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Editorial: symptom improvement does not equal satisfaction with treatment for constipation—authors' reply

We thank Drs. Ballou and Lembo for their comments on the crucial question of whether the satisfaction of patients with chronic constipation (CC) or IBS with constipation (IBS-C) should be better measured by a single-item question or by a multifactorial measure of patient satisfaction.¹ Choosing the primary end point for clinical research remains one of the most important steps when investigating the impact of a clinical variable or treatment on the outcome.²

Single-item questions based on binary end points or Likert scales such as the one used in our paper³ have several advantages:

1. They are comprehensive yet simple and accordingly they can be easily re-administered to patients in studies such as ours that require multiple evaluations in the same patient.
2. In the absence of complete knowledge on the construct underlying patient dissatisfaction, a single-item question allows the patient to integrate all or the most relevant symptoms into a single item that takes into account the patient's own reference system of improvement.²
3. A global end point accounts for more variance than the more specific scales, suggesting a general treatment satisfaction factor.⁴

However, we agree that a single-item question does not allow exploration of the complex and multifactorial construct underlying patient dissatisfaction. A validated measure of patient satisfaction that takes into account not only patient and illness characteristics but also his/her access to care and health care encounters has been developed for patients with IBS.⁵ This measure may not be applicable outside the United States given the unique characteristics of the US healthcare system. How much this measure might also be applied to

patients with CC remains to be investigated as clinical differences can be measured by appropriate constipation severity scales,⁶ in spite of the recognised continuum between the two categories of patients.⁷

Drs. Ballou and Lembo have questioned whether 'satisfaction with treatment' can be used as an indicator of treatment response and note that in 24% of treatment cycles the participants reported improvement with treatments but did not report satisfaction. In line with this observation, an extended satisfaction criterion including all the positive effects for a patient (improvement and satisfaction) was introduced in our study. In addition, they have questioned that rescue therapy was not different between those who did and did not report satisfaction in a treatment cycle. It should be noted that the rescue therapy for constipation (bisacodyl or rectal enema) was directed to the normalisation of bowel frequency and stool form, which however were obtained also in most of the dissatisfied patients. These results again support the concept that satisfaction with treatment in patients with constipation has a multifactorial construct, not represented by the mere normalisation of stool frequency and stool form.

We agree that future studies should include multifactorial measures of treatment satisfaction, the same way as those developed in patients with IBS.⁵ In patients with CC the careful analysis of patients' narratives might help to develop such instruments in order to define which the most important factors determining satisfaction with treatment are, as they do not seem to be captured by the current metrics.

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LINKED CONTENT

This article is linked to Basilisco et al and Ballou and Lembo papers. To view these articles, visit <https://doi.org/10.1111/apt.15657> and <https://doi.org/10.1111/apt.15683>.

Guido Basilisco¹ 

and the SINGEM study group: Giovanni Barbara²

Massimo Bellini³

Giovanni Cataudella⁴

Lucia D'Alba⁵

Michele Guarino⁶

Paola Iovino⁷

Maria Cristina Neri⁸

Giovanni Sarnelli⁹

Edoardo Savarino¹⁰

Salvatore Tolone¹¹

Francesco Torresan¹²

Paolo Usai-Satta¹³

Ambra Lovati¹⁴

Elena Arsiè¹⁵

Marina Coletta¹⁶

¹Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy

Email: guido.basilisco@policlinico.mi.it

²Department of Medical and Surgical Sciences, Sant'Orsola Malpighi Hospital, Bologna, Italy

³Gastroenterology Unit, Department of Translational Research and New Technologies in Medicine and Surgery, University of Pisa, Pisa, Italy

⁴Gastroenterology and Endoscopy Unit, San Bortolo Hospital, Vicenza, Italy

⁵Gastroenterology and Endoscopy Unit, San Giovanni Addolorata Hospital, Rome, Italy

⁶Gastroenterology Unit, Università Campus Bio-Medico, Rome, Italy

⁷Department of Medicine, Surgery and Dentistry, Scuola Medica Salernitana, University of Salerno, Salerno, Italy

⁸Geriatric Institute Pio Albergo Trivulzio, Milan, Italy

⁹Department of Clinical Medicine and Surgery, "Federico II" University of Naples, Naples, Italy

¹⁰Division of Gastroenterology, Department of Surgical, Oncological and Gastroenterological Sciences, University of Padua, Padua, Italy

¹¹General Mini-Invasive and Bariatric Surgery Unit, "Luigi Vanvitelli" University of Campania, Naples, Italy

¹²Department of Medical and Surgical Sciences, Sant'Orsola Malpighi Hospital, Bologna, Italy

¹³Brotzu Hospital, Cagliari, Italy

¹⁴Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy

¹⁵School of Specialization, Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Milan, Italy

¹⁶Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Milan, Italy

ORCID

Guido Basilisco  <https://orcid.org/0000-0002-5043-9666>

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