

## IDENTIFIED PROBLEM CATEGORIES OF ANAL INCONTINENCE USING THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH

### Hypothesis / aims of study

There is as yet no consensus about the best classification of anal incontinence (AI). The most commonly used problem categories are based on symptoms, nature of faeces loss or presumed primary cause. If we use a medical classification of diagnoses alone, it is ignored that patient's health is also dependent on environmental factors. Therefore, physical therapy diagnosis evaluates the consequences of the health problem using the International Classification of Functioning, Disability and Health (ICF), meaning a shift of focus from cause to the much broader area of individual and societal functioning. The diagnosis includes the identification of impairments (nature, severity of AI), activity limitations and participation restrictions based on history taking, physical examination and measurement instruments. The aim of this study was to develop problem categories of AI, using the ICF classification, which can serve as a basis for clinical reasoning for physical therapists. This study was performed as part of the development of the evidence statement Anal Incontinence according to the methodology of The Royal Dutch Society for Physical Therapy (KNGF) (1).

### Study design, materials and methods

A literature review (1980-november 2012) was undertaken to identify guidelines, reviews and clinical studies that either formulate recommendations on physical therapy diagnosis/analysis in patients with AI or evaluate etiological patterns (to assess the nature and severity of AI) and patient characteristics predicting therapy response (to assess general factors impeding recovery or adjustment processes). A concept version based on consensus among the evidence statement development team was sent to a multidisciplinary feedback group. Comments and additions were collected in a Delphi round.

### Results

Four problem categories for patients with AI have been identified and are depicted in a flowchart together with the accompanying treatment plan (1):

I: AI with pelvic floor dysfunction and awareness of loss of stools (urgency). The treatment plan is developed dependent on the presence of a neurological problem, anorectal sensation, voluntary control and factors that adversely affect pelvic floor function, II: AI with pelvic floor dysfunction without awareness of loss of stools (passive). The treatment plan is dependent on the presence of a neurological problem and anorectal sensation, III: AI without pelvic floor dysfunction, and IV: AI with or without pelvic floor dysfunction, in combination with general factors impeding the recovery or adjustment processes. The treatment plan is developed based on the presence or absence of comorbidity. The nature and severity of any pain symptoms represent a complicating factor in all four problem categories.

### Interpretation of results

The treatment plan relates to the identified problem category and is not only directed to relieve impairments, but also to improve functioning and quality of life.

### Concluding message

Physical therapy diagnosis integrates impairments and environmental factors. The resulting problem categories of AI may support the clinical reasoning process and ongoing review may refine these categories further.

### References

1. E.M.J. Bols, J.A.M. Groot, I.C. van Heeswijk-Faasse, H.J.M. Hendriks, L.C.M. Berghmans. KNGF Evidence statement Anal Incontinence. Amersfoort: Royal Dutch Society for Physical Therapy;2013

### Disclosures

**Funding:** Funding from The Royal Dutch Society for Physical Therapy (KNGF) **Clinical Trial:** No **Subjects:** NONE