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National Institutes of Health State-of-the-Science Conference Statement: Prevention of Fecal and Urinary Incontinence in Adults

C. Seth Landefeld, MD; Barbara J. Bowers, PhD, RN; Andrew D. Feld, MD, JD; Katherine E. Hartmann, MD, PhD; Eileen Hoffman, MD; Melvin J. Ingber, PhD; Joseph T. King Jr., MD, MSCE; W. Scott McDougal, MD; Heidi Nelson, MD; Endel John Orav, PhD; Michael Pignone, MD, MPH; Lisa H. Richardson; Robert M. Rohrbaugh, MD; Hilary C. Siebens, MD; and Bruce J. Trock, PhD*

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Fecal incontinence is a syndrome that involves the unintentional loss of solid or liquid stool. It is serious and embarrassing. Fecal incontinence may affect individuals living at home, as well as many living in nursing homes. Although fecal incontinence affects individuals of all ages, it is more common in women and older persons. Bowel function is controlled by 4 factors: rectal sensation, rectal storage capacity, anal sphincter pressure, and established bowel habits. If any of these is compromised, fecal incontinence can occur. Despite its serious effects on patients, families, and society, fecal incontinence is often ignored and has been studied less than have many other conditions.

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C. Seth Landefeld, MD; Barbara J. Bowers, PhD, RN; Andrew D. Feld, MD, JD; Katherine E. Hartmann, MD, PhD; Eileen Hoffman, MD; Melvin J. Ingber, PhD; Joseph T. King Jr., MD, MSCE; W. Scott McDougal, MD; Heidi Nelson, MD; Endel John Orav, PhD; Michael Pignone, MD, MPH; Lisa H. Richardson; Robert M. Rohrbaugh, MD; Hilary C. Siebens, MD; and Bruce J. Trock, PhD*

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Fecal incontinence and urinary incontinence are conditions with ramifications that extend well beyond their physical manifestations. Many individuals find themselves withdrawing from their social lives and attempting to hide the problem from their families, friends, and even their doctors. The shame, embarrassment, and stigma associated with these conditions pose significant barriers to seeking professional treatment, resulting in many persons who suffer from these conditions without help. As baby boomers approach their sixties, the incidence and public health burden of incontinence are likely to increase.

Fecal incontinence is a syndrome that involves the unintentional loss of solid or liquid stool. It is serious and embarrassing. Fecal incontinence may affect individuals living at home, as well as many living in nursing homes. Although fecal incontinence affects individuals of all ages, it is more common in women and older persons. Bowel function is controlled by 4 factors: rectal sensation, rectal storage capacity, anal sphincter pressure, and established bowel habits. If any of these is compromised, fecal incontinence can occur. Despite its serious effects on patients, families, and society, fecal incontinence is often ignored and has been studied less than have many other conditions.

Urinary incontinence can affect persons of all ages and is most common in child-bearing women and older men and women. Urinary incontinence is generally classified as urge incontinence (when a person has the sudden urge to urinate and cannot get to the bathroom in time); stress incontinence (when a person leaks urine after strains, such as laughing, coughing, sneezing, or lifting); mixed incontinence (when a person has both urge and stress incontinence); and other incontinence (for example, when urine continues to leak after urination or leaks constantly). Urinary incontinence has been studied more extensively than fecal incontinence, but the magnitude of the problem of urinary incontinence is disproportionate to the amount of research on its prevention and treatment.

It has been difficult to identify persons at risk for or affected by incontinence because the condition is often not reported or diagnosed. Prevention of fecal and urinary incontinence has been hindered by limited research and incomplete knowledge about the biological causes and interacting social and environmental factors.

To promote work that will reduce suffering from fecal and urinary incontinence, as well as their costs by preventing their occurrence, the National Institute of Diabetes and Digestive and Kidney Diseases and the Office of Medical

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