

Conservative treatment based on behavioral modifications for Constipation in adults: Management Algorithm





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Aim

Present the management algorithm of a conservative treatment based on behavioral modifications for chronic constipation in adults.

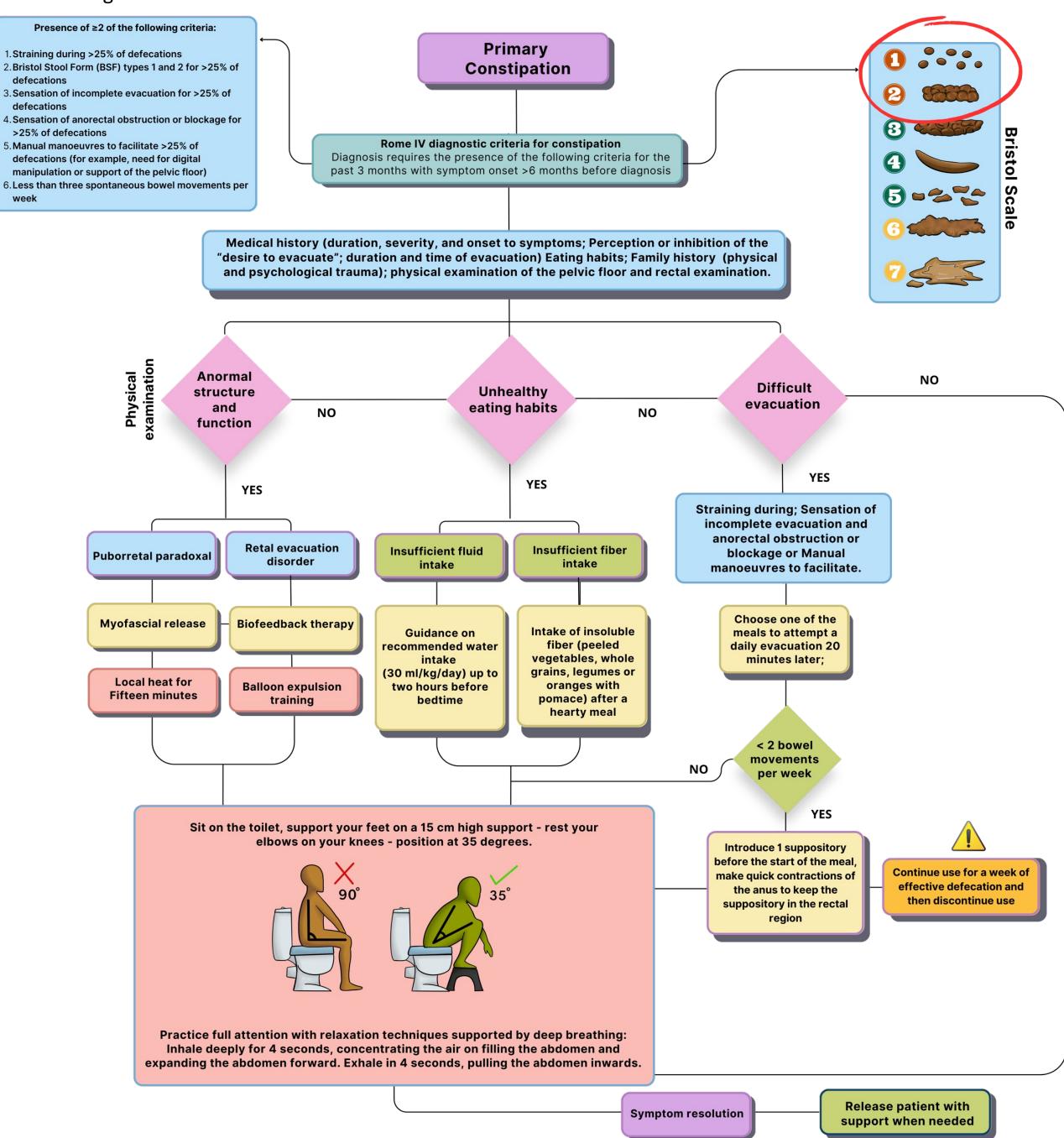
Method

A group of nurses from a university hospital in Paraná, with experience in the care, teaching, and research of adults with Pelvic Floor Dysfunction, developed an algorithm for the management of primary chronic constipation in adults, focusing on lifestyle modifications or first-line therapies, based on the clinical experience and current guidelines (flowchart 1).

Between January 2018 and December 2018, a retrospective cohort was performed. 25% of the patients treated during this period were randomized. They were randomized – 246 patients were evaluated for primary chronic constipation based on Rome IV criteria symptoms. Of the 246 patients, only 42 were treated according to the management algorithm for chronic primary constipation. The other patients did not have enough information in their medical records.

Results

The management algorithm flowchart for primary chronic constipation starts with symptom identification according to the Rome IV criteria and ends with patient discharge:



Of the 42 patients who followed the management algorithm, 76% (32) showed significant improvement in chronic constipation. Of these, 56% no longer had related symptoms. The other 43.7% maintained one of the symptoms referring to the Rome Criteria but did not classify it as chronic constipation. Ten patients did not benefit from the protocol, but whether they followed the guidelines is still being determined.

Concluding Message

In this study, we found that simple measures, when applied systematically and incorporated into the patient's routine and that encourage self-management, are more likely to be successful, in addition to having potential benefits in increasing the number of bowel movements, improving stool characteristics, and alleviating global symptoms in patients with primary constipation.

References

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