Effective Health Care

Causes, Prevention, and Treatment of Fecal Incontinence Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Causes, prevention, and treatment of fecal incontinence was found to be addressed by three existing reports: 1) a review by the AHRQ Evidence-Based Practice Center (EPC) Program titled *Prevention of Urinary and Fecal Incontinence in Adults*, 2) an NIH State-of-the-Science Conference Statement on *Prevention of Fecal and Urinary Incontinence in Adults*, and 3) National Institute for Health and Clinical Excellence (NICE) clinical guidelines titled *The Management of Faecal Incontinence in Adults.*

  - Shamliyan T, Wyman J, Bliss DZ, Kane RL, Wilt TJ. Prevention of Fecal and Urinary Incontinence in Adults. Evidence Report/Technology Assessment No. 161 (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-02-0009.) AHRQ Publication No. 08-E003. Rockville, MD. Agency for Healthcare Research and Quality. December 2007. http://www.ahrq.gov/downloads/pub/evidence/pdf/fuiad/fuiad.pdf

  - Landefeld CS, Bowers BJ, Feld AD, Hartmann KE, Hoffman E, Ingber MJ, King JT Jr, McDougal WS, Nelson H, Orav EJ, Pignone M, Richardson LH, Rohrbaugh RM, Siebens HC, Trock BJ. National Institutes of Health state-of-the-science conference statement: prevention of fecal and urinary incontinence in adults. Ann Intern Med. 2008 Mar 18;148(6):449-58. http://consensus.nih.gov/2007/2007IncontinenceSOS030Statementpdf.pdf

  - National Institute for Health and Clinical Excellence Clinical Guidelines (UK). NICE Clinical Guideline 49. Faecal incontinence: the management of faecal incontinence in adults. June 2007. http://www.nice.org.uk/nicemedia/pdf/CG49FullGuideline.pdf

- Given that the existing reports cover this nomination, no further activity will be undertaken on this topic.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in the causes, prevention, and most effective treatments for fecal incontinence (FI) due to a dysfunctional anal sphincter. The nominator may also be concerned with what type of provider and setting are most effective for diagnosis and treatment of this condition. The population of most interest to the nominator is women and those who have had fecal incontinence for five or more years.

Key Questions from Nominator: None

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.)

- This topic was found to be addressed by three reports.

  - An existing AHRQ review titled *Prevention of Urinary and Fecal Incontinence in Adults.* The key questions include:

    1. What are the prevalence and incidence of urinary and fecal incontinence in the community and long-term care settings? How does prevalence differ in race, ethnicity, and gender groups?
    2. What are the independent contributions of risk factors for urinary and fecal incontinence, including age, functional impairment, institutionalization, parity, childbirth, and postpartum state, menopause, dietary factors, smoking, obesity, genetic factors, prostate disorders, dementia, psychiatric disorders, specifically depression, diabetes, urinary tract infection, chronic gastrointestinal conditions, cardiovascular and pulmonary diseases, gastrointestinal, gynecologic, and urological procedures, neurological disorders, such as stroke and spinal cord problems?
    3. What is the evidence to support specific clinical interventions to reduce the risk of urinary and fecal incontinence?
    4. What are the strategies to improve the identification of persons at risk and patients who have urinary and fecal incontinence?
    5. What are the research priorities for identifying effective strategies to reduce the burden of illness in these conditions?

  - An NIH State-of-the-Science Conference Statement on *Prevention of Fecal and Urinary Incontinence in Adults.* The key questions include:

    1. What are the prevalence, incidence, and natural history of fecal and urinary incontinence in the community and long-term care settings?
    2. What are the burden of illness and impact of fecal and urinary incontinence on the individual and society?
    3. What are the risk factors for fecal and urinary incontinence?
    4. What can be done to prevent fecal and urinary incontinence?
    5. What are the strategies to improve the identification of persons at risk and patients who have fecal and urinary incontinence?
    6. What are the research priorities in reducing the burden of illness in these conditions?

  - NICE clinical guidelines titled *The Management of Faecal Incontinence in Adults.* The key questions include:

    Good practice in managing faecal incontinence

    1. Do any educational interventions improve outcomes for patients with faecal incontinence? Baseline assessment and initial management

2. What does a structured assessment add to the assessment of patients with faecal incontinence?
3. What does clinician examination add to the assessment of the patient with faecal incontinence?
4. What does patient reporting add to the assessment of the patient with faecal incontinence?
5. What is the effectiveness of modifying diet or fluid intake at managing faecal incontinence?
6. What is the effectiveness of modifying drug administration at managing faecal incontinence?
7. What is the effectiveness of any combination of dietary, fluid or drug administration in managing faecal incontinence?
8. What are the most effective products (absorbent products, containment products and plugs) to manage faecal incontinence?
9. What are the most effective skin care products to manage faecal incontinence?
10. What is the best practice goal setting (including involving patients) for satisfactory treatment of faecal incontinence?

Specialised management

11. What is the effectiveness of pelvic floor/ anal sphincter exercises vs all other conservative therapies?
12. What is the effectiveness of biofeedback vs all other conservative therapies?
13. Which modality of biofeedback is most effective at managing faecal incontinence?
14. What is the effectiveness of external electrical stimulation to manage faecal incontinence?

Specialist assessment

15. What does functional testing add to the assessment of the patient with faecal incontinence?
16. What do imaging techniques add to the assessment of patients with faecal incontinence?
17. What does endoscopy add to the assessment of patients with faecal incontinence?
18. Are any investigation techniques better than others?
19. Which combinations of tests effectively select patients for specific treatment strategies?

Surgical Interventions in all patient groups

20. Is surgery effective and does it last compared with no surgery (conservative treatment)?
21. Are any surgical interventions more effective than others?
22. Do any interventions, pre or post surgery, affect the outcome of surgery for faecal incontinence?

Specific patient groups

23. What procedures are effective in patients or residents in care homes with faecal incontinence related to faecal loading, impaction or constipation?
24. What procedures are effective in patients with limited mobility and faecal incontinence?
25. In patients who report FI who are using enteral nutritional support, what is the effect of lactose free nutritional intervention vs nutritional intervention containing lactose on patient related outcomes?
26. In patients who report FI using antibiotics, what is the effect of probiotics vs no probiotics on patient related outcomes?