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WEB SITE MAY HELP PATIENTS ADOPT HEALTHY BEHAVIORS, U.VA. RESEARCHERS FIND

Behavior change for better health is hard to make, especially for children. But U.Va. researchers have preliminary evidence that a well-designed Internet program combined with standard medical treatment may help families succeed in changing children's habits for the better.

During a month-long treatment program for children with a constipation problem called encopresis, [Daniel J. Cox](#), head of the U.Va. [Center for Behavioral Medicine Research](#), found that help from the Internet made a big difference in the treatment's success.

The behavioral treatments that combined an interactive computer program on the Internet with standard medical management from a primary care doctor had a 90 percent success rate, Cox said. In contrast, 50 percent of the children who received only primary care overcame the condition.

As many as 2.3 percent of children experience encopresis, Cox said.

As a result of these findings, the Center for Behavioral Medicine recently received a \$2 million grant from the [National Institute of Child Health and Human Development](#) to fund a larger five-year study on how an interactive medical web site might influence treatment outcomes. The study will be conducted at U.Va. and Vanderbilt University in Nashville, Tenn.

Interactive web site features could include video games, audio versions of instructive information and a way for parents to input their own questions and information about their child. The site also could offer answers from physicians, as well as a telephone-prompting system that calls users daily about the program.

Reduced costs from fewer doctor's office visits and less embarrassment about discussing the medical problem may also be benefits of an Internet treatment program. Studies show that using a computer is more likely to elicit valid and honest responses to personal questions than are personal interviews, said Lee Michael Ritterband, co-investigator and web master.

People develop Internet programs for medical conditions, but they tend not to evaluate them, Cox said. Also, the programs are usually one-way information and not interactive. Answers from an Internet psychologist on a home-based computer could be very effective in making changes at home that could help lead to recovery.

Behavioral medicine is effective in treating encopresis because parents need to understand the condition so they can relate appropriately to the child, who may suffer from fear as well as physical pain.

The study will investigate what families expect from treatment, their motivations for seeking treatment, presence of other possible behavioral influences such as attention deficit/hyperactivity disorder, nature of family environment and levels of medical care.

A September consensus conference of experts on Internet technology and specialists in pediatric bowel disorder will take place in Charlottesville to develop goals for the study. Enrollment for families with children suffering from encopresis will begin following the conference. For information about participating in the study, contact the U.Va. Center for Behavioral Medicine Research at (434) 924-8020.

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