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Aim
To compare the way in which children with chronic idiopathic constipation respond to reflexology treatment or foot massage when these treatments are taught to their parents and carers and used as part of their standard medical treatment.

Project Outline/Methodology
From August 2003 to August 2005, 184 children aged between 1-12 years of age with chronic idiopathic constipation were recruited and randomised into a three arm trial, receiving standard treatment & reflexology or standard treatment & foot massage or standard treatment alone for 12 weeks. Follow up was for 12 months. The primary outcome was the increase in the mean number of bowel movements and improvement in constipation symptoms: soiling, pain, medication use, general health and behaviour at 12 weeks. Outcomes were measured using a validated self reporting constipation score and a children’s quality of life questionnaire.

Key Results
The analysis of the constipation scores at 12 weeks showed that the symptoms improved in all groups. However the reflexology group had the greatest increase in the number of complete bowel movements and the greatest reduction in constipation symptom scores. There were significant differences at 12 weeks between reflexology and control groups in bowel frequency and total constipation symptom score But there was no significant difference between reflexology and massage for bowel frequency. There was also no significant difference between control and massage groups for bowel frequency or overall constipation symptom scores. There were no adverse effects reported during the study suggesting reflexology was well tolerated.

Conclusions
In the largest ever randomised controlled trial of an intervention in paediatric chronic idiopathic constipation, reflexology taught to parents/carers is effective in improving outcomes for children when used as an adjunct to standard treatment.

What does this study add to the field?
This is the only randomised controlled trial of reflexology in paediatric practice to date. The study illustrates that it is feasible to complete an evaluation of a complex complementary therapy intervention by randomised controlled trial. This alone makes a valuable contribution specifically to the reflexology evidence base but also more generally to the body of CAM research. It provides a vital link between the use of complementary therapy approaches in a clinical setting within the NHS and the need to establish a rigorous evidence base with nurses being central to the development of clinical research infrastructure that includes complementary and alternative medicine (CAM).

Implications for Practice or Policy
Reflexology as an adjunct to standard treatment should be considered for children with chronic idiopathic constipation.

Where to next?
More research is needed on the long term outcome of reflexology with regard to the recurrence of constipation, requiring further treatment. Further trials comparing the management and social impact of chronic childhood constipation are required, as are national guidelines to encourage best practice.

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