European survey on clinicians' perspectives on the diagnosis and management of severe gastrointestinal dysmotility in adults

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Background

Recent European studies have confirmed that motility disorders represent a common cause of chronic (Type III) intestinal failure, accounting for up to 18% of adult patients requiring long-term parenteral nutrition (PN) (1-2). Moreover, in recent years, there may be an upwards trend in the number of newly diagnosed patients with motility disorders requiring long-term PN (3-4). In the absence of universally agreed national or international guidelines criteria, treatment of motility disorders may be delayed, contributing adversely to chronicity of symptoms, nutritional status, quality of life, morbidity, mortality and reported exposure to inappropriate surgeries (5-6).

Based on findings from radiological and motility tests (see definitions below), severe gastrointestinal motility disorders can be sub-classified into Chronic Intestinal Pseudo-obstruction (CIPO) and Enteric Dysmotility (ED) (6-10). There is evidence that outcomes are significantly worse in patients with CIPO compared to ED (6). However, there remains considerable debate amongst clinicians on the merits of sub-classifying severe intestinal motility disorders into CIPO and ED.

Hypothesis

In the absence of well-defined national or international clinical practice guidelines, we hypothesize that there will be a variation in opinions and clinical practice between experts across Europe in diagnosing and managing CIPO and ED.

Aim

The aim of this survey is to evaluate current opinions on the diagnosis and management of CIPO and ED amongst clinical practitioners in Europe.

Please note for the purposes of this study:

- ***Chronic Intestinal Pseudo-obstruction (CIPO)*** is defined as chronic/recurrent obstructive type symptoms with radiological features of dilated intestine with air/fluid levels in the absence of any lumen-occluding lesion (7,9).
- ***Enteric dysmotility (ED)*** refers to patients with objective evidence of small bowel dysmotility (defined by transit studies and/or manometry) but without radiological features of a dilated intestine (7-8).

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