Understanding of Functional Constipation in Clinical Settings

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Functional gastrointestinal disorders are diagnosed based on symptoms because the lack of specific biomarkers. The diagnosis of functional gastrointestinal diseases has evolved in recent decades because of evolving consensus and understanding among experts and new evidence. Functional constipation defined by difficulty for bowel movement (hard stool, painful defecation, or infrequent bowel movement) in which no clear anatomical abnormality found. Several diagnostic criteria for functional gastrointestinal disorders have been proposed. The latest by Rome foundation have updated the criteria (Rome IV) has standardised the definition for clinicians based on recent evidence. Include in these criteria are functional gastrointestinal disorders in children and adolescents.1,2

Functional gastrointestinal disorders (FGIDs) are common in pediatric patients. One of the most frequent FGID in children is functional constipation. Recent systematic reviews and meta-analysis have estimated a global pooled prevalence of 9.5% (0.5–32%).3 Initial diagnosis of functional constipation in children at first encounter is important for the patient outcome.4 The new definition from Rome IV relies on clinicians’ judgment for further examination rather than exclusions diagnostic. Clinician’s perspective on these diagnostic criteria may vary. Therefore, clinicians perspective and understanding of this disease is important.

Study by Wicaksono et al in this edition try to capture important aspects both diagnostic and therapeutic understanding of pediatrician on functional constipation. Future studies on these functional GI diseases are valuable as there is variation among physician in diagnosis and management of this diseases.5

REFERENCES
2. Drossman DA. Functional gastrointestinal disorders: history, pathophysiology, clinical features and Rome IV. Gastroenterology 2016;150:1262–79.e2