

Evaluation of fecal incontinence symptoms in adult women and impact on their quality of life

Abstract

Fecal incontinence is an important complaint with great impact in patient's quality of life. Its cause is multifactorial, its diagnosis greatly underestimated, and its prevalence increases with age. Fecal incontinence is defined as any involuntary loss of feces – liquid or solid – or gas in patients older than 4 years of age. Fecal incontinence can be present in up to 15% of patients older than 70 years. Only 10 to 30% of symptomatic patients seek medical attention. Up to 40% of symptomatic women have major fecal incontinence with even greater impact on quality of life. Health care professionals' awareness and patient information are paramount for diagnosis and treatment of the issue.

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Introduction

Fecal incontinence is a complaint with great impact on patients' quality of life. Its etiology is multifactorial, and the diagnosis is underestimated. Fecal incontinence prevalence increases with age. With world's population aging there will be an increase in fecal incontinence of 59% by 2010 to 2030.³ Seeking methods of improving detection and, therefore, diagnosis is paramount to establish and adequate treatment and improving patients' quality of life.

Objectives

Our objective with this study is to evaluate the incidence symptoms related to fecal incontinence when not informed spontaneously by the patients and determine the impact on quality of life. We also aim to compare the incidence, prevalence, and severity of fecal incontinence in nulliparous and multiparous women.

Methods

Application of validated questionnaires of quality of life and severity/frequency of symptoms in adult women, nulliparous and multiparous that sought medical attention as outpatients in colorectal and OBGYN practices for complaints other than fecal incontinence.

Results

Ninety-nine patients were interviewed, 54 that were evaluated by gynecologists and 45 by colorectal surgeons. Patients' age ranges from 15 to 86 years. When regarding marriage status, 30% were single, 43% married, 9% divorced, 8% widows and 9% none of the above. Regarding education, 2% could not read, 32% had their elementary school incomplete, 12% had completed elementary school, 13% had not completed high

school, 25% completed high school, 10% had attended college and 5% had graduated from college. Fecal incontinence symptoms were present in 60% of interviewed patients 37% had minor, 17% moderated and 5% severe fecal incontinence. Quality of life scores questionnaires (FIQL) ranges from 39 to 119. During this study we found a higher incidence for fecal incontinence than that reported on the literature, especially because of active questions about these symptoms.²⁻⁸

Discussion

Fecal incontinence presents as an important complaint in colorectal surgery practice with major impact on quality of life. Although

important, many patients feel ashamed to report these symptoms to the attending physician, except when they are too severe. As the results show, by making active inquiries about fecal incontinence we found a higher rate than reported by the literature so far. This way the attending colorectal surgeon can have a diagnosis and provide treatment with positive impact on quality of life.

Conclusion

In conclusion, we believe that having a routine system of screening for fecal incontinence together with population and physician's awareness is paramount for adequate diagnosis and treatment of this group of patients

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Conflicts of interest

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