Peut-on conseiller à nos patients d'utiliser un marchepied pour diminuer les symptômes de la constipation?

RESEARCH LETTER

Perceived Effectiveness and Overall Satisfaction of Using a Toilet Stool to Prevent or Treat Constipation: An Analysis of Online Comments

Paul Sebo, MD, MSc, Cécile Quinio, MD, Marion Viry, MD, Dagmar M. Haller, MD, PhD, and Hubert Maisonneuve, MD

CUMG Lyon

Collège Universitaire de Médecine générale

Les auteurs ne déclarent aucun conflit d'intérêt en rapport avec cette étude

Once upon a time, a long long time ago

Swiss Medical Weekly

Formerly: Schweizerische Medizinische Wochenschrift

An open access, online journal • www.smw.ch

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General practitioners' perspectives on the use of nonpharmacological home remedies in two regions in Switzerland and France

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The best poop of your life

Nous effectuons actuellement une étude sur le traitement positionnel de la constipation.

Si vous avez 18 ans ou plus, et souffrez de constipation, n'hésitez pas à en parler à votre médecin!

D'AVANCE MERCI POUR VOTRE AIDE !

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FACULTÉ DE MÉDECINE
UNITÉ DES INTERNISTES GÉNÉRALISTES & PÉDIATRES

UNIVERSITÉ DE GENÈVE


NAPCRG
I was here !

Pilot study: Efficacy of using a toilet stool during defecation in chronic idiopathic constipation, The thinker trial

Hubert Maisonneuve[1], Paul Sebo[1], Johanna Sommer[1], Dagmar M. Haller[1]
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The authors of this poster declare that they do not have any conflict of interest

Objectives

To test the design and evaluate all procedures planned for our upcoming randomized controlled trial (RCT) assessing the efficacy of using a toilet footstool during defecation in chronic idiopathic constipation.

Background

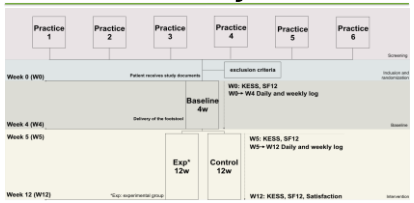
In a recent survey on the prescription of a wide range of home remedies by general practitioners in Western Switzerland and France (N=349), squatting during defecation as a treatment for constipation was perceived as the most effective remedy.

There is evidence that squatting is associated with quicker and more complete bowel emptying. This method could reduce risks related to polypharmacy, inappropriate prescriptions and adverse drug reactions related to the use of laxatives. However, to our knowledge, no studies have so far examined this hypothesis.

In a previous study led in primary care, in Geneva, we experienced serious difficulties to recruit GPs and patients, and to ensure the quality of the data collected.

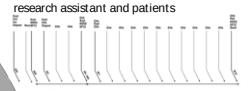
A pilot study seemed essential to test the methods of a RCT assessing the efficacy of using a toilet footstool during defecation

Study Procedures



Flowchart of the study

Details about communication between research assistant and patients



This pilot study will provide key feasibility data to adapt the methods for our randomized trial to the reality of our setting.

We did not experience any difficulty in enrolling participating GPs, but after 45 days of recruitment, only one patient has been included.

We must continue this pilot study and adapt our methods following the feedback we will receive from physicians and patients.

Use this QRcode if you want to download this poster

Population

6 GPs

60 patients in total (10/GP)

Experimental group=30

To use a toilet footstool for each bowel movement in addition to leaning forward

Control group=30

To lean forward for each bowel movement

Inclusion criteria:

Being over 16 years of age or older AND
Patients consulting one of the six participating GPs for any reason AND
History of CIC, as defined by the Rome III Criteria (see Appendix 1.1) AND
Having the ability to read and understand French AND
Consenting to participate in the study and to sign the informed consent form.

Exclusion criteria*:

Irritable bowel syndrome previously diagnosed by the attending physician or a specialist OR
Pregnancy OR

Previously identified terminal illness, major cognitive disease (CDR 3), major psychiatric disease, anorectal malformation (such as rectocele), history of colectomy, colon cancer, diabetes treated with insulin, sclerodermia, amyloidosis, Parkinson disease, paraplegia, multiple sclerosis, hypothyroidism with currently known abnormal thyroid function, currently known hypercalcemia, currently known renal failure (creatinine clearance <30 ml/min), OR

Daily treatment with morphine, tramadol, codeine, neuroleptics OR
Disorder affecting the ability to consent

* Note: exclusion will be based on previously known conditions. The physician will not be asked to conduct investigations to verify whether potential exclusion criteria are present

Outcomes

Clinical outcomes:

. Quality of life (SF12)
. Stool frequency
. Stool consistency (Bristol scale)
. Constipation symptoms (KESS)
. Constipation severity
. Abdominal discomfort
. Severity of straining

Outcomes of primary interest in the pilot study:

. Number of patients included
. The proportion of eligible patients who agree to participate
. The best strategy for recruitment and follow-up
. The feasibility of completing a stool frequency diary
. The feasibility of completing the different types of questionnaires at home under the telephonic supervision of a research assistant (time constraints, confidentiality, ease of completion, frequency of phone calls)
. The completeness of data
. Feedback of GPs on the study procedures after the recruitment

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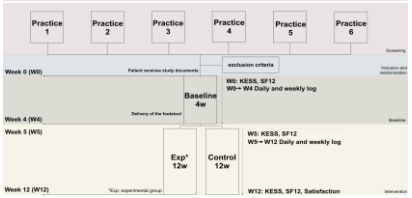

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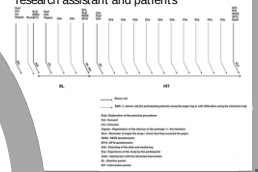

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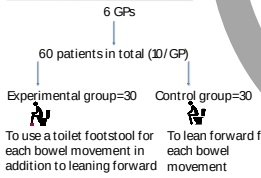
Population



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Efficacité perçue

Efficacité perçue

Satisfaction

Efficacité perçue

Satisfaction

Effets secondaires rapportés

Introduction | Méthodes

Type d'étude

Méthode mixte exploratoire

Avis d'utilisateurs en ligne

Sélection des participants

Critères inclusion

Critères exclusion

étape 1: Extraction

Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Med Res Methodol 2013;13:117

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étape 2: Familiarisation avec les commentaires

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étape 5: Codage déductif
étape 6: Préparation de la base de données

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étape 6: Préparation de la base de données
étape 7: Analyse quantitative

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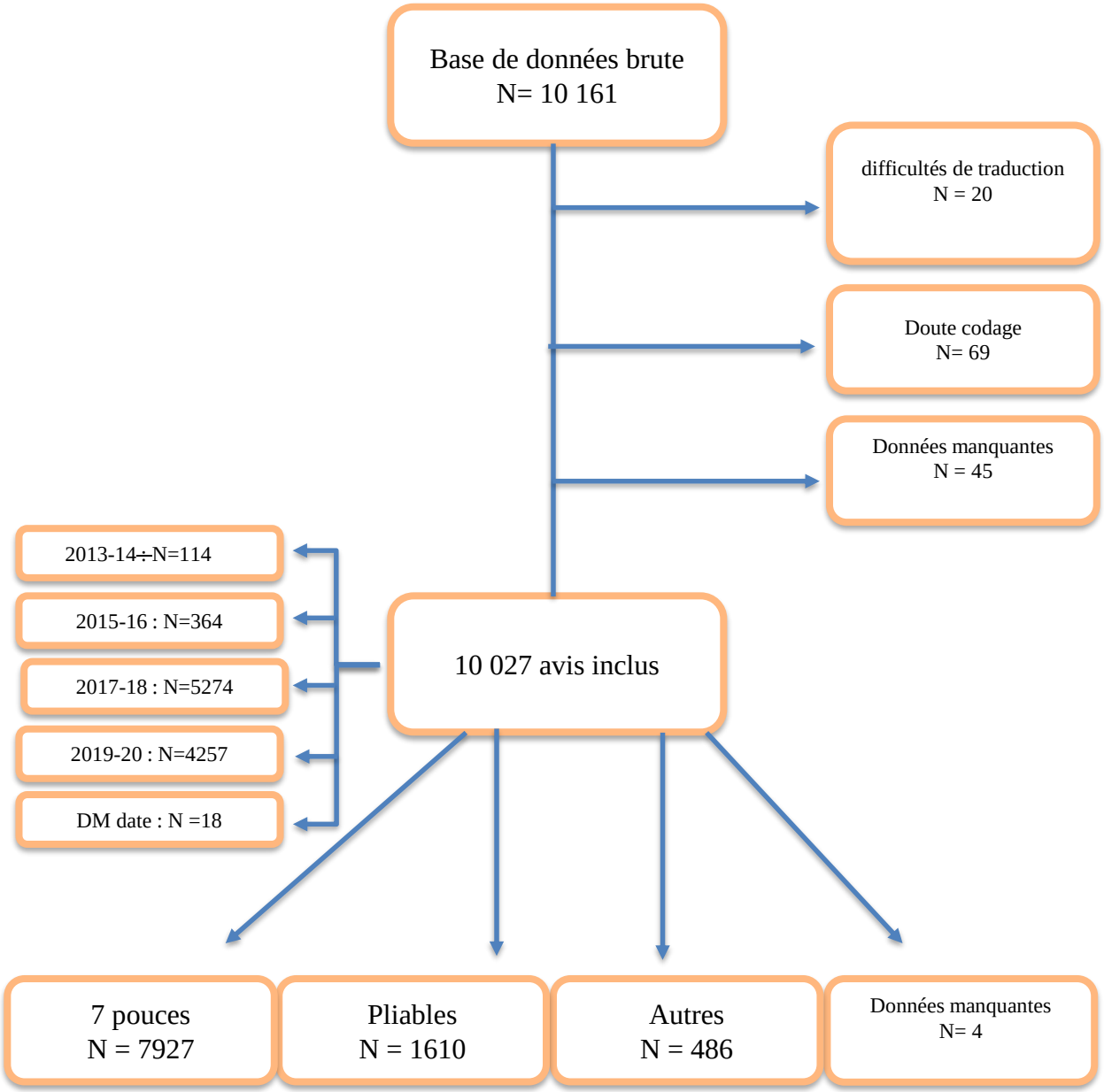
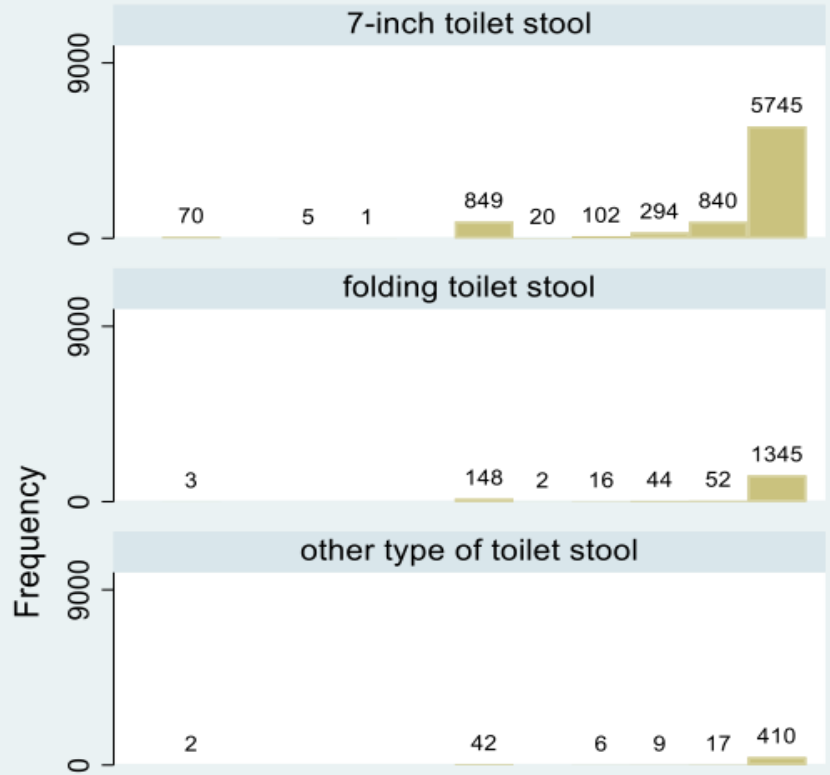

Base de données brute
N= 10 161
difficultés de traduction
N = 20
Doute codage
N= 69
Données manquantes
N = 45
2013-14÷N=114
2015-16 : N=364
2017-18 : N=5274
2019-20 : N=4257
DM date : N =18
10 027 avis inclus
7 pouces
N = 7927
Pliables
N = 1610
Autres
N = 486
Données manquantes
N= 4

perceived effectiveness of various types of toilet stools

overall satisfaction with various types of toilet stools



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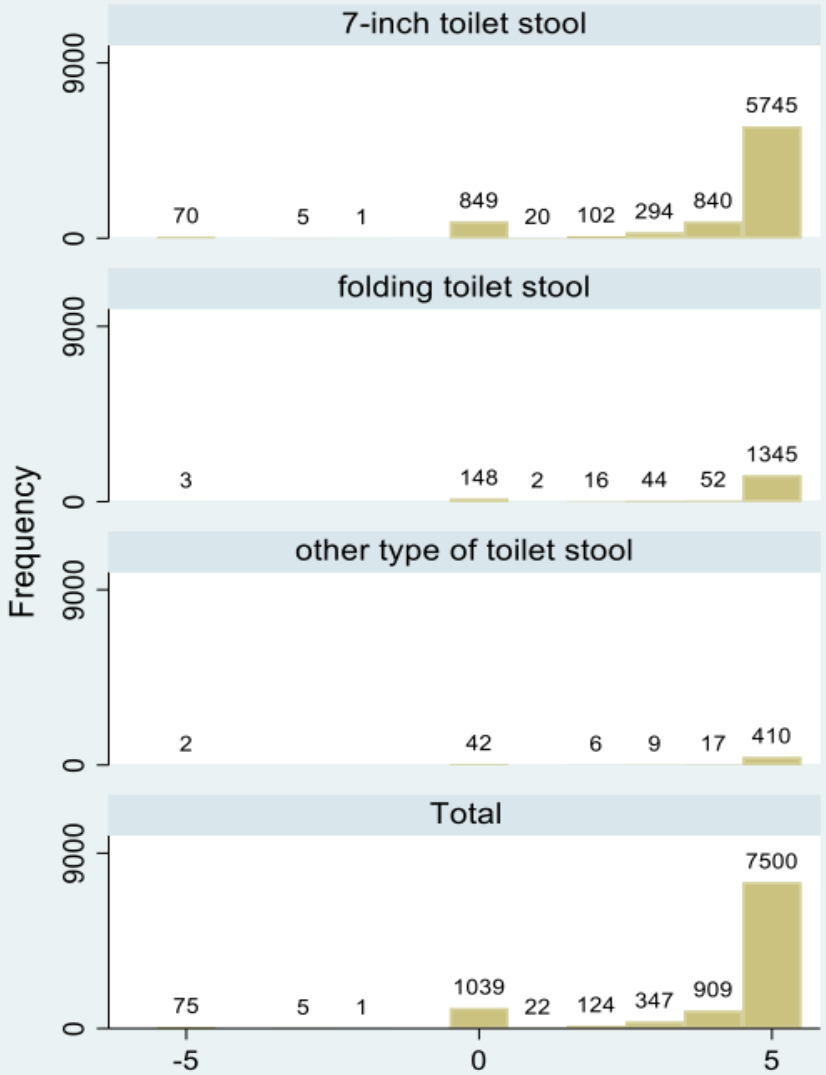

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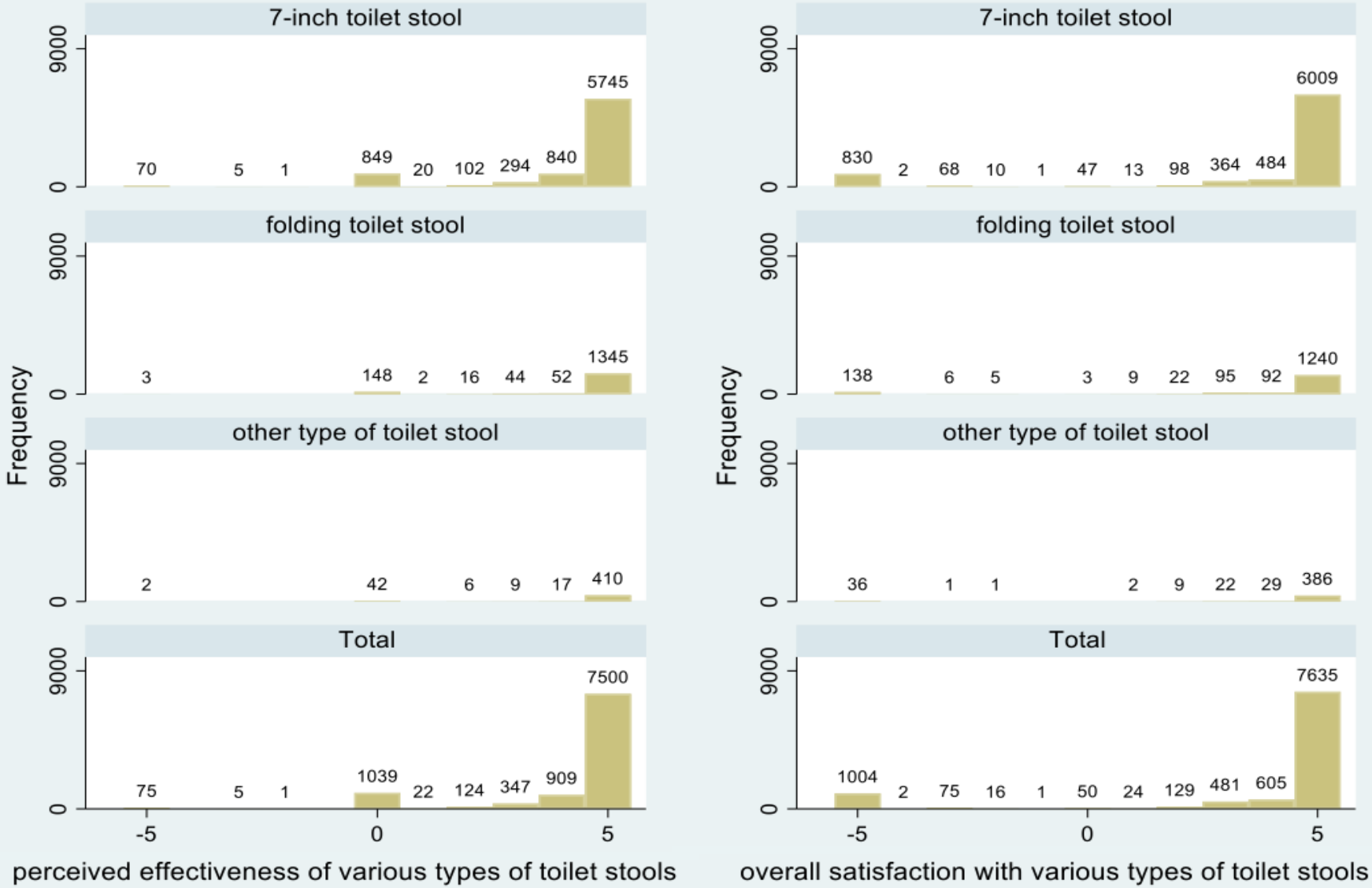
7-inch toilet stool
folding toilet stool
other type of toilet stool
Total
Frequency
0
9000
70 5 1 849 20 102 294 840 5745
3 148 2 16 44 52 1345
2 42 6 9 17 410
75 5 1 1039 22 124 347 909 7500
-5
0
5
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7-inch toilet stool
folding toilet stool
other type of toilet stool
Total
Frequency
0
9000
830 2 68 10 1 47 13 98 364 484 6009
138 6 5 3 9 22 95 92 1240
36 1 1 2 9 22 29 386
1004 2 75 16 1 50 24 129 481 605 7635
-5
0
5
overall satisfaction with various types of toilet stools

Effets secondaires	N (%)
Douleurs musculo-squelettiques	26 (32,1)
Engourdissement des membres inférieurs	16 (19,8)
Chute	11 (13,6)
Constipation	9 (11,1)
Symptômes anorectaux	8 (9,9)
Crampes	6 (7,4)
Autres	5 (6,2)

Discussion

L’identité et la réputation du commentateur

Le degré d’implication

La force de l’argumentaire

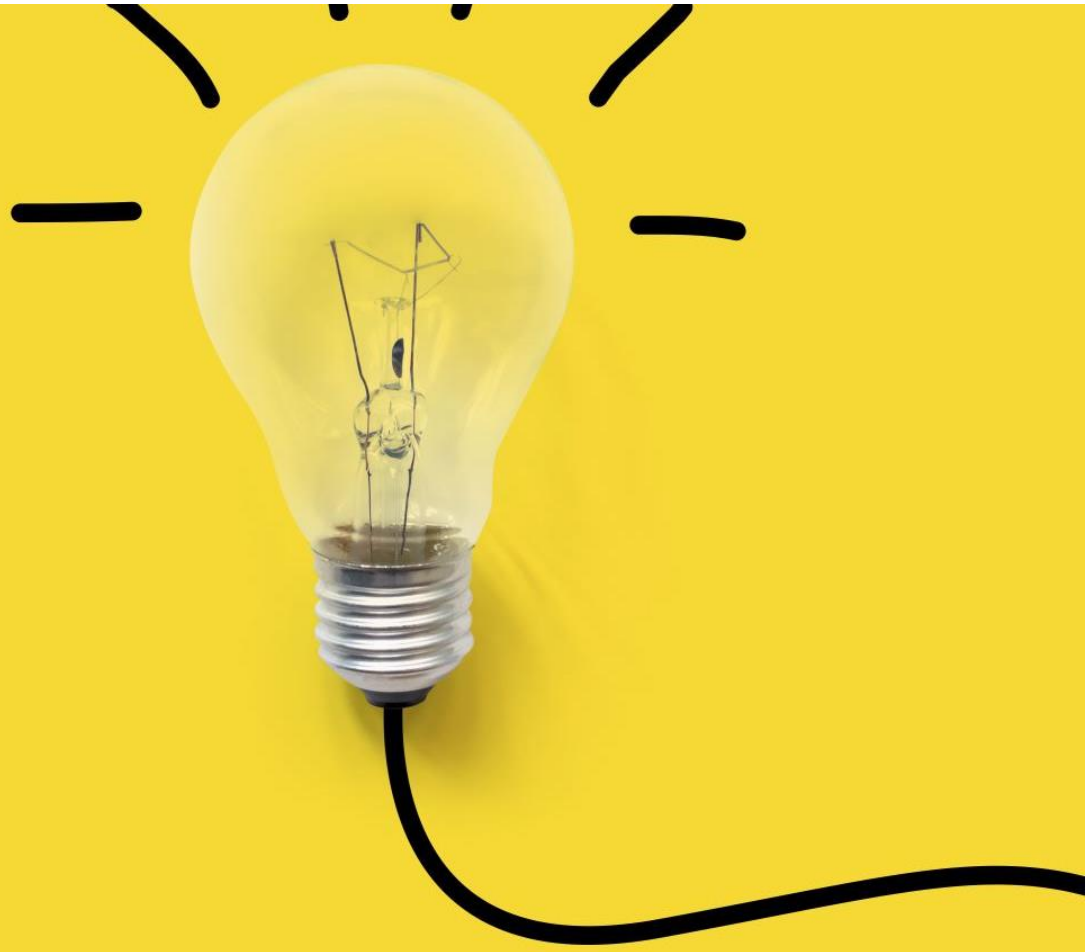
Forces

Etude originale

Données nouvelles

Grand nombre d’avis

Méthodologie rigoureuse



Limites

Etude observationnelle

Biais de selection?

Biais de recrutement

Crédibilité des commentaires

Take home message

Balance bénéfice-risque semble favorable

Efficace

Peu d’effets secondaires

Faible cout

Facilité d’utilisation

Alternative/ complément des mesures classiques

La licorne vous remercie pour votre attention

Questions : hubert.maisonneuve@unige.ch