

Children's Continence

Current Awareness Bulletin

April 2024

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

Please contact the Academy Library to request any articles:

 ruh-tr.library@nhs.net

 01225 82 4897/4898



Carry out basic searches using the Knowledge and Library Hub.



Sign up to NHS OpenAthens to access our subscriptions.



Contact us to receive our bulletins via email each month.



Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

1. Sacral neuromodulation for constipation and fecal incontinence in children and adolescents – study protocol of a prospective, randomized trial on the application of invasive vs. non-invasive technique

Authors: Besendörfer, Manuel;Kirchgatter, Annemarie;Carbon, Roman;Weiss, Christel;Müller, Hanna;Matzel, Klaus E. and Diez, Sonja

Publication Date: 2024

Journal: Trials , pp. 1-10

2. Occupational Therapy Role in Addressing Urinary Incontinence for Children with Incomplete Spinal Cord Injury through Biofeedback, a Case Series...National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Advanced Rehabilitation Research and Training (ARRT) Fellows Symposium, October 30, 2023, Atlanta, Georgia

Authors: Rucki, Laura;Gates, Erin and Brink, Meredith ten

Publication Date: 2024

Journal: Archives of Physical Medicine & Rehabilitation 105(4), pp. e168

Abstract: 1. To discuss the potential benefits of the use of biofeedback for urinary incontinence for children with incomplete spinal cord injury. 2. To describe the role of occupational therapy in managing bladder dysfunction for children with spinal cord injury. 3. To identify and compare outcome measures utilized for children with spinal cord injury. Retrospective Case Series. hospitalized care - pediatric inpatient rehabilitation, occupational therapy. Three pediatric patients admitted to the inpatient rehabilitation unit of a large pediatric hospital following acute admission with newly acquired spinal cord injury. In addition to standard occupational therapy care, biofeedback was utilized as a treatment tool for bladder management. Two occupational therapists utilized the Prometheus EMYO 200 biofeedback system for training of contraction and relaxation of the pelvic floor. Each patient participated in biofeedback with a range of 2-4 sessions with the treatment period of 30 minutes. - WeeFIM (bladder management) - Activity Measure for Post-Acute Care '6-clicks' (AM-PAC) (daily activities, toileting) - Pediatric Spinal Cord Injury Activity Measures (PEDI-SCI AM) (Daily Routines) - intermittent catheterizations required per day - bladder scans required per day. No adverse events occurred. Across all three patients, catheterization frequency and post-residual void volume decreased after biofeedback. Data gathered from the AM-PAC, PEDI-SCI and WeeFIM showed overall improvements in scores for admission to inpatient rehabilitation (IPR) to discharge from IPR and at 3-months follow up. PEDI-SCI scores improved for two out of three patients from admission to discharge. The average improvement of pre biofeedback to discharge scores for the PEDI-SCI was 9.33. Using the AM-PAC, each child rated toileting as needing total assistance prior to initiating biofeedback. Following biofeedback, at discharge from IPR they reported their assist level as a little or none. A multimodal approach including biofeedback to addressing neurogenic bladder in patients with incomplete spinal cord injury may improve patients' independence with toileting and bladder management. The authors have no conflicts of direct interest.

3. Outcomes of children with constipation and autism spectrum disorder treated with antegrade continence enemas

Authors: Srinivas, Shruthi;Halaweish, Ihab;Knaus, Maria E.;Ahmad, Hira;Griffin, Kristine L.;Stephenson, Kevin G.;Yossef, Lina;Trimble, Casey;Jimenez, Alberta L. Negri;Lu, Anan;Gasior, Alessandra;Wood, Richard J. and Williams, Kent C.

Publication Date: 2024

Journal: Journal of Pediatric Gastroenterology and Nutrition 78(4), pp. 810-816

Abstract: Background: Treatment of functional constipation (FC) in children with autism spectrum disorder (ASD) is challenging due to sensory and behavioral issues. We aimed to understand whether antegrade continence enemas (ACEs) are successful in the treatment of FC in children with ASD.; Methods: A single-institution retrospective review was performed in children diagnosed with ASD and FC who underwent appendicostomy or cecostomy placement from 2007 to 2019. Descriptive statistics regarding soiling and complications were calculated.; Results: There were 33 patients included, with a median age of 9.7 years at the time of ACE initiation. The average intelligence quotient was 63.6 (SD = 18.0, n = 12), the average behavioral adaptive score was 59.9 (SD = 11.1, n = 13), and the average total Child Behavioral Checklist score was 72.5 (SD = 7.1, n = 10). Soiling rates were significantly lower following ACE initiation (42.3% vs. 14.8%, p = 0.04). Behavioral issues only prevented 1 patient (3.0%) from proper ACE use. Eleven patients (36.6%) were able to transition to laxatives. There were significant improvements in patient-reported outcomes measures and quality of life.; Conclusion: Placement of an appendicostomy or cecostomy for management of FC in children with severe ASD was successful in treating constipation and improving quality of life. (© 2024 European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition.)

4. An Economic Evaluation of a Web-Based Management Support System for Children With Urinary Incontinence: The eADVICE Trial

Authors: Von Huben, Amy;Howell, Martin;Richards, Deborah;Hamilton, Sana;Howard, Kirsten;Teixeira-Pinto, Armando;Craig, Jonathan C.;Seton, Chris;Waters, Karen;Deshpande, Aniruddh;Scott, Karen M. and Caldwell, Patrina H. Y.

Publication Date: 2024

Journal: The Journal of Urology , pp. 101097JU00000000000003970

Abstract: Purpose: Children who require specialist outpatient care typically wait substantial periods during which their condition may progress, making treatment more difficult and costly. Timely and effective therapy during this period may reduce the need for lengthy specialist care. This study evaluated the cost-effectiveness of an individualized, evidence-informed, web-based program for children with urinary incontinence awaiting a specialist appointment (eADVICE) compared to usual care. eADVICE was supervised by a primary physician and delivered by an embodied conversational agent (ECA).; Materials and Methods: A trial-based cost-effectiveness analysis was performed from the perspective of the healthcare funder as a sub-study of eADVICE, a multicenter waitlist-controlled randomized trial. Outcomes measures were incremental cost per incremental change in continence status and quality of life on an intention-to-treat basis. Uncertainty was examined using cost-effectiveness planes, scenarios, and 1-way sensitivity analyses. Costs were valued in 2021 Australian dollars (\$).; Results: The use of eADVICE was found to be cost-saving and beneficial (dominant) over usual care, with a higher proportion of children dry over 14 days at 6 months (RD 0.13; 95%CI 0.02-0.23, P = .03) and mean healthcare costs reduced by \$188 (95%CI \$61-\$315) per participant.; Conclusion: An individualized, evidence-informed web-based program delivered by an ECA is likely cost-saving for children with urinary incontinence awaiting a specialist appointment. The potential economic impact of such a program is favorable and substantial and may be transferable to outpatient clinic settings for other chronic health conditions.

Sources Used:

A number of different databases and websites are used in the creation of this bulletin.

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of

the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.