Irritable Bowel Syndrome and Quality of Life in Women with Fecal Incontinence

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(Specifics: 3,300 characters with spaces, table 50 characters/row, figure 560 characters)

Purpose: Fecal incontinence (FI) affects up to 15% of women. Less is known about the prevalence and impact of irritable bowel syndrome (IBS) on quality of life (QOL) in women presenting for FI treatment. The objectives were to determine the prevalence of IBS and IBS subtypes in women with FI and the impact of IBS on QOL.
Methods: This is a preplanned secondary analysis of an observational multicenter study of FI: the Adaptive Behaviors in Women with Bowel Incontinence (ABBI) study from the Pelvic Floor Disorders Network. Women with at least monthly FI (solid or liquid stool) were screened to evaluate adaptive behaviors before and after treatment (per usual care) for FI. A diagnosis of IBS was characterized by the Rome III clinical criteria (abdominal pain or discomfort ≥ 2 days/month). Baseline medical history, urinary incontinence, prior treatments for FI, and stool consistency using the Bristol stool scale were completed along with self-administered questionnaires including: Modified Manchester Health Questionnaire (MMHQ) including the Fecal Incontinence Severity Index (FISI) and fecal urgency assessment, the Pelvic Floor Distress Inventory subscales and the Pelvic Floor Impact Questionnaire subscales. Women with a prior IBS diagnosis by a healthcare provider were self-identified.
Results: Of the 131 women (mean age 57.3 ± 14.2 years, 11.5% African American, mean body mass index 28.8±6.9 kg/m^2, and median parity 3 (range 0 to 9) with monthly FI who enrolled in the ABBI study, 36 (31%) met Rome III clinical criteria for IBS. The most common subtype was IBS-mixed (39%) followed by IBS-diarrhea (36%), IBS-constipation (22%), and IBS unspecified (3%). Fecal urgency was more common among women with FI and IBS than FI alone (50% vs 31%, p=0.06). When comparing women with IBS and those without, no differences (p>0.05) were found for having prior surgery for FI, prior ano-rectal surgery, or medication usage for diarrhea or constipation management. Women with FI and IBS had a negative impact on condition-specific QOL compared to women without IBS despite any differences seen in FI severity or stool consistency (Table). Women with FI and IBS also reported more prolapse symptoms and worse prolapse-specific QOL. Two-thirds of the women who met Rome III criteria for IBS had never been told by a medical professional they had IBS.
Conclusions: IBS affects one-third of women presenting for treatment for FI with a significant negative impact on condition-specific QOL. The majority of women with IBS are not recognized

by health care professionals. Better recognition of IBS may improve treatment outcomes in women with FI and IBS.

Table

Questionnaire, (range)	**FI alone (n=80)**	**FI and IBS (n=36)**	**P value**
FISI, (4-59)	26.4 ± 11.1	28.5 ± 12.8	0.37
MMHQ, (0-100)	33.8 (23.0)	47.9 (24.7)	0.01
SF 12 Physical Composite Score, (0-100)	45.4 (10.3)	41.9 (12.5)	0.30
SF-12 Mental Composite Score, (0-100)	44.8 (12.1)	40.6 (13.6)	0.18
Urinary Distress Inventory, (0-300)	27.9 (29.6)	94.1 (72.7)	0.24
Pelvic Organ Prolapse Distress Inventory, (0-300)	71.7 (61.0)	109.3 (69.5)	<0.01
Colorectal Anal Distress Inventory, (0-400)	124.9 (77.4)	158.3 (85.6)	0.07
Urinary Impact Questionnaire, (0-400)	107.3 (110.2)	146.0 (128.4)	0.14
Pelvic Organ Prolapse Impact Questionnaire, (0-400)	60.9 (101.1)	97.3 (124.8)	0.05
Colorectal Anal Impact Questionnaire, (0-400)	146.3 (112.7)	202.1 (128.6)	0.04

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