



PREVALENCE OF SELF-REPORTED CONSTIPATION AND ASSOCIATED FACTORS IN GENERAL ADULT BRAZILIAN POPULATION

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BACKGROUND

Literature about prevalence of constipation is scarce in Latin American countries¹. According to self-report, constipation is characterized by subjective complaints influenced by cultural customs²

AIM

To estimate the prevalence of self-reported constipation and factors associated to this occurrence in adults in the urban population of a Southern city in Brazil.

METHODS

- **Design:** Epidemiological, descriptive, exploratory and cross sectional study type; secondary study (data from Domansky & Santos, 2010³)
- **Setting:** Urban area of Londrina city, Paraná, Brazil
- **Participants:** 2162 adults, aged 18 or over, living in the selected streets through cluster sampling
- **Tools for data collection:** Social-demographics data; Brazilian adapted and validated version of The Bowel Function in the Community⁴
- **Main outcome measures:** Prevalence of self-reported constipation; socio-demographic and clinical variables related to constipation
- **Statistical analysis:** Univariate analysis; Multivariate logistic regression (Adjusted Odds Ratio – AOR); $p < 0.05$.
- **Multivariate analysis models:** a model with all constipated individuals; and two stratified models for gender.

RESULTS/FINDINGS

- The prevalence of self-reported constipation was 25.2%.
- Higher among women (37.2%) compared to men (10.2%).
- The variables higher age and stroke were statistically significant in all three tested statistical models.

Table 1: AOR and CI95% for association between socio-demographic and clinical variables and constipation.

Variables	AOR			
	AOR	IC (95%)		
		Low	Up	
Socio –demographic Variables				
Ethnicity	White	1.0	-	-
	Yellow	0.2	0.1	0.7
	Brown	1.0	0.7	1.4
	Black	1.1	0.7	1.7
	Other	1.2	0.8	1.8
Gender	Male	1.0	-	-
	Female	4.8	3.7	6.1
Age	(14,45]	1.0	-	-
	(45,60]	0.6	0.5	0.8
	(60,75]	0.9	0.6	1.3
	(75,100]	1.8	1.0	3.2
Clinical Variables				
Fistula	No	1.0	-	-
	Yes	2.8	1.1	7.8
Anal Fissure	No	1.0	-	-
	Yes	1.8	1.1	3.0
Anorectal surgery	No	1.0	-	-
	Yes	2.1	1.1	3.9
Trauma or wound around the anus	No	1.0	-	-
	Yes	2.6	1.1	5.9
Hemorrhoids	No	1.0	-	-
	Yes	1.8	1.3	2.5
Nervous System Disease	No	1.0	-	-
	Yes	1.5	1.1	2.0
Stroke	No	1.0	-	-
	Yes	3.9	1.6	9.6

Table 2: AOR and CI 95% for association between constipation and variables, according to gender.

Variables	Male			Female		
	AOR			AOR		
	AOR	IC (95%)		AOR	IC (95%)	
		Low	Up		Low	Up
Socio – demographic Variables						
Ethnicity	White			1,0	-	-
	Yellow			0,2	0,0	0,6
	Brown	NS		1,0	0,6	1,5
	Black			1,2	0,8	2,0
	Other			1,3	0,8	2,2
Age	(14,45]	1,0	-	-	1,0	-
	(45,60]	1,0	0,5	1,8	0,6	0,4
	(60,75]	2,1	1,1	3,8	0,7	0,5
	(75,100]	7,6	3,3	16,9	0,7	0,3
Clinical Variables						
Rectocele	No			1.0	-	-
	Yes	NA		10.2	1.6	195.3
Anal Fissure	No			1.0	-	-
	Yes	NS		2.5	1.4	4.3
Anorectal Surgery	No			1.0	-	-
	Yes	NS		2.6	1.2	5.5
Trauma / wound around the anus	No			1.0	-	-
	Yes	NS		3.2	1.2	8.8
Hemorrhoids	No			1.0	-	-
	Yes	NS		1.9	1.4	2.7
Nervous System Disease	No	1.0	-	-	-	-
	Yes	2.7	1.5	4.6	-	NS
Stroke	No	1.0	-	-	1,0	-
	Yes	6.0	1.4	22.9	3.9	1.4

NS = Not significant / NA = Not applicable

CONCLUSIONS

International literature shows similar prevalence rates compared to these results¹⁻³. On the other hand, the present study shows some associated variables (anorectal diseases and neurological system disease) which have not been often analyzed in other population-based studies about constipation⁵⁻⁶.

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