

WOMEN WITH ANAL INCONTINENCE – RESULTS OF A GROUP BASED PATIENT EDUCATION PROGRAM

Hypothesis / aims of study

Anal incontinence (AI) can have distressing physical, emotional and psychosocial consequences. Fear and shame of involuntary loss of solid stool often cause self-imposed isolation, thus limiting the patients' life. In patients with AI, knowledge about developing and implementation a patient education program is scant. The present study aims to examine the outcomes of a group-based patient education program for women with AI. We hypothesise that one-third of the patients do not need further treatment. Further we expect a reduction in severity of incontinence and an increase in quality of life.

Study design, materials and methods

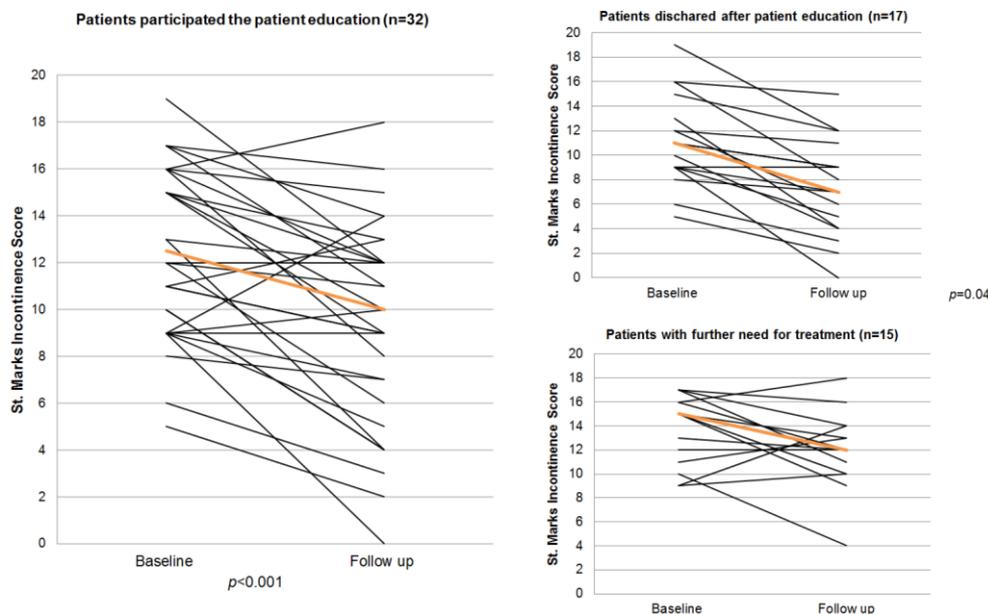
The present study is a survey based cohort study of female patients participating in the group based patient education. 75 patients were invited. In the period from October 2016 to January 2017, 36 (48 %) patients completed the group-based patient education. Previous to participating, all patients were scored with the St. Marks Score (1). Follow up was gathered one month after the patients have finished the patient education. During the follow up, each patient was screened for the need of further treatment. Self-rated quality of life was measured through the Fecal Quality of Life scale (FIQL) (2). Baseline was reported before entering the group-based education program and with follow up three months after finishing the education.

Data are presented as median with range or mean with standard deviation. Statistical analysis was performed using the Wilcoxon signed rank test or Wilcoxon rank sum test. The significance level was $p < 0.05$.

Results

At present, one-month follow up was carried through in 32 patients. 17 (53 %) patients were discharged after finishing the group-based patient education. Figure 1 presents the results of the St. Marks Incontinence score. St. Marks incontinence score (0= best and 24 = worst) was 12.5 (range 5-19) at baseline and 10 (range 0-18) at one month follow up. This reduction in severity was statistic significant ($p < 0.001$). Differences were found in baseline St. Marks score stratified by treatment status after completing the patient education. Baseline St. Marks Score was 11 (range 5-19) in patients discharged and 15 (range 9-17) in patients with further need for treatment ($p = 0.04$).

Figure 1, St. Marks Incontinence Score at baseline and one month after participating in the patient education



Test for differences between scores were tested with a Wilcoxon signed-rank test or Wilcoxon rank sum. Orange line indicates the median.

The preliminary results of the self-scored quality of life are shown in table 1. Statistic significant improvement was found in the dimensions: "depression", "embarrassment" and for the total score.

Table 1, Fecal Incontinence Quality of Life score at baseline and at three months follow up, (n= 8)

	Baseline Mean (s.d)	Three month follow up Mean (s.d)	<i>p-value</i>
Lifestyle	2.83 (0.92)	2.83 (0.96)	0.867
Coping/ behavior	1.94 (0.49)	2.13 (0.60)	0.094
Depression	3.23 (0.57)	3.50 (0.31)	0.031
Embarrassment	2.17 (0.78)	2.71 (0.52)	0.016
Total score	2.54 (0.40)	2.79 (0.41)	0.008

Test for differences between scores were tested with a Wilcoxon signed rank test
Bold numerals indicate a statistically significant association

Interpretation of results

Patients have reduced their severity of anal incontinence after participating in the patient education. In addition, we performed an analysis on the baseline score, to determine if severity before entering the patient education is influencing the effect. Both the highest and the lowest baseline score was found in patients discharged after participated the patient education. Thus, indicating that severity is not a limit for entering the patient education as we were able to treat any different severities and symptoms in the patient education. With regard of a moderate correlation between severity and each FIQL dimensions (3), we further suggest an increase in FIQL after participating in the patient education.

Concluding message

The study finds that the group based patient education is effective as the first line treatment of female patients with anal incontinence.

References

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Disclosures

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