

SEARCH STRATEGY 12/7/2018

Databases Searched

Allied & complimentary medicine

Embase

Medline

Limits

Abstract, Humans

After 31 Dec 2013

Language: English

All child 0-18

Document Type

Document: article, book, book chapter, conference, conference paper, correction/retraction, editorial, feature, instructional material/guideline, review.

Exclusions: Case Reports; Conference and conference papers were subsequently excluded given the number of good quality peer reviewed documents available

Search Words

Children AND:

(as 4 separate searches)

Fecal incontinence OR

Child constipation OR

Enuresis OR

Urinary incontinence OR

Further Exclusions

Studies focussing on population socially and geographically different from the UK.

Not relevant to this Commissioning Guide e.g. documents focussing on technical aspects of hospital investigations such as anorectal manometry and specific surgical procedures. However, if it was thought that the information might help management in primary care, such as the availability and indications for investigations or procedures they were included

FIRST REVIEW

The initial search produced over 4000 titles. These were sorted by title and abstract where necessary to exclude duplicates (and triplicates) and documents clearly of no relevance to this Guide. The remaining 613 articles were reassessed by abstract and Graded according to level of evidence as in our previous guide. The threshold for inclusion was set at 2+ and including 4 (expert opinion, formal consensus); a small number of lower rated papers were included if their subject matter was of particular relevance. A number of papers without abstracts were included by the search and if the title suggested relevance for the Commissioning guide, they were retained for review at a later date.

This resulted in 431 papers

SECOND REVIEW

Papers were reviewed and graded according to criteria used in the previous guide:

1++ High-quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias

1+ Well-conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias 1- Meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias*

2++ High-quality systematic reviews of case-control or cohort studies High-quality case-control or cohort studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal

2+ Well-conducted case-control or cohort studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal

2- Case-control or cohort studies and cross sectional surveys, with a high risk of confounding, bias, or chance and a significant risk that the relationship is not causal

3 Non-analytic studies (for example, case reports, case series)

4 Expert opinion, formal consensus

Those graded 2+ and above, and including Grade 4, consensus documents, were retained along with a small number of 2- or 3 graded uncontrolled case series if factors such as length of follow-up, or highlighting rare conditions were deemed helpful for users of the Commissioning Guide

The resulting 264 papers were then reviewed and annotated in a similar way to the previous Guide resulting in the accompanying Table/Appendix. In this table, the papers are grouped as follows:

Constipation/faecal soiling.

Children with Disability

Enuresis,

Lower urinary tract dysfunction (LUTS)

Toilet training

These groupings were further subdivided as follow; the subdivisions not used for all three of the largest topics (constipation, enuresis and LUTS) are in brackets:

(Alarms)

Alternative therapies: e.g. acupuncture, etc

Behavioural disorders e.g. autistic spectrum, disorder

General

Investigations

(Laxatives)

Medication

Neuro-stimulation e.g. PTNS, Sacral nerve stimulation

Pathophysiology

(Physiotherapy)

(Sleep and Respiratory problems)

(Surgery)

In the final table papers in each subdivision are presented with Reviews/meta-analyses first, then randomized controlled trials and finally cohort studies and case series

NOTE

The review was initially performed to include literature up to August 2018, in order to inform the development of the Commissioning Guide. The current version does include a few particularly relevant publications since that date. A more comprehensive search for literature up to August 2019, using the same strategy, has been performed, and is in the process of being analysed.

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