



Effective Health Care

Comparative effectiveness of treatments of fecal incontinence in women- Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Comparative effectiveness of treatments of fecal incontinence*, will go forward for refinement as an update to or expansion of an existing comparative effectiveness or effectiveness review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement stage.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator(s): Individual

Nomination Summary: The individual nominator is interested in the comparative effectiveness of treatments for fecal incontinence in women, specifically those who suffered obstetric injuries. The nominator is also interested in permanent, effective solutions and their associated psychological and social effects. The topic is important because of clinicians' lack of familiarity with treatment options and their effectiveness, and the lack of guidance to lead them to an appropriate course of action.

Staff-Generated PICO

Population(s): Adults with fecal incontinence, mostly women

Intervention(s): Permanent interventions and preventive treatments including, but not limited to, medical therapy, bulking substances, injectable bulking agents, pelvic floor muscle training, sacral nerve stimulation, anal electrical stimulation, biofeedback, and surgery

Comparator(s): Those listed above (i.e. compared to each other) and usual care (no treatment)

Outcome(s): Improvement in quality of life, continence, or severity of incontinence

Key Questions from Nominator: For patients with fecal incontinence (especially women who sustained injury from forceps delivery that now manifests as fecal incontinence in advanced age), what permanent, reliable and effective treatments are available to return this population back to a normal life and free them from the social isolation the condition creates?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Fecal incontinence is defined by lack of control of bowel movements, causing unexpected leakage of stool from the rectum. Severity of the condition can range from minor lack of control to complete lack of control. Common causes include damage to muscles or nerves, which could be associated with aging or childbirth, diarrhea, and constipation.
- Underreporting is a common problem in fecal incontinence, and many people do not seek care or address the issue. People with fecal incontinence may also try to hide the condition because they feel ashamed or embarrassed. Often, people may only report incontinence when it impacts their daily life.
- This topic was found to be best suited to move forward as an update to or expansion of the existing AHRQ report published in 2007 titled *Prevention of fecal and urinary incontinence in adults*. Key questions are listed below. Specifically, this nomination relates to Key Question 3:
 1. What are the prevalence and incidence of urinary and fecal incontinence in the community and long-term care settings?
 - a. Race
 - b. Ethnicity
 - c. Gender
 2. What are the independent contributions of risk factors for urinary and fecal incontinence, including:
 - a. Age
 - b. Functional impairment
 - c. Institutionalization
 - d. Parity, childbirth, and postpartum state
 - e. Menopause
 - f. Dietary factors
 - g. Smoking
 - h. Obesity
 - i. Genetic factors
 - j. Prostate disorders
 - k. Dementia
 - l. Psychiatric disorders, specifically depression
 - m. Diabetes
 - n. Urinary tract infection
 - o. Chronic gastrointestinal (GI) conditions such as irritable bowel syndrome (IBS), diarrhea, constipation, and inflammatory bowel diseases (IBD)
 - p. Cardiovascular and pulmonary conditions
 - q. Gastrointestinal, gynecologic, and urological procedures
 - r. 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?

- Due to a reasonable number of studies published since the AHRQ report and ongoing clinical trials, which provide comparative research on treatment options, there is enough new evidence to inform an update to the AHRQ product on the topic.