

To the Editors:

## Anal incontinence in the ageing Sri Lankan population: the results of a pilot study

Anal incontinence is a disability resulting in social exclusion and loss of self-confidence. It is widely accepted that many patients with anal incontinence do not seek medical advice, making the true prevalence uncertain. In the UK, France and Germany prevalence in the community varies from 4.8 to 13% [1,2,3]. Independent risk factors for anal incontinence include female gender, advancing age, poor general health and physical impairment. In women, childbirth associated damage to perineal structures is the primary causative factor [4]. Despite having an ageing population, there are no studies regarding the prevalence, aetiology or disability of anal incontinence among Sri Lankans.

We conducted a prospective study on 347 patients admitted to the National Hospital of Sri Lanka with non-gastrointestinal problems using a validated questionnaire [5]. Comparison between groups was done using Fisher's exact test (two-tailed).

The mean age of our study population was 65 (range 50-91) years. Male to female ratio was 13:10. 29 patients (8.36%) complained of anal incontinence: incontinence to flatus was seen in 23 (79%), to liquid faeces in 9 (31%), to solid faeces in 4 (13%) and to all three in 1 (3.4%). Eighteen (62%) of the incontinent were women. Nine (31%) complained of disruption of their physical and social activity. The mean Cleveland incontinence score [4] was 3 (range 1-9). Of the incontinent women, 13 (72%) had undergone two or more vaginal deliveries with 8 (44%) of them having 4 or more deliveries.

Our pilot study shows that anal incontinence is as common here as in western series. Although we could not find a definite aetiological factor for anal incontinence among men, the commonest aetiological factor causing incontinence in women appears to be vaginal delivery. Nearly one-third of incontinent patients also had their social and physical life affected by the symptoms. Larger community based studies are needed to validate our findings.

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