

Constipation. An old new problem

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Constipation is a common gastrointestinal condition in adults and children characterized by unsatisfactory defectaion as a result of infrequent stools, difficult stool passage, or both. Definitions of this condition is influenced by variations in geography, language, culture, and level of education. This can create difficulties in interpretation and standardization of prevalence rates obtained from cross-sectional studies⁽¹⁾.

Clinical assessment of the patient with constipation requires careful history taking, in order to identify any red flag symptoms that would need further investigation with colonoscopy to exclude colorectal malignancy⁽²⁾.

Global prevalence of functional constipation ranged from 15.3% using the Rome I criteria to 10.1%, when the Rome IV criteria was applied. Perhaps this is the reason why we have a significant difference between the prevalence of functional constipation when its definition has been established by the various consensuses over the years. In addition to updates within the criteria themselves, technological advances have enhanced and expanded methods of data collection⁽³⁻⁵⁾.

The differentiation between constipation-predominant irritable bowel syndrome and functional (or chronic) constipation is not simple because both are remarkably similar in terms of their clinical phenotype and response to therapy, when the presence of abdominal pain, occurring on average at least 1 day/week in the last 3 months, associated with at least two of the following: Change in stool frequency (infrequent bowel movements), Change in stool form (hard stools) and related to defecation is its main differential symptom⁽⁶⁻⁸⁾.

In this issue of **Archives of Gastroenterology**, two studies discuss relevant aspects related to the difficulties observed in the measurement and evaluation of constipation in terms of quantifying the changes observed in constipation as well as the diversity of therapeutic options and, a third paper seeks to evaluate and relate abdominal pain in children and to possible etiopathogenetic mechanisms, among them constipation.

Taniguchi et al. bring the proposal of a clinical score, adapted

and aimed at the Brazilian population, aiming to create an environment to measure and quantify changes in intestinal dysfunction and serve as an initial guide for the choice of the best therapy⁽⁹⁾.

Perhaps one of the most important aspects of this work is to be adapted specifically to the Brazilian population because, as stated above, the diagnostic criteria are greatly influenced by the environment, habits, diet, and language comprehension, among other aspects. Patients and clinicians often diagnose functional constipation more pragmatically, based on the assessment of symptoms they consider important for a diagnosis.

In addition, this score system is a metric that can and should be used in the comparison of clinical complaints before and after treatment which will reflect on patient satisfaction. Patient satisfaction is an important metric in conditions such as constipation, and higher satisfaction predicts better clinical outcomes in chronic health conditions^(10, 11).

Passos et al., through a narrative review, from the perspective of a group of Brazilian experts cover the various aspects of functional constipation, from its pathophysiology to the current treatments of this condition, also highlighting the various alternatives for the correct diagnosis of this condition⁽¹²⁾.

Still within the spectrum of functional diseases, Martins et al. in a retrospective epidemiological study in a child population, evaluate the prevalence of abdominal pain and its different possibilities, concluding that functional abdominal pain is the most frequent etiology followed by constipation⁽¹³⁾. A point of attention observed in children, is the long and extensive duration of the investigation and no evidence based medicine treatment, even in a tertiary care level⁽¹⁴⁻¹⁷⁾.

Functional diseases, particularly constipation, continue an object of intense investigation mainly in order to better understand their pathophysiological mechanisms and establish a rationale treatment based on concrete and objective based evidence^(18,19).

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