



Factors That Affect Consultation and Screening for Fecal Incontinence

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BACKGROUND & AIMS: Fecal incontinence (FI) affects 15% of people age 70 years and older, but only 10% to 30% discuss FI with their physicians. We aimed to identify barriers that prevent people from consulting with their physicians, and that prevent physicians from screening for FI.

METHODS: We performed structured interviews of 124 individuals with FI (mean age, 56 y; 87.9% women) recruited from 6 medical offices at the University of North Carolina Hospitals from June 2012 through March 2013. The subjects completed the Fecal Incontinence Severity Index and the Fecal Incontinence Quality of Life Scale questionnaires. Interview questions aimed to determine which patients had consulted physicians for FI. Eleven of the 56 physicians with patients included in the study responded to the survey.

RESULTS: Eighty-eight of the 124 participants consulted with their physicians about FI (consulters). These individuals had a higher incidence of depression than the 36 subjects who did not consult with their physicians about FI (nonconsulters; $P = .04$), but similar Fecal Incontinence Severity Index scores. A smaller proportion of nonconsulters were aware of available treatments than consulters ($P < .01$). Fifty-six percent of nonconsulters said their FI was not serious enough to consult a physician. There was no difference between consulters and nonconsulters in embarrassment in talking about FI. Among consulters, 88% initiated the conversation about FI with their physician. Seven of the 11 responding physicians screened for FI, but only screened high-risk patients. The 4 physicians who did not screen for FI were unaware of its prevalence, viewed FI as a low priority, or stated that patients were responsible for reporting their own symptoms.

CONCLUSIONS: Based on surveys of physicians and patients, many patients have insufficient knowledge about the availability and effectiveness of treatments for FI. Some people with FI do not discuss it with their physician because their symptoms are mild, and most prefer physicians to ask them directly about FI. Educating patients and physicians about the prevalence of FI and management strategies may improve consultation rates.

Keywords: Accidental Bowel Leakage; Fecal Incontinence; FIS; FIQOL.

Fecal incontinence (FI) is the inability to control bowel movements, which may result in the accidental loss of liquid stool, solid stool, or mucus. The prevalence of FI is unrelated to race or ethnicity^{1,2} and is estimated to be 7% to 12% in noninstitutionalized US adults.^{1,3} It is more common among women than men (9.4% vs 7.3%).² FI affects more than 15% of people aged 70 and older, and the presence of FI increases the likelihood of elderly adults being admitted into nursing homes.¹ The impact on quality of life (QOL) depends partly on the frequency and severity of FI, which varies from daily loss of all stools to infrequent staining of underwear.⁴ An estimated 2.7% of adults report leakage of solid or liquid stool at least weekly.¹ The impact of FI may include embarrassment, social isolation, job loss, and depression.⁵

Although effective treatments are available for FI, surveys suggest only 10%⁴ to 30%⁶ of patients discuss treatment options with their physician. A lack of systematic screening for FI by clinicians compounds this problem.⁷ The study goals were as follows: (1) to identify reasons patients fail to consult their physician about FI, and (2) to identify reasons physicians fail to screen for FI. We tested the following hypotheses. First, patients

Abbreviations used in this paper: FI, fecal incontinence; FIQOL, Fecal Incontinence Quality of Life Scale; FIS, Fecal Incontinence Severity Index; QOL, quality of life.

with FI may fail to consult physicians because of the following: (1) nonconsulters are less aware of treatment options for FI than consulters, (2) nonconsulters are more likely to have higher scores on the Charlson Index of Disease Comorbidity,⁸ (3) nonconsulters have a lower expectation that FI can be improved, and/or (4) nonconsulters are more embarrassed than consulters about discussing FI. Second, physicians may fail to screen for FI because of the following: (1) nonscreeners are more likely than screeners to believe FI is rare, (2) nonscreeners believe FI has less impact on the patient's QOL, and/or (3) nonscreeners rate FI as less important to screen for than increased triglyceride levels, diabetes, excessive use of alcohol, or urinary incontinence. Third, through open-ended questions, we also sought to identify novel differences between patient consulters and nonconsulters, and between physician screeners and nonscreeners, that may explain possible barriers to obtaining treatment for FI.

Methods

Based on an a priori power analysis, the targeted enrollment was 128 patients with FI, which was based on *t* tests with an α value of .05, power of 0.80, and an effect size of 0.5 SDs. Patients were recruited from 6 waiting rooms of the University of North Carolina Hospitals over 20 weeks. These included primary care clinics (family medicine and internal medicine) and specialty clinics (gastroenterology, geriatric medicine, urogynecology, and rheumatology). To minimize embarrassment, patients completed an anonymous checklist by identifying general gastrointestinal symptom(s) they experienced in the past month (Table 1), and those who answered positively to FI and were at least 18 years of age were invited to participate.

After providing written consent, patients and/or caregivers completed the modified Fecal Incontinence

Severity Index (FISI)⁹ and Fecal Incontinence Quality of Life (FIQOL)¹⁰ questionnaire. A structured interview also was completed in the clinic or by telephone. Family caregivers were permitted to assist in answering questions. Medical records were reviewed to collect data to permit calculation of the Charlson Index of Disease Comorbidity.⁸ Upon completion of the study, patients received a check for \$25.

Fecal Incontinence Severity Index

The FISI consists of 4 questions about the frequency of different types of bowel leakage: solid, liquid, mucus, and gas. The answer choices for the frequency of leakage were 1 to 3 times per month (coded as 1), once per week (coded as 2), 2 or more times per week (coded as 3), once per day (coded as 4), and 2 or more times per day (coded as 5). Scoring of the FISI has been explained previously.⁹ Because we believe patients are better able to judge subjective qualities such as embarrassment and disruption of activities, patients' weighted scores rather than physician weighted scores were summed to obtain a total FISI score.

The FISI was modified by adding questions related to volume of solid, liquid, and mucus leakage. The possible responses were coded as follows: never, 0; stain only on underwear or pad, 1; small amount—1 to 2 teaspoons, 2; moderate amount—3 to 5 teaspoons, 3; large amount—half a cup to 1 cup, 4; and full bowel movement, 5. Questions related to sound and odor for gas leakage were added, and the answer choices were coded as follows: none, 0; not noticeable, 1; somewhat noticeable, 2; and definitely noticeable, 3. Responses of "refused" or "do not know" were treated as missing values.

Fecal Incontinence Quality of Life

The FIQOL questionnaire consists of a total of 29 questions to assess the patient's quality of life. There are

Table 1. Anonymous Questionnaire Results

	Consulters	Nonconsulters	Nonparticipants with FI	Nonparticipants without FI	Total
Abdominal pain	54.5% 48/88	69.4% 25/36	50.7% 36/71	24.2% 285/1178	28.7% 394/1373
Bloating	48.9% 43/88	61.1% 22/36	42.3% 30/71	18.2% 214/1178	22.5% 309/1373
Constipation	52.3% 46/88	52.8% 19/36	45.1% 32/71	25.8% 304/1178	29.2% 401/1373
Diarrhea	68.2% 60/88	36.1% 13/36	60.6% 43/71	16.1% 190/1178	22.3% 306/1373
Fecal incontinence (accidental bowel leakage)	100.0% 88/88	100.0% 36/36	100.0% 71/71	0.0% 0/1178	14.2% 195/1373
Heartburn	44.3% 39/88	52.8% 19/36	35.2% 25/71	23.7% 279/1178	26.4% 362/1373
Nausea	42.0% 37/88	58.3% 21/36	40.8% 29/71	19.3% 227/1178	22.9% 314/1373
Vomiting	22.7% 20/88	27.8% 10/36	23.9% 17/71	8.8% 104/1178	11.0% 151/1373

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