Children – medical admissions

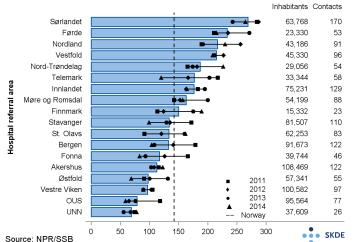
Constipation



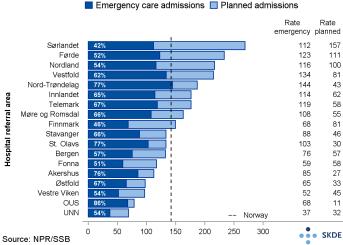
Periods of infrequent bowel movements and constipation are a normal phenomenon in many children. However, in some children this becomes a chronic condition that leads to stomach ache, paradoxical diarrhoea with bowel incontinence, difficulties eating and generally feeling unwell. Chronic constipation can be caused by diseases and abnormalities of the bowels as well as by psychosocial and dietary factors. Treatment involves using laxatives and enemas, in addition to dietary advice. In most cases, the problem can be resolved by a GP or outpatient consultation, but some children have to be admitted in order to completely empty their bowel. Children are also admitted for assessment of vague stomach symptoms that often end up being diagnosed as constipation.

Sample

The sample consists of children's admissions for constipation in the somatic specialist health service with a duration of at least 24 hours. Constipation is defined by a primary or secondary diagnosis (ICD-10) of F98.1 or in code block K59. Since constipation can manifest as different symptoms, all the sub-diagnoses in K59 are included, including functional diarrhoea.



Constipation, admissions, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

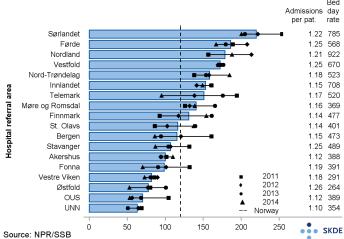


Constipation, admissions, by degree of urgency, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

Comments

Children with constipation account for 3-4% of all children's admissions for medical diagnoses in Norwegian hospitals. Of children with these diagnoses, 12% are admitted while 88% receive outpatient treatment (see separate factsheet on outpatients)

Children with constipation who live in Sørlandet hospital referral area are admitted 3.9 times as often as children living in the UNN area. In the OUS area, 86% of admissions are emergency care admissions, while the corresponding figure for Sørlandet is 42%. There appears to be no systematic differences in contact frequency, which is consistently low, between hospital referral areas with high and low usage rates. From 2011 to 2014, the usage rate has fallen in many, but not all, hospital referral areas.



Constipation, admissions, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014. Average number of admissions per patient (contact frequency) and bed day rate.

Constipation is a condition for which it may be expedient to admit some children for planned emptying of the bowel by means of an enema before an emergency care admission becomes necessary. Therefore, it is not a given what the usage rates for admissions or outpatient/day patient treatment should be or which emergency care proportion represents an ultimate balance. It is worth noticing that several health trusts, including Sørlandet hospital health trust, Sykehuset Østfold health trust HF and Vestre Viken health trust, have developed evidence-based treatment guidelines for this patient group. Despite this, usage rates vary considerably, including between the above-mentioned hospital referral areas. This could also have something to do with the fact that admissions for vague stomach pain could end up in a constipation diagnosis.