

## FAECAL INCONTINENCE: KNOWLEDGE, SKILLS AND BARRIERS TO SPECIALIST REFERRAL AMONGST AUSTRALIAN PRIMARY HEALTHCARE PROVIDERS

### Hypothesis / aims of study

Faecal incontinence (FI) was found to affect 8-13% of the ambulant adult population living in the community in our recent systematic review(1) making it more prevalent than cancer, diabetes and osteoporosis combined. This staggering prevalence, in conjunction with the deleterious impact on quality of life, means that it constitutes a substantial health and economic burden. Recent advances in the understanding and treatment of this devastating condition mean that afflicted patients no longer need to suffer from this physically and psychologically debilitating disorder. However, access to specialist services and treatment is dependent on timely referral by primary healthcare workers, including general practitioners (GPs), continence nurses and pelvic floor physiotherapists. Currently, it is unknown if these healthcare providers are confident with patient assessment, instigating interventions in primary care and aware of the recent advances in investigation and treatment. Consequently, the aim of this study was to evaluate the current knowledge, understanding and clinical confidence with the assessment and treatment of patients with FI of healthcare practitioners in Sydney, Australia.

### Study design, materials and methods

A cross-sectional study of primary healthcare providers attending a health education seminar in Sydney, Australia was performed using a self-administered questionnaire. The delegation included GPs, nurses, midwives and physiotherapists. The seminar focused on topics relevant to women's health. The self-administered questionnaire was designed to assess participants' knowledge of the prevalence of FI amongst Australian adults and investigate the current practices amongst healthcare workers regarding the clinical assessment, investigation and treatment of patients with FI. Typically, objective knowledge (factual information relating to the management of FI, in accordance with NICE guidelines) and subjective perception / confidence (using a 5-point Likert scale ranging from very poor to very strong) was assessed. It also assessed behaviours pertaining to specialist referral patterns and perceived barriers to the effective treatment of FI.

### Results

Overall, 581 of 1,232 delegates (47.2%) participated in the study. The participants consisted mostly of GPs ( $n = 426$ , 73%), with the remainder comprising nurses ( $n = 63$ , 11%) and midwives ( $n = 77$ , 13%). The study population was predominately female ( $n = 421$ , 87%), with a mean age of 62 (SD 24) years. Most participants practiced in metropolitan, i.e. inner city (as opposed to a rural / remote) areas ( $n = 287$ , 62%).

The prevalence of FI amongst Australian primary healthcare seekers was accurately estimated by only 61 GPs and 27 allied health professionals (14% and 17%, respectively). Most GPs ( $n = 319$ , 77%) reported that they would refer incontinent patients to a surgeon (predominantly a colorectal surgeon) for further investigation and treatment, with the vast majority either choosing the usual specialist to whom they would normally refer other bowel disorders to ( $n = 176$ , 42%) or one based on recommendation by a colleague ( $n = 176$ , 42%).

Some 524 of all respondents (93%) judged their prior training and education in the management of FI to be 'minimal' or 'absent', with the vast majority ( $n = 515$ , 90%) reporting a desire to receive further education on the topic. Similarly, the majority of the respondents reported that their overall knowledge ( $n = 435$ , 76%) and current skills in the screening of high-risk groups ( $n = 412$ , 72%) and management ( $n = 410$ , 72%) of FI was poor / very poor.

The most common barrier identified by health practitioners to the screening and / or treatment of FI in the community was their own personal lack of skills in managing this condition. Participants reported that a better understanding of where ( $n = 406$ , 71%) and to whom ( $n = 472$ , 83%) to refer patients with FI would help facilitate patient management.

Health practitioners exposed to a greater workload of patients with FI reported better understanding of, and were more confident prescribing medications for, patients with FI. Specifically, practitioners whose FI patient workload comprised  $\geq 5\%$  of their total practice were twice more likely to rate their management skills of FI as 'acceptable / strong' (OR 1.8, 95%CI 1.1 – 3.0;  $P = 0.014$ ), and almost three times more likely to report confidence in initiating medical treatment for FI (OR 2.6, 95%CI 1.6 – 4.2;  $P < 0.001$ ), compared with practitioners who managed FI less frequently. Practitioners with a greater workload of FI were also twice more likely to report awareness of current surgical options available to treat FI (OR 1.8, 95%CI 1.1 – 3.0,  $P = 0.013$ ). Notably, there was no association between gender, practice location, and subspecialty interest of participants and their overall knowledge and management skills of FI.

### Interpretation of results

The vast majority of Australian healthcare practitioners underestimated the prevalence of FI and rated their clinical skills in the assessment and treatment of this condition as suboptimal, as a consequence of receiving almost no prior education or training. Consequently, there is minimal screening of high-risk groups for symptoms and thus sufferers are likely to remain unidentified and thus not referred for specialist assessment / treatment. However, the vast majority expressed desire for further education and believed that this would facilitate future referrals. Indeed, amongst those exposed to a greater FI patient workload, confidence and skills were significantly better.

### Concluding message

This study has identified obvious barriers to the effective assessment and treatment of patients with FI in primary care and appropriate referral to specialist services, which predominantly reflects lack of confidence on account of suboptimal education /

training of primary healthcare providers. Given the appetite for further knowledge, specialists have an important role to play in engaging and supporting colleagues in primary care if specialist referral and definitive treatment of patients with FI is to occur.

#### References

1. Ng K, Sivakumaran Y, Nassar N, Gladman M. Fecal Incontinence. *Diseases of the Colon & Rectum*. 2015;58(12):1194-1209.

#### Disclosures

**Funding:** NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Human Research Ethics Committee, Concord Repatriation General Hospital **Helsinki:** Yes **Informed Consent:** Yes