

# WORKSHOP: HOW TO GET YOUR RESEARCH PUBLISHED

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# VIGNETTE

## PUT IT INTO BACKGROUND/AIMS/METHODS/RESULTS/CONCLUSION

A total of 24 people were recruited from four psychiatric units, with full data available for 18 participants. Constipation is a common issue for individuals with intellectual disabilities, with prevalence estimates ranging from one-third to one-half of this population. Data were collected using a constipation questionnaire to develop tailored bowel management interventions. No statistically significant decline was observed in constipation rates across the study period. The Health of the Nation Outcome Scales – Learning Disability (HoNOS-LD) were administered at baseline, 3 months, and 6 months following the introduction of the care plans. The project was undertaken in specialist in-patient units in both England and Wales. In England alone, constipation contributes to at least five deaths annually among people with intellectual disabilities. Analyses included Wilcoxon signed-rank tests, repeated-measures ANOVA with Bonferroni adjustments, Mann–Whitney U tests, and Mauchly’s test for sphericity, with statistical significance set at  $P < 0.05$ .

IBCPs (Individualised Bowel Care Plans) are recommended in policy for this population, but evidence of their feasibility and impact in psychiatric inpatient settings remains limited. Item 12 of the HoNOS-LD, which assesses physical functioning, showed significant improvement between baseline and 6 months among participants with constipation compared to those without. The total HoNOS-LD score across all 18 items did not show a statistically significant decline. Although most mental health, behaviour, and quality-of-life outcomes did not change, physical functioning improved for participants with constipation. This feasibility work indicates that a larger-scale evaluation of IBCPs could be conducted. Small sample size and the clinical heterogeneity of the cohort may have limited the detection of statistically significant changes. Overall, the findings suggest potential physical health benefits from structured, individualised bowel care in people with intellectual disabilities in inpatient psychiatric settings.

# Using individualised bowel care plans to improve clinical outcomes in specialist intellectual disability mental health units in England and Wales: quality improvement project

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## Background

Constipation is a significant problem for people with intellectual disabilities, with a prevalence of 33–50%, causing at least five deaths annually in England. Individualised bowel care plans (IBCP) are recommended in England and Wales.

## Aims

We evaluated the feasibility and impact of IBCPs for people with intellectual disabilities who are in in-patient psychiatric units, and the effect on clinical outcomes.

## Method

People with intellectual disabilities who were at risk of constipation were recruited from four specialist in-patient psychiatric units in England and Wales. A constipation questionnaire was used to capture relevant data to devise IBCPs. Baseline, 3- and 6-monthly Health of the Nation Scales – Learning Disability (HoNOS-LD) were completed after the intervention. Descriptive statistics, Wilcoxon signed-rank, Mann-Whitney *U*, repeated-measures analyses of variance, with Bonferroni adjustment and Mauchly's tests were conducted. Significance was taken at  $P < 0.05$ .

## Results

Of 24 people with intellectual disabilities recruited from four units, all three data points were available for 18 patients. Constipation rates showed no statistically significant decline.

The total HoNOS-LD score (18 items) did not decline. HoNOS-LD item 12 for physical functioning showed significant improvement for PwID with constipation compared with those without, between baseline and 6 months.

## Conclusions

This quality improvement project suggests that a bigger study of IBCPs is feasible. Most outcomes examined via the HoNOS-LD, particularly those linked with mental illness, challenging behaviour and quality of life, did not show significant change, possibly because of the small sample size. However, people with intellectual disabilities and constipation showed positive changes in their physical functioning outcomes compared with those without constipation. Further in-depth evaluation of this intervention is needed.

## Keywords

Premature mortality; in-patient; challenging behaviour; neuro-developmental disorders; quality of life.

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