# Abdominal massage plus advice, compared with advice only, for neurogenic bowel dysfunction in MS: a RCT

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# **Plain English summary**

# Abdominal massage plus advice for neurogenic bowel dysfunction in MS

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## **Plain English summary**

The symptoms of neurogenic bowel dysfunction (NBD) are constipation and/or faecal incontinence; NBD is common in people with multiple sclerosis (PwMS) and affects their quality of life. The Abdominal Massage for Bowel Dysfunction Effectiveness Research (AMBER) study aimed to find out whether or not abdominal massage improved the symptoms of NBD in PwMS.

In total, 191 eligible participants who felt that their constipation was 'bothersome' were allocated randomly to either:

- advice on the management of NBD (control group, n = 100 participants)
- advice and abdominal massage (intervention group, n = 91 participants).

Quality-of-life questionnaires and a bowel diary were completed by all participants at the start of the trial, at the end of 6 weeks of intervention and again at 24 weeks. To further assess the intervention, 20 participants had telephone interviews at the beginning and end of the trial.

Researchers wanted to know if participants in the intervention group had an improvement in their bowel symptoms compared with the control group at week 24.

At the end of the study, the main symptom questionnaires showed a slight, but not statistically significant, improvement in the intervention group (i.e. not much difference between groups) and the economic analysis showed it was more expensive. However, at the end of the study, participants in the intervention group did register some important findings, they:

- passed stools more frequently
- felt that they emptied their bowel more completely
- generally took fewer laxatives
- felt better.

The interviews also identified that participants liked that:

- drugs were not involved
- they could do the massage themselves
- there was a lack of adverse side effects.

Given the small improvement in the primary outcome but not in terms of cost-effectiveness, a low-cost version of the intervention, for example as part of a self-management pathway, might be considered by some patients.

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