

# Constipation and Soiling: Integrated Models of Care



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## Constipation and Fecal Incontinence

- Constipation affects 3% of children
- 84% of these children experience fecal incontinence
- Accounts for 25-30% of referrals to GI



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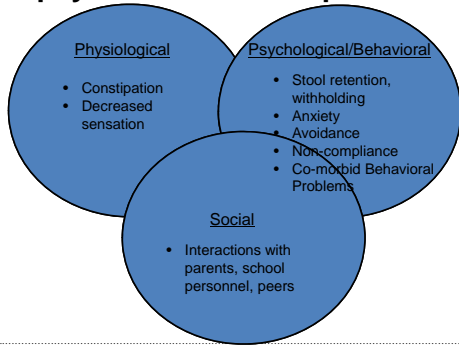
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## Biopsychosocial Conceptualization



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## NASPGHAN Guidelines

- Do not recommend intensive behavioral or multidisciplinary treatment for INITIAL treatment
- *“Based on expert opinion, we recommend **demystification, explanation, and guidance for toilet training** .... in the treatment of childhood constipation.” (Tabbers et al., 2014 pp. 272)*



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## Common Challenges for the GI Practitioner

- 4 year-old who is fully continent but will only defecate in a pull-up or diaper
- Withholding behavior
- Toileting refusal
- Constipation is no longer present and the child continues to soil



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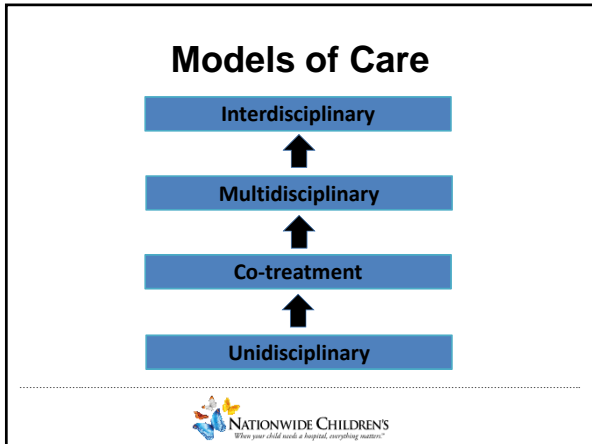
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### Features of Unidisciplinary Care

- 1 discipline
- Treat in isolation with no collaboration with other disciplines


  
When your child needs a hospital, everything matters.<sup>SM</sup>

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### Unidisciplinary

<u>Pros</u>	<u>Cons</u>
<ul style="list-style-type: none"> <li>• Easily implemented</li> <li>• Requires fewer resources from providers and institutions (money, space, time)</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent with biopsychosocial model</li> <li>• Inconsistent with psychology guidelines &amp; EBP for treatment of encopresis</li> </ul>


  
When your child needs a hospital, everything matters.<sup>SM</sup>

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## Features of Co-Treatment

- Involves multiple disciplines
- Providers in separate locations
- Limited collaboration
- Parallel treatment



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## Co-Therapy

### Pros

- More consistent with biopsychosocial model
- Potential for collaboration

### Cons

- Collaboration requires effort by each discipline
- Assumes a relationship exists between disciplines



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## Features of Multidisciplinary Care

- 2+ disciplines
- Simultaneous treatment conceptualization
- Parallel implementation of treatment



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## Multidisciplinary

### Pros

- Consistent with biopsychosocial model
- Increased collaboration
- Shared treatment goals and plan

### Cons

- Requires shared resources (setting/space, medical record)
- Requires an established relationship, work setting



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## Features of Interdisciplinary Care

- 2+ disciplines
- Jointly address the biological-psychological-social factors and their interactions
- Shared perspective on factors which impact the condition



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## Interdisciplinary

### Pros

- Consistent with biopsychosocial model
- High degree of collaboration
- Shared perspective

### Cons

- Requires shared resources (setting/space, medical record)
- Requires an established relationship, setting



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## Which model is most effective?

- To date no RCTs have been conducted
- Qualitative review of the literature suggests the use of models of care which consider multiple factors in the treatment of fecal incontinence and constipation



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## Recommended Treatment Components

- Medical-Behavioral Approach
  - Education
  - Disimpaction/clean-out
  - Maintenance of regular BMs
  - Behavioral intervention to improve/establish toileting habits

(NASPGHAN, 2014; Wassom & Christophersen, 2014)



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2014, Vol. 2, No. 3, 294-312

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### A Clinical Application of Evidence-Based Treatments in Pediatric Functional Constipation and Incontinence

Matthew C. Wassom and Edward R. Christophersen  
Children's Mercy Hospital-Kansas City, Missouri

Fecal incontinence is a common childhood condition that causes significant disruption and impairment to children and families. Recent reviews have found that the treatment

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## Models in Practice



- Majority of centers implement a combination of models
  - Co-therapy to multidisciplinary
    - GI practitioner refers to psychology, share medical records/documents, coordinate treatment
  - Treatment occurs in separate locations, but there is some collaboration of disciplines



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## Models in Practice



- Multidisciplinary to Interdisciplinary
  - Clinic staffed by both GI practitioner and psychologist on same day
  - Treatment occurs on same day and in the same space
  - High degree of collaboration



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## Bowel Management Clinic at Nationwide Children's



- Multidisciplinary Clinic
  - GI Nurse Practitioner
  - Pediatric Psychologist or Pediatric Psychology Fellow
  - Goals of Treatment
    - Soft BM everyday to every other day
    - < 1 smearing accident per day
    - Adherence to medical/behavioral regimen
    - Independent toilet behavior



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## Bowel Management Clinic



- Medical-Behavioral Model
  - Medical Management of Constipation
    - Clean-out
    - Maintenance medication(s)
    - Additional medical testing as needed



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## Bowel Management Clinic



- Behavioral Intervention to establish/enhance toileting behavior
  - Education
  - Compliance training (reinforcement for positive toileting behavior)
  - Consequences for problematic toileting behavior



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## Conclusions

- Collaboration is central to the treatment of functional constipation and fecal incontinence
- Models of care exist on a continuum
- There can be flexibility within and between models of care in the treatment of constipation and fecal incontinence



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