

Abstract

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“On my honor, I pledge that I have neither given nor received any unauthorized assistance on this paper.” Lisa L. Santo Domingo

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Objective: Constipation is a common problem which impacts health care costs causes emotional distress for children and their families. Behavioral modification therapy has been shown to decrease episodes of fecal incontinence in this population. The purpose of this study was to compare the clinical effectiveness of a multidisciplinary approach (including behavioral psychology and concurrent medical therapy) to conventional therapy (CT) alone in improving the quality of life (QOL) and stooling behaviors of children with functional constipation.

Method: In this quasi-experimental study conducted in a Mid-Atlantic, urban, pediatric subspecialty clinic, 47 children (2 to 18 years) with functional constipation were given appointments in either the multidisciplinary chronic constipation clinic (BT) or CT with a gastroenterology provider. Primary outcome measures were defecation frequency, fecal incontinence frequency, and QOL. Secondary outcome measures were abdominal pain, pain during bowel movements, large bowel movements, stool withholding, and daytime/nighttime diaper use. Outcomes were evaluated 4-6 weeks after the initial clinic appointment.

Results: BT demonstrated no advantage over CT in the primary or secondary outcome measures. Despite non-significant changes *between* groups, both BT and CT demonstrated statistically significant changes *within* groups related to weekly bowel movement production (BT, $P=0.00$; CT, $P=0.030$) and significantly decreased scores on QOL (BT, $P=0.000$; CT, $P=0.017$) at follow-up.

Conclusions: Although there were significant findings of increased weekly bowel movement production and improved QOL scores within both BT and CT groups at follow up, there were no significant differences between groups in the three primary and six secondary outcome measures.

Keywords: obstipation, childhood, treatment, behavioral therapy, encopresis