



Alimentary Tract

Self-perceived normality in defecation habits

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Abstract

Background. Available information on normal bowel habits was mainly gathered by means of telephone interviews or mailed questionnaires.

Aims. We undertook a prospective study to evaluate the defecatory habits in subjects perceiving themselves as normal concerning this function.

Subjects and Methods. A questionnaire (4-week diary with "yes–no" daily answers to six questions concerning bowel habits) was distributed to 204 subjects perceiving their defecation behaviour as normal.

Results. The completed questionnaire was returned by 140 subjects. No significant differences were found between sexes or age groups for any variable, even though straining at stool and feeling of incomplete and/or difficult evacuation showed a trend to increase with age. No subject had less than three bowel movements per week or more than three per day. The percentage of symptoms linked to an abnormal defecatory behaviour was well below 10%. Fifty-five percent of subjects reported at least one parameter of abnormal functioning; the most frequent was straining at stool and the rarer was the manual manoeuvres to help defecation.

Conclusions. In normal subjects the prevalence of symptoms considered in Rome II criteria as part of an abnormal defecatory behaviour (in more than 25% of defecations) is well below 10%, manual manoeuvres are almost never used to help defecation, and the frequency of defecations is at least three per week.

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1. Introduction

'Normal' or 'altered' bowel habits can be perceived in many different ways [1]. A universal definition of the cut-off between normality and disease has not yet been established

[2], and the criteria for normal defecation follow the consensus based on the 'Delphi approach' [3].

Most of the published reports in this area are retrospective, with data gathered by telephone interviews or mailed questionnaires [1,4,5]; however, people often tend to misreport their defecatory behaviour [6–8].

There is a need to obtain reliable data. We investigated the defecation habits in a general population to obtain more objective data over a significant period of time [9], but data from a sufficient number of normal subjects are still lacking.

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¹ A list of the participating members of the ICS Group is given in the Appendix A.

Normality in body functions has been defined as ‘... a level of effective functioning, which is satisfactory to both the individual and his social milieu’ [10]. This study evaluated the defecation habits in subjects who perceived themselves to be normal for this function.

2. Materials and methods

2.1. Subjects

Five centres located in different regions of Italy participated in the study. Over a 2-month period a questionnaire was distributed by physicians to 204 subjects (113 women and 91 men, age range 18–80 years), recruited among relatives and friends of patients attending outpatient gastroenterological clinic, who perceived their defecation behaviour as normal and who had no intention of visiting a doctor for gastrointestinal problems.

2.2. Questionnaire

A 4-week diary in which ‘yes–no’ daily answers to six questions on bowel habits were administered [9], concerning data on the following symptoms and signs: number of bowel movements; straining at defecation; feeling of incomplete defecation and/or difficult evacuation; manual manoeuvres to facilitate defecation; lumpy or hard stools. In addition, the use of laxatives was reported (Fig. 1). The questionnaire was anonymous; the only personal information the participants gave was age and sex. Written consent of all subjects was obtained after a complete explanation of the aims of the study and the nature of the questionnaire. The study was conducted

in accordance with the Helsinki Declaration (Edinburgh revision, 2000).

2.3. Data analysis

For each subject, a score for each variable was computed as follows [9]. The average number of bowel movements and the frequency of the use of laxatives per day were obtained by taking the total number of defecations and dividing it by the total number of days in the study period (i.e., 28). The frequency of each of the four variables associated with defecation (straining, feeling of incomplete defecation, need of manual manoeuvres to aid in defecation, lumpy/hard stools) was evaluated as the ratio between the total number of episodes recorded by the individual and the total number of bowel movements during the study period.

3. Statistical analysis

All group medians and ranges were calculated by averaging the individual scores. The subjects were also stratified into three age groups for further analysis: 18–30 years; 31–60 years; and >60 years. The Wilcoxon test was used to compare defecation variables between males and females. The chi-squared test was used to compare frequencies between groups. All correlations were evaluated using the Spearman rank correlation coefficient. The difference in defecation frequency during the days of the week between males and females was evaluated by a random effect model with Poisson errors, using the number of bowel movements for each day of the week as the dependent variable. *P*-values <0.05

	SEX.....		AGE.....				
First week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bowel movements (number/day)							
Straining at defecation							
Feeling of incomplete defecation and/or difficult evacuation							
Manual manoeuvres							
Lumpy or hard stools							
Use of laxatives							

Fig. 1. Four-week daily diary (one-week example). Patients gave yes–no responses; number of bowel movements per day was recorded.

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