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
### Biopsychosocial Conceptualization

**Physiological**
- Constipation
- Decreased sensation

**Psychological/Behavioral**
- Stool retention, withholding
- Anxiety
- Noncompliance
- Co-morbid Behavioral Problems

**Social**
- Interactions with parents, school personnel, peers

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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
Features of Unidisciplinary Care

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

Unidisciplinary

**Pros**
- Easily implemented
- Requires fewer resources from providers and institutions (money, space, time)

**Cons**
- Inconsistent with biopsychosocial model
- Inconsistent with psychology guidelines & EBP for treatment of encopresis
Features of Co-Treatment

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

Co-Therapy

Pros
• More consistent with biopsychosocial model
• Potential for collaboration

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

Features of Multidisciplinary Care

• 2+ disciplines
• Simultaneous treatment conceptualization
• Parallel implementation of treatment
### Multidisciplinary

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>- Consistent with biopsychosocial model</td>
<td>- Requires shared resources (setting/space, medical record)</td>
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<td>- Increased collaboration</td>
<td>- Requires an established relationship, work setting</td>
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<td>- Shared treatment goals and plan</td>
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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

### Interdisciplinary

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<tr>
<td>- Consistent with biopsychosocial model</td>
<td>- Requires shared resources (setting/space, medical record)</td>
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<tr>
<td>- High degree of collaboration</td>
<td>- Requires an established relationship, setting</td>
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<tr>
<td>- Shared perspective</td>
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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

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)
**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
Bowel Management Clinic

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

Bowel Management Clinic

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

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