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| **Community population** |   |   |   |  |   |  |   |   |   |
| Chung(2010)Republic of Korea | Cross-sectional8219 | 5-13 | **≥1 criterion** \*Frequency < 3 p/w, \*BSS type 1 or 2, \*FI, \*Difficult or painful defecation | Questionnaire | DVSS, NUI, increased frequency, Urgency, UI, Holding maneuver | Questionnaire | n.a. | Invitation of parents in 26 Kindergarten and 27 elementary school | 2006 |
| Esezobor (2015)Nigeria | Cross-sectional58 | 5-17 | Rome III criteria with the exception of the duration of bowel symptoms criterion | Questionnaire documented by interviewer | UI  | Questionnaire | n.a. | Invitation of parents in per-urban, largely residential community bordering a public tertiary hospital, in mushin local goverment area of lagos state Nigeria. | 2014 |
| Hamed(2017)Egypt | Cross-sectional778  | 6-12 |  ? | Questionnaire | NUI | Questionnaire | n.a. | Invitation of (parents of) primary school children of 12 primary schools | ? |
| Kajiwara (2004)Japan | Cross-sectional977 | 7-12 | Def < 3 p/w  | Questionnaire | DUI | Questionnaire | n.a. | Invitation of parents in 11 primary schools | 2002 |
| Kajiwara (2006)Japan | Cross-sectional202 | 13-15 | Def < 3 p/w  | Questionnaire  | OAB | Questionnaire  | n.a. | Invitation of students in Junior high school | 2001 |
| Kalo (1996)Saudi Arabia | Cross- sectional80 | 6-16 | FC and encopresis | Questionnaire | UI | Questionnaire | n.a. | Invitation of parents in primary school | ? |
| Sampaio (2016)Brasil | Cross- sectional91 | 5-17 | Rome III criteria | Rome III questionnaire for children | DVSS,Frequency, NUI, Urgency, straining, dysuria, holding maneuvers  | DVSS questionnaire | n.a. | Invitation of children from 2 Brazilian cities who happened to pass by the collection points | 2015 |
| Sarici(2016)Turkey | Cross- sectional182 | 6-13 | Def < 3 p/w and presence of straining during defecation | Questionnaire | NUI | Questionnaire | n.a. | Invitation of children from 10 randomly selected primary schools | 2013 |
| **Community population** |   |   |   |  |   |  |   |   |   |
| Söderstrom (2004)Sweden | Cross-sectional113 | 7-11 | FI | Questionnaire | DUI | Questionnaire | n.a. | Invitation of parents in primary school (first and fourth grade) | 1997 |
| Uguralp (2003)Turkey | Cross-sectional171 | 5-9 | **≥1 criterion** \*Def <1 p/d, \*Painful \*Hard \*Unusually large \* Difficult to pass stool | Questionnaire | UI | Questionnaire | n.a. | Invitation of parents in elementary schools (with kindergarten or preparatory classes) | ? |
| **Primary care** |   |   |   |  |   |  |   |   |   |
| Loening-Baucke (2007)United States | Review case records87 | 5-17 | **≥2 criteria** \*Def <3 p/w\*Fi ≥1 p/w \*Large stools in the rectum or felt on abdominal examination \*Passing of stools so large that they obstruct the toilet \*Retentive posturing \*Painful defecation | Diagnosis by physician | DUI, NUI, UI | Diagnosis by physician | n.a. | Medical records | 2004 |
| **Specialist care** |   |   |   |  |   |  |   |   |   |
| McDonald (2004)Scotland | Review case records30 | 2-15 | Encopresis: passage of normal stool in abnormal places, Constipation: simple constipation and/or overflow soiling | Diagnosis by physician | UI | Diagnosis by physician | n.a. | Medical records (Referred children with soiling stated as main problem in referral letter) | 4 month period |
| Reich (2010)Poland | Cohort126 | 0.13 - 18.3 | Rome III criteria | Questionnaire (documented physician) | n.a. | n.a. | ≥ 10^5 bacteriaUrine culture | Children admitted to 2nd Department of Pediatrics, Gastroenterologyand Nutrition  | 2006 -2008 |

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| **Specialist care** |   |   |   |  |   |  |   |   |   |
| van Engelenburgvvan Lonkhuyzen (2016)The Netherlands | RCT 53 | 5-16 | Rome III criteria | Diagnosis by physician | DUI, NUI | Diagnosis by physician | ?? | Referred children to pediatric outpatient department | 2009 - 2014 |
| Clavero(1993)Spanje | Review case records65 | 4.3 – 14.7 | Secundaire encopresis according DSM III-R criteria | Diagnosis by physician | NUI  | Diagnosis by physician | n.a. | Medical records | ? |
| Dehghani (2013)Iran | Cross-sectional120 | Mean age (SD)7.4 (3.2) | Rome III criteria | Questionnaire(documented by researcher) | DUI, NUI, Dysuria, dribbling, increased frequency | Questionnaire(documented by researcher) | Positive urine cultureLeukocytes>5-6/ high powerfield Urine analysis and urine culture | Referred children for chronic constipation (≥ 3 months) | ? |
| Foreman (1996)United Kingdom | Review case records63 | Mean age (SD)8.4 (2.8) | Encopresis according ICD-9 criteria | Medical record | UI | Medical record | n.a. | Medical records(Referred children with encopresis) | 1980 – 1988 |
| Hadjizadeh (2009)Iran | Prospective case-control85 | Mean age (SD)5.7 (2.7) | **≥2 criteria ≥ 2 weeks:**\*Infrequent passage of stools\*Difficulty passing stools \* Feces that are large and hard or in small pieces\*Abdominal pain \*Palpable stool in the abdomen\*Stool in the rectal vault | Diagnose by physician | DVSS, NUI | Modified version of the DVSS questionnaire | ?Urine analysis and culture | Referred children for FC | 2004 –2005 |
| Imanzadeh (2013)Iran | Cross- Sectional480 | 5-15 | **≥1 criterion**\*Def <3 p/w\*Hard defecation | ? | UI | ? | n.a. | Children with FC or UI | ? |

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| **Specialist care** |   |   |   |  |   |  |   |   |   |
| Karakelleoglu (1997)Turkey | Prospective case-control for FC31 | 4-14 (bladder symptoms)2-14 (UTI) | **All criteria**\*Def < 3 p/w\*Abnormal stools\*Very large amount of stools present in the rectal ampulla | ? | NUI | ? | Midstream urine:10^5 bacteria /mL Catheter >50x 10^5 bacteria/mLUrine analysis and culture | Children with chronic FC (≥ 6 months) with or without encopresis | ? |
| Kasirga (2006)Turkey | Prospective case-control for FC38 | 0.5 – 16(Children have to be toilet trained to assess bladder symptoms) | **Both criteria**\*Def < 3 p/w\*Painful or hard defecation | Diagnosis by physician | NUI, Urge UI, urgency | Diagnosis by physician | ?Urine analysis and culture | Children with chronic FC (≥ 6 months) | ? |
| Loening-Baucke (1997)United States | Cohort234 | 5-18 | \* All children had stool retention\* 45% had a fecal mass palpable\* All children had FI | Diagnosis by physician | DUI, NUI | Diagnosis by physician | Midstream urine: ≥ 50.000 bacteria /mL Catheter ≥10.000 bacteria/mLUrine analysis and culture | Children with chronic FC (≥ 6 months) and FI ≥1 p/w | 1986 – 1988 and 1991 – 1995 |
| van Dijk (2010)The Netherlands | RCT133 | 4-18 | **≥2 criteria** \*Def <3 p/w\*Fi ≥ 2 p/w \*Passage of large amounts of stool \*Palpable abdominal or rectal fecal mass | Questionnaire(documented by researcher) | DUI, NUI | Questionnaire(documented by researcher) | n.a. | Referred children | 2002 – 2004 |
| Abbreviations: y, year; n.a., not applicable; FC, functional constipation; UTI, urinary tract infection; BSS, Bristol stool scale; FI, fecal incontinence; def, defecation frequency; DVSS, dysfunctional voiding symptom score; DUI, daytime urinary incontinence; NUI nighttime urinary incontinence; UI, urinary incontinence not otherwise specified; OAB, overactive bladder. |