology. Botucatu Medical School, UNESP - Univ Estadual Paulista, Laboratory of Experimental Research on Gynecology and Obstetrics, São Paulo State, Brazil
(e-mail: **pasconbarbosa@uol.com.br**)

HYPOTHESIS

Pelvic Floor Muscles + Abdominal Muscles = Urinary Continence





AIM OF STUDY

To perform a leterature review of the papers published in recent years that relates to pelvic floor muscle contraction associated with contraction of the abdominal muscles.

STUDY DESIGN

Literature review for the last years of articles was made entirely in the database of the National Center for Biotechnology Information (NCBI - PubMed) and SCIELO site. The following terms were used:

-“*Continence*”

-“*Abdominal Muscles*”

-*“Pelvic Floor Muscles”*

-*“Woman”*

RESULTS

Table 1. Total number of published papers.

	%	n
Not related to the theme	70,80%	126
Only PFM contraction	24,70%	44
Co-contraction of PFM and AB	4,50%	8
Total	100%	178

Gráfico 1. Ratio of the themes.

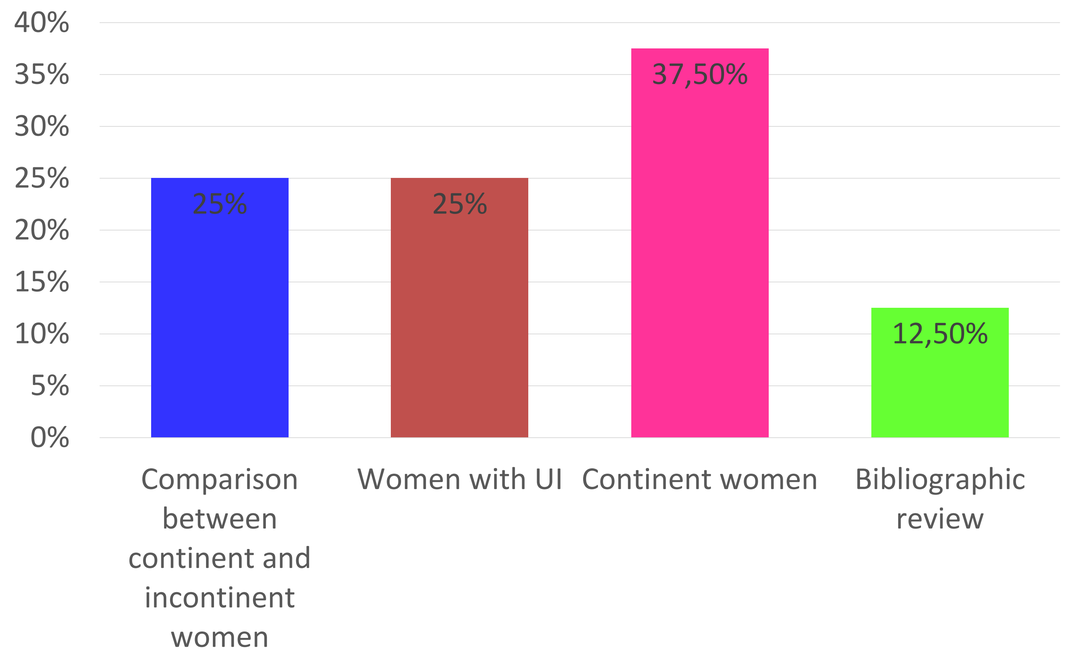


Table 2. Year of publication.

	%	n
After 2009	37,50%	3
Before 2009	62,50%	5

The co-contraction of the abdominal muscles contribute to generate power for the contraction of the PFM. They’re activated during abdominal muscle contractions and the reverse is also true, the abdominal muscles are activated during contractions PFM. Some researchers report that for women continents, can’t fully contract the PFM without contracting the abdominal muscles. In general, the studies found show that there is co-contraction of the abdominal muscles and the PFM.

CONCLUDING MESSAGE

Studies on the associated contraction of the abdominal muscles and the muscles of the PFM are scarce. However, it might be proven their participation for the maintenance of urinary continence and offers important tool for the treatment of women with UI. And consistent with current strategies for the treatment of UI it is important to note that there is a possibility to create alternative solutions of great value for clinical practice.

Financial Support: FAPESP 2012/25053-7