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THE EFFECTIVENESS OF DIETARY INTERVENTION IN THE MANAGEMENT OF WOMEN WITH FAECAL INCONTINENCE.

Hypothesis / aims of study
Faecal incontinence may be due to defects in the anal sphincter muscles and/or neuropathy. Management of faecal incontinence includes surgery, pharmacology or incontinence pads. Currently, antidiarrhoea medications and fibre products are used in the management of the person with faecal symptoms. Although dietary changes are often suggested in the management of patients with faecal incontinence, there is no objective evaluation of the use of dietary manipulation in the management of faecal incontinence.

The aim of this study is to evaluate the effect of dietary manipulation in women with faecal incontinence. This is a cross-over prospective randomized trial.

Study design, materials and methods
Institutional Ethics approval was obtained prior to the commencement of the study. Women presenting to the gynaecology and/or colorectal clinic with faecal incontinence were invited to participate in the study.

Women who were enrolled in the study were assessed by gynaecological history and examination, full diet history (by a dietician), Cleveland Clinic Continence Score, anorectal neurophysiological assessment, anorectal ultrasonography, validated quality of life questionnaire (SF36), validated quality of life scale for faecal incontinence and visual analogue scores (0-100%). The Cleveland Clinic scores and the quality of life questionnaires were also completed following the intervention period.

Women were randomised (computer generated) into the intervention group or delayed intervention group. The study period is 10 weeks in duration. During the first 2 weeks, all women completed a 2-week bowel diary. For the women in the early intervention group, dietary intervention commenced following the initial 2-week bowel diary. Intervention with dietary manipulation was 4 weeks in duration (during weeks 3 – 6 of the study period). This was followed by a further 2 week bowel diary and a review at the outpatients clinic.

For women in the delayed intervention group, a 2-week bowel diary is completed in weeks 1-2 of the study period. There is no dietary intervention in weeks 3 – 6, with an outpatient clinic review in week 6. Dietary intervention commenced in weeks 7-10 following which repeat questionnaires were completed and a review in the outpatients clinic.

Dietary manipulation will be undertaken by or under the supervision of the dietician. The aim of the diet is to modify the type and not quantity of fibre. The diet eliminates all coarse or insoluble fibres but can maintain a moderate to high fibre content. There is therefore no “standard diet” for the women but a modification and substitution to the individual’s regular diet.

Results
A total of 44 women were recruited with 4 women not completing the questionnaires following intervention.

The mean pre-intervention Cleveland Clinic Continence score was 10.2 compared to the post-intervention score of 6.7. Dietary manipulation was associated with a significant improvement in Cleveland Clinic Continence scores. The improvement in scores was significant in all of the Cleveland Clinic Continence parameters. For example, improvement in solid incontinence ($p = 0.0017$), improvement in liquid incontinence ($p = 0.0026$) and improvement in flatal incontinence ($p=0.026$).

Failure to improve during the dietary manipulation was not associated with presence of anal sphincter defects (external or internal).

Interpretation of results
Modification of diet with fibre type is associated with significant improvement in faecal incontinence.

Concluding message
Dietary manipulation with elimination of insoluble fibres is an effective form of management for women with faecal incontinence.

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HUMAN SUBJECTS: **This study was approved by the Royal Women's Hospital, Melbourne and followed the Declaration of Helsinki Informed consent was obtained from the patients.**