Primary Care Management of Chronic Constipation in Asia: The ANMA Chronic Constipation Tool

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Chronic constipation (CC) may impact on quality of life. There is substantial patient dissatisfaction; possible reasons are failure to recognize underlying constipation, inappropriate dietary advice and inadequate treatment. The aim of these practical guidelines intended for primary care physicians, and which are based on Asian perspectives, is to provide an approach to CC that is relevant to the existing health-care infrastructure. Physicians should not rely on infrequent bowel movements to diagnose CC as many patients have one or more bowel movement a day. More commonly, patients present with hard stool, straining, incomplete feeling, bloating and other dyspeptic symptoms. Physicians should consider CC in these situations and when patients are found to use laxative containing supplements. In the absence of alarm features physicians may start with a 2-4 week therapeutic trial of available pharmacological agents including osmotic, stimulant and enterokinetic agents. Where safe to do so, physicians should consider regular (as opposed to on demand dosing), combination treatment and continuous treatment.
Introduction

There is a perception that chronic constipation (CC) is an uncommon problem in Asia, and perhaps arising in part from this perception, the evaluation and management of this condition does not appear to be a priority in training programs for medical doctors. In 2 related global surveys, the prevalence of self-defined constipation in Asia (represented by South Korea, China and Indonesia) was estimated to be 15-23% in women and about 11% in men. In comparison, the same survey found a lower prevalence in Germany, Italy and the UK for both women (7-11%) and men (< 5%). In China, the health-related quality of life scores for community subjects with (against those without) CC were poorer across all domains. In Taiwan, significantly more doctor visits and absenteeism for gastrointestinal (GI) complaints were found in those with CC than those without. In Singapore, elderly men with CC were found to suffer more from lower urinary tract symptoms and erectile dysfunction than those without. Both in the West and in Asia, there are reports that a substantial number of constipation sufferers are dissatisfied with fiber supplements and over-the-counter laxatives.

There are also important potential differences between Asia and the West in terms of patient perception and self-management, dietary practices, intestinal physiology and health-care infrastructure, that warrant the development of management guidelines based on Asian perspectives. In India patients, self-perceived constipation report a median of 2 bowel movements a day; here there is also a high level of dietary fiber intake in the general and patient population. People in China and India, both those who report and do not report constipation, appear to have relatively shorter colonic transit times than in the West. There is also a high level of lactase deficiency across all the major ethnic groups in Asia. In part, these dietary differences influence how people in Asia self-manage their constipation.

Therefore, the Asian Neurogastroenterology and Motility Association (ANMA) felt that there was a need for practical guidelines in the management of CC which take into account the disease epidemiology, socio-cultural factors and health-care infrastructure of Asia. As they are expected to be the first point of medical contact for most patients, these guidelines were developed with primary care physicians foremost in mind. The emphasis of our paper is on clinical practice, and as such, only the key relevant information will be presented to support our management recommendations. An in-depth review of the relevant literature will be presented in a follow-up publication.

Methodology

In the first phase, 8 experts were assigned to perform a detailed review of the literature on epidemiology (including symptoms, stool form), pathophysiology (including motility, organic causes), psychosocial (including diet and lifestyle) and treatment (including guidelines, pharmacological and non-pharmacological) related to constipation. These experts were tasked to pay particular attention to the Asian literature. The findings of these reviews were presented to 20 members of ANMA (representing 11 countries, including primary, secondary and tertiary care physicians) on September 30, 2011. In the course of these presentations, we identified aspects of the Asian patients’ experiences of constipation which were not consistent with those in the West, and how these may have impacted on how physicians manage CC in Asia. A specific example was that the experts shared their common experience that a substantial number of patients referred to them for further management of bloating or fullness were found to have underlying CC that was untreated. The proceedings of this meeting were then reviewed again by the 8 experts. Finally a meeting was held on April 21-22, 2012 and an updated review of the key aspects of the Asian CC was presented to 14 ANMA members. From May to December 2012, email reviews and face to face discussions and presentations were made on the major