Children’s Continence Current Awareness Bulletin
March 2019

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Title: Psychosocial risks for constipation and soiling in primary school children.

Citation: European Child & Adolescent Psychiatry; Feb 2019; vol. 28 (no. 2); p. 203-210

Author(s): Joinson, Carol; Grzeda, Mariusz T.; von Gontard, Alexander; Heron, Jon

Abstract: The aim of this study was to examine prospective associations between psychosocial problems and childhood constipation and soiling. We used latent classes of constipation and soiling ('constipation alone', 'soiling alone', 'constipation with soiling') extracted from longitudinal maternally reported data on constipation (4-10 years) and soiling (4-9 years) from 8435 children (4353 males, 4082 females) from the ALSPAC cohort. We examined the association between maternally reported psychosocial problems at 2-3 years (difficult temperament, behaviour/emotional problems, temper tantrums, behavioural sleep problems and stressful events) and the latent classes using multinomial logistic regression adjusted for a range of confounders relating to the child and family (reference category = normative latent class with very low probability of constipation/soiling). Difficult temperament and emotional/behaviour problems were associated with increased odds of constipation and soiling. Associations were generally strongest for 'constipation with soiling', e.g. difficult mood: 1.42 (1.23-1.64); behaviour problems: 1.48 (1.28-1.71); temper tantrums: 1.89 (1.34-2.65); lack of a regular sleep routine 2.09 (1.35-3.25). Stressful life events were associated with constipation alone [1.23 (1.12-1.36)] and constipation with soiling [1.32 (1.14-1.52)], but not soiling alone. Additional comparisons of the non-normative latent classes provided evidence for differential associations with the risk factors, e.g. frequent temper tantrums were associated with a greater than twofold increase in the odds of constipation with soiling versus constipation alone. Psychosocial problems in early childhood are risk factors for constipation and soiling at school age. An increased understanding of early risk factors for constipation and soiling could aid the identification of children who require treatment.

Title: A prospective cohort study of biopsychosocial factors associated with childhood urinary incontinence.

Citation: European Child & Adolescent Psychiatry; Jan 2019; vol. 28 (no. 1); p. 123-130

Author(s): Joinson, Carol; Grzeda, Mariusz T.; von Gontard, Alexander; Heron, Jon

Abstract: The objective of the study was to examine the association between biopsychosocial factors and developmental trajectories of childhood urinary incontinence (UI). We used developmental trajectories (latent classes) of childhood UI from 4-9 years including bedwetting alone, daytime wetting alone, delayed (daytime and nighttime) bladder control, and persistent (day and night) wetting (n = 8751, 4507 boys, 4244 girls). We examined whether biopsychosocial factors (developmental level, gestational age, birth weight, parental UI, temperament, behaviour/emotional problems, stressful events, maternal depression, age at initiation of toilet training, constipation) are associated with the trajectories using multinomial logistic regression (reference category = normative development of bladder control). Maternal history of bedwetting was associated with almost a fourfold increase in odds of persistent wetting [odds ratio and 95% confidence interval: 3.60 (1.75-7.40)]. In general, difficult temperament and behaviour/emotional problems were most strongly associated with combined (day and night) wetting, e.g. children with behavioural difficulties had increased odds of delayed (daytime and nighttime) bladder control [1.80 (1.59-2.03)]. Maternal postnatal depression was associated with persistent (day and night) wetting [2.09 (1.48-2.95)] and daytime wetting alone [2.38 (1.46-3.88)]. Developmental delay, stressful events, and later initiation of toilet training were not associated with bedwetting alone, but were associated with the other UI trajectories. Constipation was only associated with delayed bladder control. We find evidence that different trajectories of childhood UI are differentially associated with biopsychosocial factors. Increased understanding of factors associated with
different trajectories of childhood UI could help clinicians to identify children at risk of persistent incontinence.

Title: The problem of defecation disorders in children is underestimated and easily goes unrecognized: a cross-sectional study.

Citation: European Journal of Pediatrics; Jan 2019; vol. 178 (no. 1); p. 33-39

Author(s): Timmerman, Marjolijn E. W.; Trzpis, Monika; Broens, Paul M. A.

Abstract: We aimed to study constipation and fecal incontinence in terms of prevalence, recognizing the disorders, help-seeking behavior, and associated symptoms. In this cross-sectional study, 240 children (8 to 18 years) from the general Dutch population completed a questionnaire about defecation disorders. After exclusions for anorectal/pelvic surgery or comorbidities, we analyzed 212 children. The prevalence of constipation was 15.6%; in a quarter of the cases, it co-occurred with fecal incontinence. We found 3% fecal incontinence without constipation. Even though children with a defecation disorder rated their bowel habits worse compared to children without defecation disorders (P < 0.001), 46% constipated children and 67% fecally incontinent children rated their bowel habits as good or very good. Moreover, 21 to 50% of children with a defecation disorder did not mention their symptoms to anybody. Interestingly, most constipated children had "normal" stool frequencies (64%) and consistencies (49%).

Conclusion: The prevalence of constipation and fecal incontinence is quite high in children. Stool frequency and consistency is normal in half the constipated children, which may complicate the recognition of constipation. Finally, a considerable number of children does not recognize their disorders as constituting a problem and does not seek help, which leads to an underestimation of these disorders.

Title: Prevention and Management of Incontinence-Associated Dermatitis in the Pediatric Population: An Integrative Review.

Citation: Journal of Wound, Ostomy & Continence Nursing; Jan 2019; vol. 46 (no. 1); p. 30-37

Author(s): Slew Ling Lim, Yvonne; Carville, Keryln

Abstract: An integrative review was conducted to synthesize evidence on prevention and management of incontinence-associated dermatitis (IAD) in the pediatric population. A 5-step integrative process was used to guide the review. Articles published from January 2000 to April 6, 2017, were identified and retrieved from CINAHL, PubMed, ProQuest (MEDLINE), and Scopus; key terms were associated with IAD, pediatric, prevention, and management. Supplemental and manual searches were carried out to identify other relevant studies. The studies' findings were extracted and summarized in a table of evidence, with their quality evaluated using the Joanna Briggs Institute's Critical Appraisal Checklist. Sixteen articles were included in the review. Articles explored prevention and management strategies including skin cleansing technique, diaper selection, and the application of topical skin care products. Inconsistent and limited evidence was found regarding the benefits of using disposable wipes in preference to water-moistened washcloths in the cleansing process and on the use of superabsorbent polymer diapers with breathable outer lining in IAD prevention. Findings were inconclusive with regard to the best topical
skin care product for IAD care. However, the application of skin protectants was encouraged by the authors, as well as promoted in various clinical guidelines. The development of a structured skin care regimen supplemented by a comprehensive patient education program was advised to enhance the prevention and management of IAD.

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline, King’s Fund & Health Foundation

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