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Objective

Neurogenic Bowel Dysfunction (NBD) is a common complication in neurological disorders, and timely bowel care is vital for patient health, dignity, and quality of life (QoL).

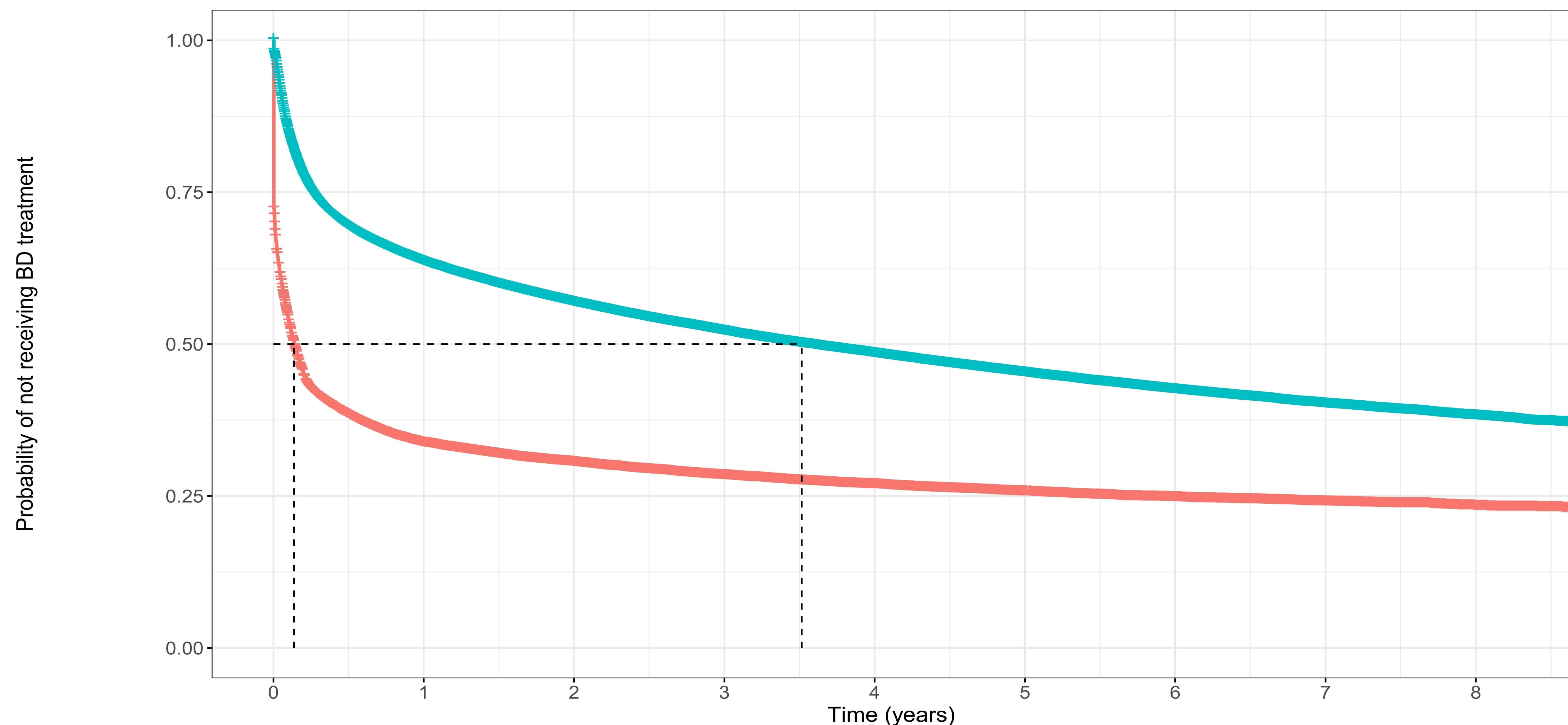
This study examines the timing of treatment initiation for NBD and Functional Bowel Dysfunction (FBD) in Germany for both adults and minors.

Methods

A retrospective analysis was conducted using the DADB (Database for Evaluation and Health Services Research), it covers 4.1 million insured under the German statutory health system from 2013 to 2022. Data was extrapolated to the German statutory health insurance system to estimate national trends. A longitudinal analysis assessed the average time from initial diagnosis to treatment initiation. A systematic literature review was performed using keywords such as bowel management, guidelines and QoL for NBD and FBD patients on PubMed and Google Scholar.

Time to initiate BD treatment overall, stratified by age group

Strata ■ Minors 3–17 years ■ Adults 18+ years



Results

- The results include all treatment options such as Biofeedback, nutritional therapy, and Transanal Irrigation (TAI) that are coded in the database and covered by SHI.
- The Kaplan-Meier based median delay in initiating treatment was 3.5 years post-diagnosis for adults.
- For Minors, the delay was found to be less than a year.
- Even after 5 years we see around 25% of minors and around 45% of adults without any treatment.

Discussion

This study reveals a medium delay of 3.5 years between diagnosis and treatment in adults, indicating a significant gap. Late bowel management could lead to long-term complications such as faecal incontinence and autonomic dysreflexia¹. Although some over-the-counter (OTC) treatments may not be captured from database, this delay remains substantial. According to the Associate of the Scientific Medical Societies in Germany, bowel management should be individually tailored based on accurate diagnosis and lesion type for spinal cord injury¹. Early use of structured frameworks for therapy selection like the therapy pyramid may improve patient QoL².

Conclusion

There is a significant gap in timely NBD management for adults in Germany. Early intervention is critical to help to improve patients QoL. These results highlight the need for increased awareness, earlier diagnosis, and prompt treatment initiation in patients with bowel dysfunction and underlying neurological conditions.

Reference

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