DANISH HEALTH AUTHORITY

ANAL INCONTINENCE IN ADULTS – CONSERVATIVE TREATMENT AND ASSESSMENT OF RECENT ONSET FAECAL INCONTINENCE AFTER CHILDBIRTH

Quick guide

Psyllium versus loperamide for relieving anal incontinence:	
Elderly citizens with anal incontinence living at home	
↑	Consider use of psyllium as first-line treatment rather than loperamide for relieving anal incontinence in elderly citizens living at home. (⊕⊕○○) = low
↑	*Adults with chronic diarrhoea causing anal incontinence, where another cause of diarrhoea has been identified (idiopathic)* Consider use of psyllium as first-line treatment rather than loperamide for relieving anal incontinence in case of chronic diarrhoea. (⊕⊕○○) = low
↑	*Patients with recent onset anal incontinence following rectal cancer surgery, where recurrence has been excluded* Consider use of psyllium as first-line treatment rather than loperamide for relieving recent onset anal incontinence following rectal cancer surgery. (⊕⊕○○) = low
↑	*Patients with recent onset anal incontinence following anal surgery for the treatment of benign diseases* Consider use of psyllium as first-line treatment rather than loperamide for relieving recent onset anal incontinence following anal surgery for the treatment of benign diseases. (⊕⊕○○) = low
√	*Patients with recent onset anal incontinence following abdominal or genital radiotherapy* It is good practice to try out psyllium as first-line treatment rather than loperamide for relieving recent onset anal incontinence following abdominal or genital radiotherapy

Psyllium versus laxatives for relieving anal incontinence triggered by constipation	
√	*Adults with chronic constipation and concomitant anal incontinence (Rome III)* It is good practice to try out psyllium or laxatives if the anal incontinence is deemed caused by constipation because of the evidence of a correlation between constipation and anal incontinence

National clinical guideline on anal incontinence in adults – conservative treatment and assessment of recent onset faecal incontinence after childbirth published by the Danish Health Authority, April 2016

Anal evacuation for relieving faecal incontinence in nursing home residents	
↓	*Nursing home residents with faecal incontinence, where other treatment options have shown lack of efficacy* Anal evacuation with suppositories or rectal fluid should only be used for nursing home residents upon due consideration. Oral laxatives should always be tried out alone prior to considering anal evacuation, since there is no evidence that supplementing with anal evacuation results in a better effect than use of oral laxatives alone. (⊕○○○) = very low.
√	It is good practice to try out other treatment options prior to considering anal irrigation and that anal irrigation is performed by or supervised by specially trained staff.

Pelvic floor muscle training	
↑	*Adults with anal incontinence* Consider referring adults with anal incontinence to individually supervised pelvic floor muscle training, as this type of training has proved to have a positive effect. (⊕○○○) = very low.
↑	*Women with persistent anal incontinence after childbirth (within 2 years after the childbirth)* Consider referring women with persistent anal incontinence after childbirth to individually supervised pelvic floor muscle training, as this type of training has proved to have a positive effect. (⊕○○○) = very low.

Assessment of faecal incontinence in women after childbirth	
↑	*Women with recent onset faecal incontinence after childbirth with no known rupture of the anal sphincter* Consider referring women with recent onset faecal incontinence after childbirth to endoanal ultrasound, since clinical examination alone cannot detect anal sphincter injury and reconstruction or other surgical treatment may be a possible option if the incontinence is due to an anal sphincter defect. (⊕○○○) = very low.

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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on conservative treatment of anal incontinence – including the key recommendations for one assessment question.

The guideline was prepared by the DHA.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high
(⊕⊕⊕◯) = moderate
(⊕⊕◯◯) = low
(⊕◯◯◯) = very low

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for
↓↓ = a strong recommendation against
↑ = a weak/conditional recommendation for
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the DHA wants to emphasise particular aspects of the established clinical practice.

Further information at sundhedsstyrelsen.dk
At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
