

[0669] Figure 1. Forest plot for studied outcomes.

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Intermittent Colonic Exoperistalsis Reduced Suppositories and Oral Laxatives in Functionally Constipated Women With Slow Transit

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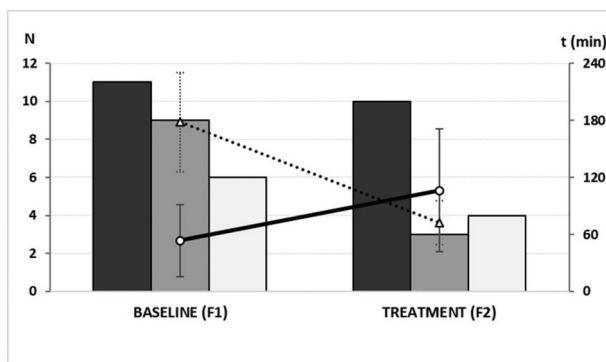
Introduction: Female sex and increasing age are risk factors for constipation. Studies have found colon transit times to be longer in women. Constipation appears or worsens among perimenopausal women. After lifestyle changes, second-line treatment are laxatives. However, most laxative agents show limited efficacy for chronic use, especially in women with comorbid conditions or concomitant medication. Intermittent colonic exoperistalsis (ICE) is a non-invasive, non-drug treatment for chronic constipation. It has been developed to facilitate natural bowel movements and reduce the side effects of laxatives, enemas, or other invasive approaches. ICE has been proven safe and effective in constipation from both neurogenic or idiopathic aetiology in both men and women. Here, its use among women with functional chronic constipation was evaluated.

Methods: Adult women with chronic functional constipation and a previous diagnosis of slow transit were recruited in 4 hospitals in Germany. The treatment consisted of using the ICE medical device for 15 to 30min daily, at home. Patient outcomes were self-reported through anonymous, structured feedbacks collected at baseline (F1) and after some time under ICE treatment (F2).

Results: Data resulted from n=12 women (5 aged 18-39 yr, and 7 aged 40-60 yr). The mean time of ICE treatment at F2-feedback collection was 6,29(5,12) months (min 1; max 16). No one reported any serious adverse event. Three patients described occasional low self-remitting adverse events which did not affect the treatment compliance. Average fecal consistency increased from 2.00(1.13) to 3.75(1.91) in the Bristol scale; P=0.0084. Bowel movements increased in average by 2.65 per week; P=0.0037. Time spent per each bowel movement was reduced by 100.5 min, P=0.0199. Of 11 women using oral laxatives, 6(55%) had reduced its use, incl. 1(9%) that fully stopped; P=0.0272. Of 9 using suppositories, 8(89%) had reduced its use, incl. 6(67%) who stopped completely; P=0.0028. Of 6 using enemas, 3(50%) reduced its use, incl. 2 who fully stopped. In total, 73% (8/11) of women stopped or reduced some form of aids to evacuation; P=0.0028 (Figure 1).

Conclusion: The amelioration in bowel function was accompanied by a notable reduction in aids to evacuation, with a high percentage of women stopping the use of suppositories. This in-use structured feedback points to the potential of ICE substituting more invasive and drug approaches in bowel management strategies for functionally constipated adult women with slow transit.

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[0670] **Figure 1.** Columns represent, from left to right, the number of women (N, left axis) using Oral Laxatives (dark grey), Suppositories (grey) and Enemas (light grey), at baseline (F1) and at the moment of feedback, under treatment (F2). The decrease in N at F2 indicates the number of women fully stopping each aid to evacuation. Lines represent the mean±SD number of Bowel Movements per week (-o- ; N, left axis) and the mean±SD time spent per evacuation (···Δ···; min, right axis).

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Telehealth Is Effective in Delivering Pelvic Floor Physical Therapy in Patients with Pelvic Floor Disorders

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Introduction: Pelvic floor physical therapy (PFPT) is recommended for management of pelvic floor disorders (PFD) including functional defecatory disorders and fecal incontinence. Telehealth utilization, largely spurred by COVID-19 pandemic, has become preferred due to convenience and access. We aimed to assess the effectiveness of telehealth for delivering PFPT.

Methods: In this IRB approved, cross-sectional study, 812 patients who had undergone PFPT by telemedicine or in combination with in-person visits were surveyed. Patient Global Impression of Change (PGIC) was used to analyze post intervention effectiveness (Table 1).

Results: Overall, 141 patients with PFD, 113 female, mean (SD) age of 52 (17) completed the study. The mean number of total encounters was 4.55 (4.25) with 2.81 (2.08) telehealth visits. A total of 42 (30%) patients reported no change/worse, 27 (19%) minimal improvement, and 72 (51%) moderate/much improvement of symptoms on PGIC survey. Number of visits did not impact response to therapy as reflected by PGIC score. Age was significantly different among groups. Mean (SD) age of patients with no improvement was 59 (15), minimal improvement 56 (16), and moderate/much improvement 47 (17) (P< 0.002). Gender, race, BMI, medical comorbidities, obstetric and pelvic surgical history, or symptoms did not influence response to therapy. Patients < 50 years old reported significantly greater degree of symptom improvement (P< 0.02), symptom resolution (P< 0.002), meeting personal goals (P< 0.0001), and improved pelvic floor muscle strength, coordination, and relaxation (P< 0.05) than patients age >50. They also reported greater overall satisfaction with bowel movements, better control of bowel function, and less negative impact of bowel problems on quality of life (P< 0.005). Telehealth was preferred by 54 (38%) patients. Majority of patients 115 (85%) felt that therapist was able to understand their symptoms and start them on a program 116 (83%) after the first visit, regardless of age (p >0.05). Regardless of age, 89 (64%) patients preferred a combination of in-person and telehealth visits as compared to 42 (30%) patients who preferred only in-person visits.

Conclusion: Utilizing telehealth for PFPT appears to be effective and may increase access to care. Future research is needed to determine whether efficacy of telehealth interventions is influenced by challenges faced by older adults in effectively utilizing telehealth and to identify strategies to address barriers.

Table 1. Efficacy of telehealth for pelvic floor physical therapy by age

Questions	Response	All		AGE < 50		AGE > 50		P-value
		N	%	N	%	N	%	
Was a video visit your preference?	No	86	61	38	58	48	64	0.502
	Yes	54	39	27	42	27	36	
After seeing your Physical Therapist via video, did you feel that they were able to understand your symptoms?	No	21	15	6	9	15	21	0.065
	Yes	115	85	58	91	57	79	
Do you feel that your Physical Therapist was able to adequately help you understand pelvic floor anatomy via video visit?	No	24	18	9	14	15	21	0.267
	Yes	110	82	55	86	55	79	
Do you feel that your Physical Therapist was able to get you started on home exercises to address your complaints after the first visit?	No	23	17	9	14	14	19	0.380
	Yes	116	83	57	86	59	81	
How did your symptoms change during the course of care?	Worsen	9	6	3	5	6	8	0.019
	Same	49	35	16	25	33	45	
	Better	81	58	46	71	35	47	
Did you symptoms resolve during your course of care?	No	114	81	46	70	68	91	0.002
	Yes	27	19	20	30	7	9	
Did you feel that your personal goals were met during your course of care?	No	75	53	25	38	50	67	0.001
	Yes	66	47	41	62	25	33	
Would you recommend pelvic PT for others with similar issues?	In-person only	42	30	16	24	26	36	0.189
	Combined Telehealth & In-person	89	64	46	70	43	59	
	Telehealth only	2	1	2	3	0	0	
	No	6	4	2	3	4	5	
Do you feel like you understand the relationship between your pelvic floor muscles, bladder, bowel, and/or sexual function?	Yes	115	83	58	88	57	79	0.170
	No	23	17	8	12	15	21	
Do you feel like you understand proper coordination and control of pelvic floor muscles?	Yes	106	75	50	76	56	75	0.881
	No	35	25	16	24	19	25	
Do you feel like your pelvic floor muscle awareness improved during your course of care?	Yes	114	81	56	85	58	78	0.326
	No	26	19	10	15	16	22	
Do you feel like your pelvic floor muscle coordination improved during your course of care?	Yes	88	62	47	71	41	55	0.043
	No	53	38	19	29	34	45	

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