Biofeedback Effective for Chronic Constipation

BY BRUCE JACIN

Honolulu — Biofeedback proved superior to standard therapy for long-term management of patients with the most common cause of chronic constipation in the first ever randomized trial featuring a full year of follow-up.

Previous short-term randomized trials have demonstrated that biofeedback is effective in patients with dyschezia-defecation.

This form of constipation is a long-term problem—and although uncontrolled studies have suggested good long-term maintenance of efficacy with biofeedback, it was important to establish in a more rigorous randomized trial setting whether this nonpharmacologic therapy maintains its effectiveness over time.

The answers—at least through 1 year of formal follow-up—is clearly yes, Dr. Sathish S.C. Rao said at the annual meeting of the American College of Gastroenterology.

There has been a report of transient exacerbation of acute dystonia and akathisia occurring in a 64-year-old patient who received 1 mg of haloperidol for treatment of agitation.

PRECAUTIONS

The ability to maintain lithium plasma concentrations and to achieve steady state is reduced in the elderly, in states of renal or hepatic insufficiency, and in patients who are unaccustomed to its administration.

Lithium is included in the treatment of manic episodes of mania and in long-term maintenance of patients with the most common cause of chronic constipation. In the long-term maintenance of patients with manic-depressive illness, lithium should be administered in conjunction with other forms of therapy. Lithium may be given after the acute phase of a manic episode is controlled.

Lithium is included in the treatment of manic episodes of mania and in long-term maintenance of patients with the most common cause of chronic constipation. In the long-term maintenance of patients with manic-depressive illness, lithium should be administered in conjunction with other forms of therapy. Lithium may be given after the acute phase of a manic episode is controlled.

ADVERSE REACTIONS

These events may occur with the use of biofeedback. They may result in transient exacerbation of acute dystonia and akathisia occurring in a 64-year-old patient who received 1 mg of haloperidol for treatment of agitation.

After a year, 1 of 3 Biofeedback Controls, 13 of 15 Controls, met diagnostic criteria for dyschezia.

Biofeedback program entailed biweekly-hour-long treatment sessions in which participants learned techniques aimed at increasing their pushing effort through improved anorectal coordination and sensory and conditioning. They also practiced expelling a simulated stool model of silicone.

The standard therapy control arm involved three monthly visits with a gastroenterologist, dietitian, and nurse for instruction in dietary modification, exercise, toilet habits, and appropriate use of laxatives. “That’s a lot more than the usual standard therapy in clinical practice,” Dr. Rao noted.

Of the 52 patients, all completed the 3-month active treatment phase. Since no single endpoint adequately defines the outcome of constipation therapy, follow-up was performed with a variety of subjective and objective measures of improvement was conducted at 3, 6, and 12 months. The 1-year intent-to-treat analysis focused on 21 patients from each arm.

Only 1 of 3 patients in the biofeedback arm still met diagnostic criteria for dyschezia at 1 year, in contrast to all 15 in the control group. Mean balloon expulsion time fell from a baseline of 143 seconds in the biofeedback group to 13 seconds at 12 months and 18 seconds at 1 year in controls.

The number of complete, spontaneous bowel movements per week increased significantly in the biofeedback group, as did objective measures of anorectal and colonic function and patient satisfaction with bowel function; none of these endpoints improved over the course of a year in those who were randomized to the standard therapy arm.

In response to audience questions, Dr. Rao said that it has been his clinical experience outside the randomized trial setting that at least two-thirds of patients who have undergone a course of biofeedback for dyschezia-defecation maintain the benefits in multivariant follow-up, while the effects were wane beyond 1 year in about one-third, who benefited.

Dr. Rao’s study, for which he received the 2005 AGA Auxiliary Award, was funded by the National Institutes of Health.