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ORIGINAL ARTICLE

Pediatrician's knowledge on the approach of functional constipation

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KEYWORDS

Constipation;
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Abstract

Objective: To evaluate the pediatrician's knowledge regarding the diagnostic and therapeutic approach of childhood functional constipation.

Methods: A descriptive cross-sectional study was performed with the application of a self-administered questionnaire concerning a hypothetical clinical case of childhood functional constipation with fecal incontinence to physicians (n=297) randomly interviewed at the 36th Brazilian Congress of Pediatrics in 2013.

Results: The majority of the participants were females, the mean age was 44.1 years, the mean time of professional practice was 18.8 years; 56.9% were Board Certified by the Brazilian Society of Pediatrics. Additional tests were ordered by 40.4%; including abdominal radiography (19.5%), barium enema (10.4%), laboratory tests (9.8%), abdominal ultrasound (6.7%), colonoscopy (2.4%), manometry and rectal biopsy (both 1.7%). The most common interventions included lactulose (26.6%), mineral oil (17.5%), polyethylene glycol (14.5%), fiber supplement (9.1%) and milk of magnesia (5.4%). Nutritional guidance (84.8%), fecal disimpaction (17.2%) and toilet training (19.5%) were also indicated.

Conclusions: Our results show that pediatricians do not adhere to current recommendations for the management of childhood functional constipation, as unnecessary tests were ordered and the first-line treatment was not prescribed.

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PALAVRAS-CHAVE

Constipação
intestinal;
Pediatria;
Diagnóstico;
Tratamento

Conhecimento do pediatra sobre o manejo da constipação intestinal funcional

Resumo

Objetivo: Identificar o conhecimento do pediatra quanto ao manejo diagnóstico e terapêutico da criança com constipação intestinal funcional.

Métodos: Estudo transversal descritivo com amostra constituída de médicos (n=297) entrevistados no 36º Congresso Brasileiro de Pediatria de 2013. Foi usado um questionário autoadministrado referente a um caso clínico hipotético de constipação intestinal.

Resultados: Foi observada maior proporção de pediatras do sexo feminino, média de 44,1 anos, tempo de formação médio de 18,8 anos, 56,9% portadores de título de especialista pela Sociedade Brasileira de Pediatria. Exames complementares foram solicitados por 40,4%, a radiografia abdominal foi o mais requisitado (19,5%), seguido por enema opaco (10,4%), exames laboratoriais (9,8%), ultrassonografia de abdome (6,7%), colonoscopia (2,4%), manometria e biópsia (ambas 1,7%). Para o manejo foi sugerida a prescrição de lactulose (26,6%), óleo mineral (17,5%), polietilenoglicol (14,5%), suplemento de fibras (9,1%) e leite de magnésia (5,4%). Orientação alimentar (84,8%), desimpactação fecal (17,2%) e treinamento de toalete (19,5%) também foram indicadas.

Conclusões: Evidencia-se uma discordância entre o manejo sugerido pelos pediatras e a conduta preconizada pela literatura disponível atualmente, uma vez que foram solicitados exames complementares desnecessários e não foi recomendada a orientação terapêutica considerada de primeira linha.

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Introduction

In clinical practice, intestinal constipation is a very common finding in children, corresponding to approximately 3% of consultations in general pediatric outpatient clinics and 25% of consultations in pediatric gastroenterology.¹⁻⁴ When assessing the studies in Brazil, a variation of 14.7–38.8% was found in the prevalence of constipation.⁵ This wide variation is due both to the heterogeneity of the diagnostic criteria and the differences in study population selection.^{5,6}

The Rome III Criteria (2006) states that in children older than 4 years, the diagnosis of constipation is established when there are ≤ 2 bowel movements per week; at least one episode of fecal incontinence per week; history of retentive posture or excessive voluntary stool retention; history of painful bowel movements; presence of a large fecal mass in the rectal canal; history of large-caliber stools that can clog the toilet bowl. The symptoms must be present at least once a week for a two-month interval.⁴ However, these criteria are considered by some experts as very restrictive.⁵ The European Society of Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) and North-American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) guidelines recommend using the Rome III criteria, except for symptom duration, since the recommended interval of two months can contribute to treatment delay in older children.⁷

The high prevalence of constipation generates high costs to public health, representing an expense of US\$ 3362 per child treated annually in the United States.⁶ Studies have shown that there is no predominance of gender and in at least half of the cases constipation occurs in the first year of life, even if it is more often diagnosed in school age children.^{1,3}

Complications associated with constipation include recurrent abdominal pain, fecal incontinence, rectal bleeding, enuresis and urinary infection/retention.⁶ These aggravating factors may progressively associate and negatively influence the quality of life, generating costs for both the family and the government.^{2,3}

Although it is a disease with a relatively simple diagnosis and treatment, constipation affects the child's physical and emotional integrity.¹ Taking into account the prevalence, clinical significance and impact of the disease, this study aims to outline a management panorama adopted by Brazilian pediatricians when treating a case of constipation and establish a parallel with the available literature.

Method

This was a cross-sectional, descriptive study, with a sample of 297 physicians chosen by nonrandom convenience sampling, participating in 36th Brazilian Congress of Pediatrics, in Curitiba, state of Paraná, in October 2013. The congress participants were approached by individual researchers during the intervals of scientific activities and invited to participate and answer the questionnaire.

The study was approved by the Institutional Review Board of Pontifícia Universidade Católica do Paraná and written consent was obtained from all respondents. The study included pediatricians, general practitioners with a Specialist title in Pediatrics by the Brazilian Society of Pediatrics (SBP) and medical residents in Pediatrics. A self-administered questionnaire consisting of two parts was used as the research tool.

The first part, related to the respondent's identification, consisted of nine objective questions and aimed at

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