

Evidence Profile 5.2: A Proactive Approach to Bladder and Bowel Management in Adults

Recommendation 5.2 Evidence Profile (Quantitative)

Recommendation question 5: Should adequate fiber and/or fluids be recommended to improve outcomes in persons living with fecal incontinence and/or constipation?

Recommendation 5.2: The expert panel recommends that as part of a wider multicomponent program, health providers counsel persons living with constipation on adequate fluid intake to help manage constipation.

Population: Adults (18 and over) living with constipation or fecal incontinence

Intervention: Adequate intake of fluids

Comparison: No /fluids

Outcomes: Stool consistency, laxative use

Setting: All health settings except ICUs

Bibliography: 1103, 9034

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Country	Intervention	Intervention	Control			
Stool consistency (measured using Bristol stool chart [BSC])													
1	Quasi-experimental (before and after)	Serious ^a	Not serious	Not serious ^b	Serious ^c	Not serious	1103: Turkey	<p>Eight home visits lasting approximately 1 hour. Participants received an individualized education program that included: advice on dietary fiber consumption, fluid intake, walking for 30-60 min daily or 3-5 times per week, and counseling on optimal position (squat) to defecate. Participants were all women.</p> <p>Education specific to fiber and fluid intake included daily intake of dietary fiber from 25 -30g and fluid intake between 1500 and 2000 ml.</p> <p>The visits were made at 2-week intervals and women were followed for up to 3 months.</p>	<p>N = 35 women</p> <p>According to the BSC, 71.5% of women stated their stool form to be 'sausage-shaped, but lumpy' before the education program. This percentage dropped to 17.1% after the education program. Also 8.5% reported that they did not observe 'separate hard lumps, like nuts (hard to pass)' stool after the education program.</p>	No control	The study reported that an individualized education program was effective in improving stool consistency, alleviating constipation in participants.	⊕○○○ VERY LOW	1103: Ayaz & Hisar (2013)

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Laxative Use (unclear how this was measured)													
1	Quasi-experimental (before and after)	Serious ^a	Not serious	Not serious	Serious ^c	Not serious	9034: Egypt	Health education on lifestyle modification, including: best position for defecation, a healthy balanced diet, adequate fluid intake, benefits of exercise, selection of suitable exercise, and an indication for laxative use. 3 separate sessions at intervals of 2 weeks from April to July 2011; group discussions were 30 min per session and booklets were distributed to the participants on educational items of lifestyle modification.	N = 23 Percentage of laxative use Pre-intervention: 82.6% Post-intervention: 34.8%	No control	The study reported a decrease in the participants who used laxatives from 82.6% to 34.8% users post intervention (p < 0.01).	⊕○○○ VERY LOW	9034: Nour-Eldein et al., 2014

Explanations

- a. Based on the ROBINS-I tool for quasi-experimental studies, the study had serious concerns related to risk of bias due to limitations in how the study was conducted. We downgraded by 1.
- b. Participants in this study were all women. We downgraded by 0.5.
- c. Total number of participants in the study was less than the optimal 400 participants. We downgraded by 1.