Pelvic Floor Dysfunction Often Mistaken for Irritable Bowel

BY TIMOTHY F. KIRN
Sacramento Bureau

CHICAGO — Many individuals diagnosed with irritable bowel syndrome could actually have pelvic floor dysfunction, a condition that can be much more remediable, according to a study conducted at the Mayo Clinic.

Considerable overlap exists in the symptoms of pelvic floor dysfunction and irritable bowel syndrome (IBS), particularly constipation-predominant irritable bowel syndrome, even though the Rome diagnostic criteria for functional bowel disorders consider the two distinctly separate entities, Christopher N. Andrews, M.D., the main investigator of the study, said in a poster presentation at the annual Digestive Disease Week.

The study showed that few patients who present with straining, lumpy or hard stools, or a sensation of incomplete evacuation get a pelvic floor work-up as they should. Those with pelvic floor dysfunction probably could be helped by biofeedback training of the pelvic floor muscles, Dr. Andrews said in an interview.

The study included 450 patients being seen at the Mayo Clinic, Rochester, Minn.; 77% of participants were women. The patients either had diagnosed IBS or were undergoing a scintigraphic GI transit study. The patients filled out a questionnaire to help investigators determine if they had symptoms the Rome criteria listed with pelvic floor dysfunction. Study investigators reviewed patients' medical records to see if the subjects had received anorectal defecation testing.

A total of 194 of the patients had at least two symptoms of pelvic floor dysfunction as outlined by the Rome criteria. But only 50 patients (11%) had undergone pelvic floor dysfunction testing, usually balloon-expulsion manometry. Of those 50 patients, 13 (26%) had an abnormal test result. Patients with constipation-predominant IBS were more likely to get testing, but they were also more likely to have overlapping symptoms and an abnormal test result.

Of the 78 patients with constipation-predominant IBS, 76 had at least two symptoms of pelvic floor dysfunction. Of those patients, 24 (32%) underwent testing, and among those tested, 8 (33%) had an abnormal test result.

Anorectal defecation testing of patients with IBS-type symptoms is thought to have become more common at highly specialized centers in recent years, Dr. Andrews said in the interview. But if the rate of testing is so low at the Mayo Clinic, it is probably not done enough anywhere.

One problem that may discourage testing is that there are different tests but no real standards concerning which to use, he added.

The Rome criteria symptoms of pelvic floor dysfunction include straining when defecating more than 25% of the time, lumpy or hard stools more than 25% of the time, incomplete evacuation more than 25% of the time, sensation of anorectal blocking more than 25% of the time, manual maneuvers to facilitate defecation more than 25% of the time, or one or fewer defecations per week. ■

Women With Ileal Pouch Report Sexual Dysfunction

BY MITCHEL L. ZOLER
Philadelphia Bureau

PHILADELPHIA — Women who underwent an ileal pouch/anal anastomosis procedure for ulcerative colitis reported impaired sexual function, compared with historic, normal controls, Laura H. Goetz, M.D., said at the annual meeting of the American Society of Colon and Rectal Surgeons.

The etiology of worsened sexual function, found in a survey of 92 patients, is unclear. It might be caused by nerve damage during proctectomy, inadequate pouch function, or aging, reported Dr. Goetz, a colon and rectal surgeon at the University of California, San Francisco.

A questionnaire was used to assess sexual function in women who had undergone the ileal pouch/anal anastomosis procedure. The questionnaire included the modified Female Sexual Functioning Index (FSFI), the Fecal Incontinence Severity Index, and additional questions about pouch function. It was sent to 167 women who had surgery for ulcerative colitis during 1990-2004 at UCSF. Of those, 92 women returned completed surveys. Their mean age was 39.5 years, with a range of 19-61 years. The questions were answered a mean of 6 years after surgery, with a range of 1-14 years.

The average score on the modified FSFI was 23.9. The highest score possible on this index is 36.0, which would indicate no impairment. The previously published average score of healthy women was 30.5. The average score of women in the current study was higher than that reported in prior studies of women with sexual-arousal disorders, whose average score was 19.2. In the surveyed group, 26% of the women had scores greater than 30, and another 26% had scores less than 20.

The FSFI score also varied by age, with women younger than age 50 having an average score of 25, and women older than age 50 having an average score of 18. When scores were compared before and after surgery, 24% of the women had their scores improve after surgery and 43% had their scores worsen; the rest had no change.

The FSFI scores of the surveyed women did not correlate with their Fecal Incontinence Severity Index scores. ■

Undiagnosed Maternal Celiac Disease Linked to Adverse Fetal Outcomes

BY DOUG BRUNK
San Diego Bureau

Maternal celiac disease, undiagnosed at the time of delivery, is a risk factor for adverse fetal outcomes, but celiac disease diagnosed before giving birth is not associated with such outcomes, results from a large Swedish population study suggest.

"Our results underline the importance of screening for CD [celiac disease] among women of reproductive age, because some 1% of young people may have CD, and treatment seems to reduce dramatically the rate of complications in pregnancy," reported the investigators, led by Jonas F. Ludvigsson, M.D., of the pediatric department at Örebro University Hospital, Sweden.

Celiac disease is a chronic intestinal malabsorption disorder caused by intolerance to gluten. Diagnosis is suspected on the basis of symptoms, enhanced by laboratory and x-ray studies, and confirmed by biopsy. A gluten-free diet is the only treatment.

Using a national medical registry, Ludvigsson and his associates identified 2,078 women aged 15-44 with a diagnosis of CD who gave birth to singleton live-born infants between 1973 and 2001. A total of 1,149 women were diagnosed with CD before giving birth, and 929 were diagnosed after giving birth (Gastroenterology 2005;129:454-63).

After adjusting for potential confounding factors such as smoking, age, parity, and diabetes mellitus, the subjects diagnosed with CD after birth were associated with an increased risk of intrauterine growth retardation (odds ratio of 1.62), preterm birth (OR 1.71), cesarean section (OR 1.82), low birth weight (OR 2.13), and very low birth weight (OR 2.45). Subjects diagnosed with CD before the birth of their offspring were not significantly associated with a higher risk of these outcomes.

The risk for nearly all adverse outcomes was highest in women who received a diagnosis of CD within 5 years after childbirth.

They postulated that insufficient fetal nutrition causes the increased risk of intrauterine growth retardation and low birth weight seen in offspring of women diagnosed after giving birth. "It has previously been shown that undiagnosed adult patients with CD have lower serum ferritin, vitamin B_{12}, and erythrocyte folate," the investigators wrote. "A second explanation for the IUGR [intrauterine growth retardation] and low birth weight could be CD-mediated inflammation or dysregulation of the immune system. The latter explanation is particularly attractive when trying to explain the shorter pregnancy duration seen in offspring to patients with undiagnosed celiac disease."

A limitation of the study, the authors acknowledged, is the risk of low sensitivity. "Not all patients with CD are admitted to a hospital, and our unexposed women certainly include several false-negative patients," they said. "This is, however, unlikely to affect our risk estimates because the number of cases is large, and healthy women without CD vastly outnumber false-negative cases, now classified as unexposed." ■

Anal Incontinence Rates Similar for Men and Women

BY KATE JOHNSON
Montreal Bureau

MONTREAL — Anal incontinence is four times more prevalent than previously thought, and it affects older men and women almost equally, according to what British researchers describe as the first systematic review of the prevalence of this disorder.

"Age, not gender, is the most important factor, and obstetric trauma does not have a major effect," Philip Toozs-Hobson, M.D., reported at the annual meeting of the International Continence Society.

The review of 29 studies with a total of 69,152 participants found an overall rate of anal incontinence of 3.5% in men and 4.5% in women across all age groups.

"It suggests that the 1% rate presumed by government agencies is an underestimate," said Dr. Toozs-Hobson, a consultant gynecologist at Birmingham (England) Women's Hospital.

Moreover, the effects of obstetric trauma could not be seen in this data, he said.

"It has long been thought that the incidence of anal incontinence is higher in women because trauma occurs to the anal sphincter during childbirth," he said. "However, this study does not provide evidence that women under 60 years have significantly higher rates of incontinence, when compared with men of similar age."

When data were broken down according to age, the prevalences for men and women under age 60 years were 0.8% and 1.6%, respectively. While the rates were much higher in people over age 60 years—they remained similar across the genders, at 5.1% for men and 6.2% for women, he said.

Since anal incontinence is increasingly becoming recognized as a significant cause of physical and psychological morbidity, these data have implications for community health care providers, Dr. Toozs-Hobson said. ■