692

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BOWEL HABIT AND CONTINENCE STATE IN JAPANESE POPULATION

Hypothesis / aims of study

Bowel habit and continence status in Japanese population have not been well documented. Questionnaire survey was performed to clarify those conditions.

Study design, materials and methods

Questionnaire was distributed to 256 attendants after several lectures including a lecture of bowel habit and continence. Constipation was defined as bowel habit less than two times per week or hard stool, and diarrhea as watery stool.

Results

All 256 attendants responded the questionnaire. Average age was 35.1 years (range 21-91) and male to female ratio was 179 to 73 (3 unknown). Seventy-three percent of people responded as having normal bowel habit, 24 % as constipation and 2 % as diarrhea. Sixty percent of females (n=179) experienced change of bowel habit during menstruation, 18 % to constipation and 43 % to diarrhea. This change occurred before menstruation in 53 % and after menstruation in 46 %. Anal incontinence has not been experienced in 69.9 % of population, gas incontinence in 25.8 % and fecal incontinence in 1.6 %. Anal incontinence was more frequent in females. Anal incontinence became more frequent according to the increase of the age. Anal incontinence was more frequent in females with parturition than those without parturition, however the difference was not significant when analyzed in females between 20 to 40 years. Seventeen percent of population has experienced urinary incontinence. Those who have experienced urinary incontinence have more often had anal incontinence than those who have not experienced urinary incontinence.

Interpretation of results

Constipation and anal incontinence were more prevalent than supposed in Japanese population.

Concluding message

Change of bowel habit was common during menstruation. History of urinary and anal incontinence has to be asked during treatment of continence altogether.

Disclosures

Funding: no Clinical Trial: No Subjects: HUMAN Ethics not Reg'd: no Helsinki: Yes Informed Consent: Yes