EFFECT ON CLINICAL SEVERITY AND QUALITY OF LIFE OF SPECIFIC TREATMENTS FOR SOFT STOOLS IN WOMEN WITH FECAL INCONTINENCE

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Specific treatment of diarrhea causes in women with fecal incontinence and soft stools resulted in significant improvements in fecal consistency, clinical severity, and quality of life at one month.

KEY POINTS

- In 74 women with fecal incontinence and Bristol stool score ≥5, targeted treatment based on breath-test diagnosis (SIBO treated with rifaximin, carbohydrate malabsorption with exclusion diet, or bile salt malabsorption with cholestyramine) led to improved stool consistency in 92.9% of patients after one month.
- Clinical severity measured by Wexner score decreased by 66% from 11.61±3.64 to 3.89±4.05 ($p<0.001$) following one month of cause-specific treatment.
- All quality of life dimensions improved significantly, including lifestyle, coping, depression/self-perception, and embarrassment scores on FIQL, as well as overall health perception on EQ5D (61.96±15.91 to 70±7.39, $p=0.017$).
- The most common identified causes of diarrhea were bile salt malabsorption (43.9%), fructose/sorbitol intolerance (26.6%), SIBO (17.1%), and lactose malabsorption (12.2%).
- This quasi-experimental study suggests that addressing diarrhea may be effective for managing fecal incontinence in women with soft stools, regardless of anorectal dysfunction severity.

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