

# Survey: Prevalence of Fecal Incontinence Is 7%

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RANCHO MIRAGE, CALIF. — The prevalence of fecal incontinence ranged from 3% of women in their 30s and 40s to nearly 15% of women in their 80s and 90s in the first large epidemiologic study of fecal incontinence among women living in a U.S. community.

Overall, more than 7% of the 3,536 women who returned mailed surveys reported fecal incontinence, defined as accidental loss of stool at least monthly. Of those with fecal incontinence, 47% said they used pads for sanitary protection, and 53% said the problem caused them to alter their lifestyle, Jennifer Melville, M.D., and her associates reported in a poster presentation at the annual meeting of the Society of Gynecologic Surgeons.

"Fecal incontinence is very prevalent and causes significant quality-of-life impacts," said Dr. Melville of the University of Washington, Seattle, during an oral presentation in which she discussed the findings at the meeting. Physicians can assist women by helping to manage the problem, she added.

The responses made up 64% of 6,000 surveys mailed to women aged 30-90 years

who were enrolled in a nonprofit HMO in Washington state, GroupHealth Cooperative. The surveys asked specifically about fecal incontinence, not anal incontinence, which includes flatus. Of the women with fecal incontinence, 37% said they had daily or weekly episodes of incontinence. They were incontinent of liquid stool in 47% of cases, solid stool in 23% of cases, and both liquid and solid in 30% of cases.

An analysis of the HMO's automated data on the respondents showed that the

women with fecal incontinence were twice as likely to have moderate medical illness and nearly three times as likely to have high-level comorbidity when compared with continent women.

Moreover, women with fecal incontinence were twice as likely to have urinary incontinence and three times as likely to have major depressive disorder as were continent women.

A history of operative vaginal delivery raised the risk for fecal incontinence 58%.

Women with fecal incontinence were more likely to report significant functional impairments, measured in the survey using the World Health Organization Disability Assessment Schedule II. The mean scores on this measure were 24 for women with fecal incontinence and 11 for continent women. The scores for incontinent women are comparable to scores for people with disabling medical conditions like chronic back pain or ankylosing spondylitis, Dr. Melville said. ■

Continued from previous page

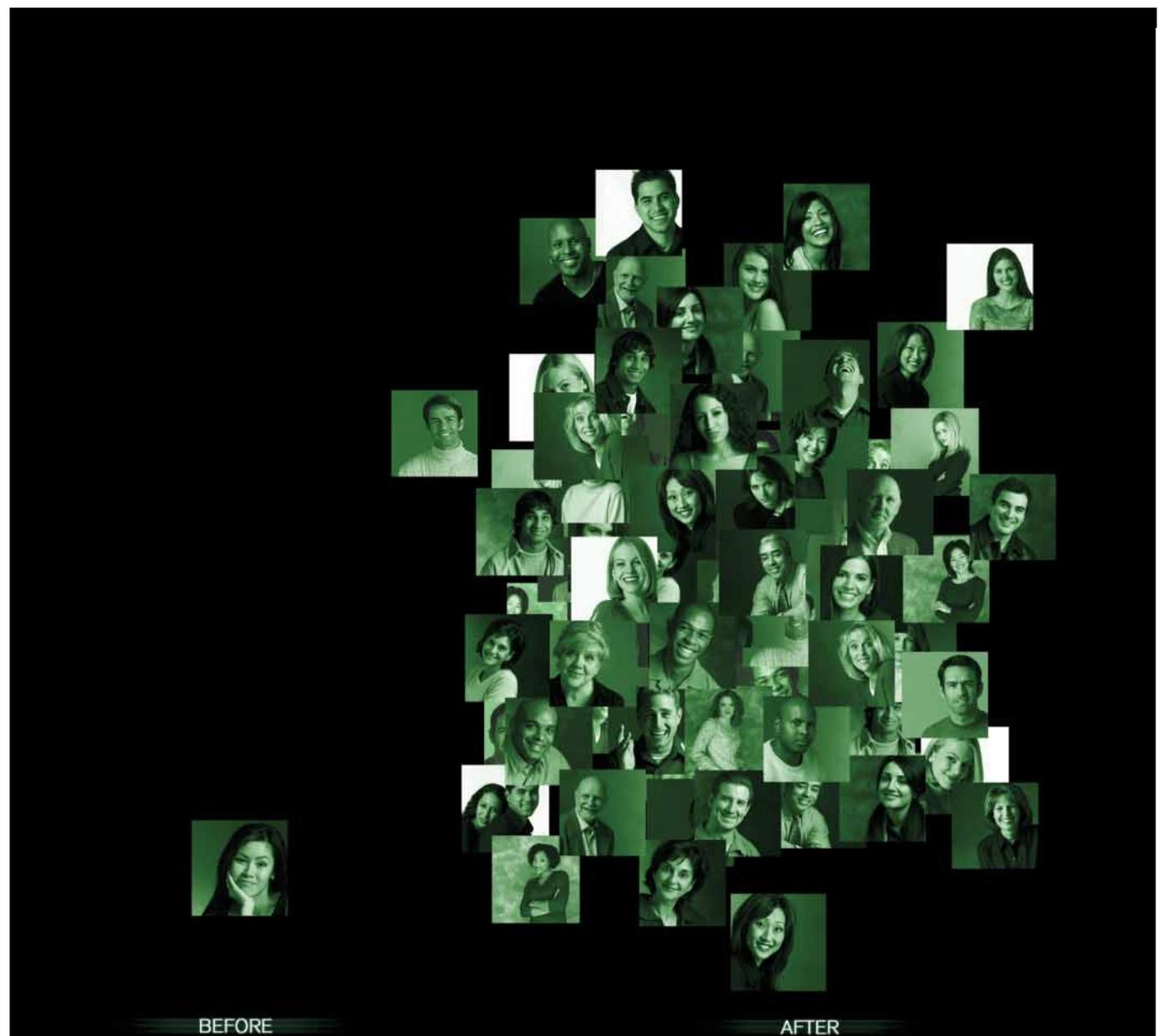
former is that a full-week course is necessary. As for the fluoroquinolones, ciprofloxacin is available in generic formulations, so it is less expensive. The Food and Drug Administration has approved gatifloxacin as a single-dose treatment for uncomplicated cystitis. One fluoroquinolone that should not be used for UTI is moxifloxacin, which is indicated for respiratory infections, because treatment results in low levels of the drug in the urinary tract.

A single dose of fosfomycin is another alternative, but this is considered a second-line treatment because the efficacy is not that high and it is expensive. One benefit, however, is that resistance to this agent appears to be low, Dr. Brown said.

Short-course treatment is not appropriate for complicated cystitis, which should be treated with a 7-day course of therapy, she said. Avoid empiric TMP-SMX treatment in patients who have recently been treated with antibiotics or have recently been hospitalized, as you would for uncomplicated cystitis. Culture all patients, and adjust treatment based on susceptibility data, she said.

As many as 25% of women with acute cystitis can develop frequent, recurrent UTIs, which are reinfections, not relapses. (Fewer than 5% of these women have a correctable structural or functional abnormality of the urinary tract.) Management strategies include daily or postcoital prophylaxis and self-start therapy for women concerned about developing a UTI when they are away from home, she added.

Contraceptive methods should be evaluated, Dr. Brown said. She also considers prescribing topical estrogen for postmenopausal women who have recurrent UTIs. ■



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