

# Unmet Need for Improved Treatment of Neurogenic Bowel Dysfunction in a Non-Hospital Setting

Sofie DS Sloth, Simon MD Baunwall, Anton Emmanuel,  
Peter Christensen, **Klaus Krogh**

Aarhus University Hospital, Denmark  
University College Hospital, London, UK

# Conflicts of interest

- Advisory board member with
  - Coloplast, DK
  - Qufora, DK
  - Wellspect, SE
  - Pharmanovia, DK

Study support by Coloplast and The Danish Spinal Cord Association

Travel funded by Qufora

# Background 1

- Neurogenic bowel dysfunction (NBD) affects the majority of persons with spinal cord injury
- NBD mainly includes constipation, poor rectal evacuation, fecal incontinence and pain
- Over the last decades new treatment modalities against NBD have been developed
- Treatment algorithms for NBD have been established (PVA 2021)
- Most persons with NBD have stayed on the same bowel management program for years – even if many consider it insufficient

# Background 2

- Several tools for assessment of NBD have been developed, notably:
  - The 10 item NBD score for scientific use
  - The 3-Dimensional MENTOR tool:
    - NBD
    - Patient satisfaction
    - Alarm symptoms
- MENTOR divides respondents into:
- Monitor/no change (green)
  - Discuss treatment (yellow)
  - Change treatment (red)

# Aim

To explore whether persons with SCI in an out-patient setting have unmet needs for improved bowel management

# Methods

- The MENTOR questionnaire was sent by ordinary mail to all 1316 members
- Also included: age, gender, level and completeness of SCI, ability to work, participation in social activities, and quality of life
- Respondents were divided into:
  - Green (treatment OK)
  - Yellow (discuss if treatment could be optimized)
  - Red (treatment insufficient)

# Results

- 716 (54%) responded, age 18-92 (median 61) years, 61% men
- Time since injury 2-90 (median 20) years
- Level of lesion: Cervical (47%) and thoracic/lumbar (53%)
  
- Seen by doctor or nurse because of SCI < 2 years: 62%
- Discussed NBD with doctor or nurse < 2 years: 52%

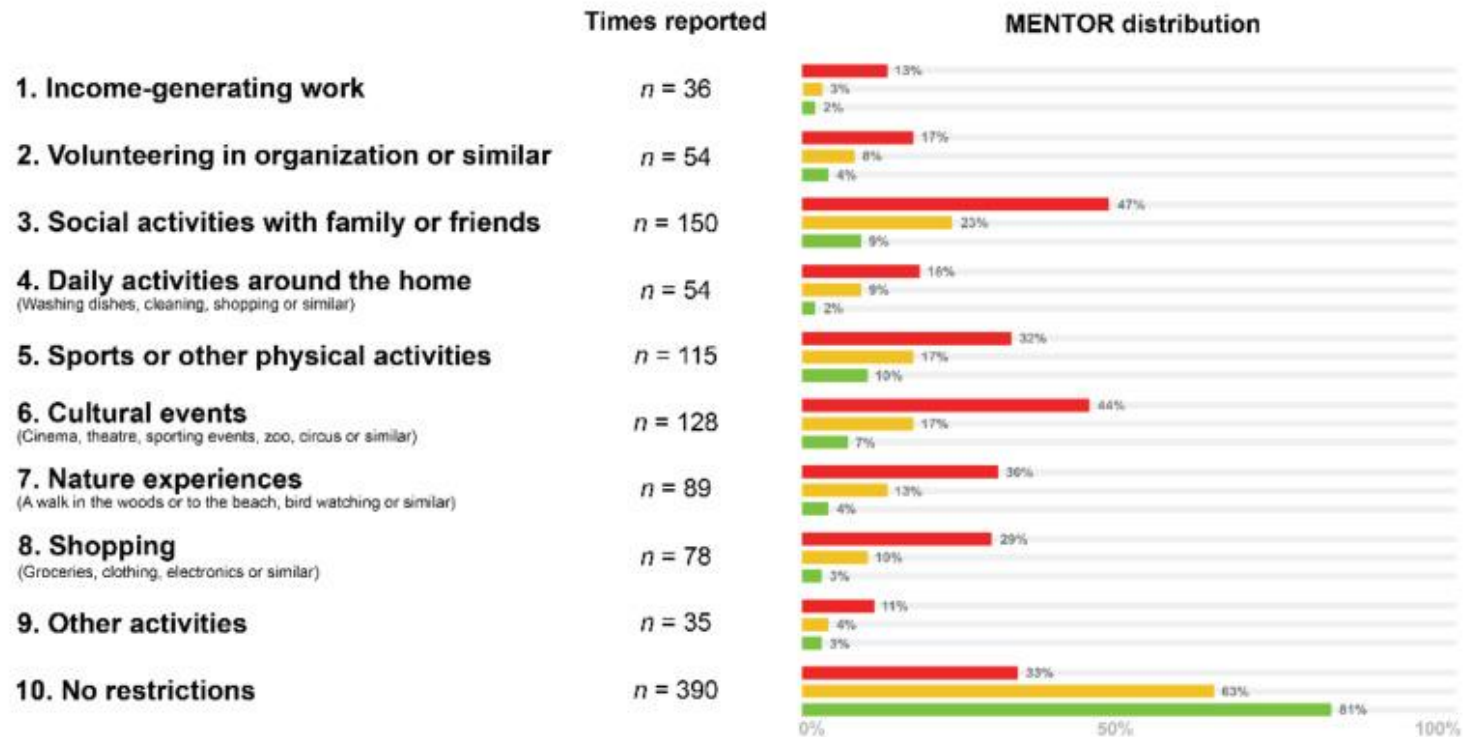
# Results 2

- Mentor:
  - Green (OK/Monitor): 44%
  - Yellow (discuss treatment): 28%
  - Red (change treatment): 28%
- 
- Need for change was associated with age ( $p < 0.001$ ),  
but not with gender, time since lesion, level or completeness of SCI



# Results 3

- Need for change of method for bowel care was associated with restricted participation in social activities



# Conclusion

- In spite of improved methods for bowel care there is an unmet need for discussion or change of methods for bowel care.
- This is especially, but not only, among older persons with SCI.
- The unmet need is associated with restricted participation in several activities
- The MENTOR tool can aid personel and patients identifying who is in need for change of treatment