FUNCTIONAL DEFECATION DISORDERS IN CONSTIPATED PATIENTS: DIAGNOSIS BY MINIMALLY INVASIVE DIAGNOSTIC TOOLS

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A simple straining questionnaire and augmented digital rectal examination accurately predict functional defecation disorders in patients with refractory chronic constipation, potentially improving referral decisions for specialized anorectal testing.

KEY POINTS

- In 238 refractory chronic constipation patients, 120 showed functional defecation disorders on anorectal manometry: 82 with dyssynergic defecation and 38 with inadequate defecatory propulsion.
- An 'anal muscles' response to the straining questionnaire predicted dyssynergic defecation with 78.5% accuracy (OR 13.6, $p<0.001$) and inadequate defecatory propulsion with 66.4% accuracy (OR 5.85, $p<0.001$).
- Failed anal relaxation on augmented digital rectal examination predicted dyssynergic defecation with 73.1% accuracy (OR 21.4), while failed abdominal contraction predicted inadequate defecatory propulsion with 97.1% accuracy (OR>100).
- Combining the questionnaire with augmented examination increased diagnostic accuracy to 80.3% for dyssynergic defecation and 94.5% for inadequate defecatory propulsion.
- Both tools showed good reproducibility and may help clinicians at all care levels screen patients for appropriate referral to specialized anorectal physiology testing.

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