

## DELPHI STUDIES FOR THE DEVELOPMENT OF A SELF-CARE GUIDELINE FOR COMMUNITY-DWELLING OLDER PEOPLE WITH FAECAL INCONTINENCE IN INDONESIA

### Hypothesis / aims of study

Faecal incontinence affects 22.4 percent community-dwelling older people in Indonesia (1). However, little has been done to manage this health problem. The aim of this study was to develop a multidisciplinary evidence-based self-care guideline for community-dwelling older people with faecal incontinence in Indonesia.

### Study design, materials and methods

Two Delphi studies were conducted. Agreements were reached when at least 75% of participants agreed with each topic being discussed. The first Delphi study involved 17 international experts in faecal incontinence to determine the framework and the content of the guideline. Data was collected via e-mail communications. The second Delphi study involved 18 local community experts to refine the content to the Indonesian social context. Community experts included medical doctors, nurses, older people and their family caregivers. Data was collected using mails. Two rounds were completed in each Delphi study.

### Results

In the first Delphi study experts agreed to include normal bowel function, the definition of faecal incontinence together with causes, effects, managements, treatment options and information about health care facilities and available resources in the guideline. Based on the agreed topics and a further literature review on conservative management of faecal incontinence, a written draft guideline was developed. The design and layout of the written guideline was made following guidelines provided by the Australian National Health and Medical Research Council (2). In the second Delphi study, the written guideline was distributed to participants for further comments. Agreements were reached that the developed guideline was suitable and applicable for older people and their family care givers for self-management of faecal incontinence at home settings. The final form of the written guideline includes both basic and further self-management. Basic self-management includes diet and fluid management, prompted toileting, appropriate positioning for bowel evacuation, the use of continence pads, maintaining skin care and managing the odour, improvement of toilet facilities and access, sphincter exercise and exercise to resist bowel urge. Further self-management includes using bowel diary and food chart, and periodic reassessment of the problem. An audiovisual aid has also been developed based on the written form of the guideline.

### Interpretation of results

This guideline is the first in Indonesia which has potential benefits in term of reducing symptoms of faecal incontinence, improving quality of life for older Indonesians and providing economic benefits for families who care for older people with faecal incontinence at home. The development of audiovisual is not only essential to bridge illiteracy issue in the Indonesian community, but also important to increase the retention of information (3).

### Concluding message

We developed a package of self-management educational resource to be used by family and older people to help manage faecal incontinence in the home setting. Effectiveness of this educational package in changing behaviour remains to be investigated.

### References

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2. National Health and Medical Research Council. (2000): How to present the evidence for consumers: preparation of consumer publications. Canberra: Commonwealth of Australia
3. Wilson, E., Park,D., et al. (2010): Media and memory: the efficacy of video and print materials for promoting patient education about asthma. Patient Education and Counseling, 3775:1-6

### Disclosures

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