

Quality appraisal of clinical guidelines for the management of constipation according to AGREE II instrument

Avaliação da qualidade de diretrizes clínicas para o manejo da constipação intestinal segundo AGREE II

Evaluación de la calidad de las guías clínicas para el manejo del estreñimiento según AGREE II

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Abstract

Constipation is one of the most frequent complaints in health establishments, affecting approximately 20% of the world population. The key to the successful management of this disorder is its early identification and immediate treatment with nondrug measures as the main therapeutic alternative. While clinical guidelines are informative documents that include recommendations aimed at optimizing patient care, this study aims to evaluate the quality of these documents available in the management of this condition. This study evaluated clinical guidelines available in databases, scientific societies and class councils, which had as their theme the management of constipation. The methodology used to evaluate the quality of these documents was the application of the AGREE II instrument. *Kappa* test of agreement between evaluators was applied to corroborate uniformity in application of the AGREE II instrument. Of the eleven documents analyzed, only three presented the criteria for recommendation proposed for use in clinical practice, with a general average of quality indexes ranging from 93 to 72%. One guideline was recommended with modifications in its structure, with a general average of quality indexes of 44%. The mean overall score among the analyzed documents was 49.01%. Methodological care and expression of information in a concise and clear way, both of the content and methodology employed, result in documents of great quality, however, no aspects were present in most of the guidelines analyzed. Furthermore, it is observed that there are still points that should be improved.

Keywords: Constipation; AGREE II; Clinical guidelines; Pharmaceutical care; Evidence-based health.

Resumo

A constipação é uma das queixas mais frequentes nos estabelecimentos de saúde, afetando aproximadamente 20% da população mundial. A chave para a gestão bem sucedida deste distúrbio é sua identificação precoce e tratamento imediato com medidas não medicamentosas como a principal alternativa terapêutica. Embora as diretrizes clínicas sejam documentos informativos que incluem recomendações destinadas a otimizar o atendimento ao paciente, este estudo visa

avaliar a qualidade destes documentos disponíveis no manejo desta condição. Este estudo avaliou diretrizes clínicas disponíveis em bancos de dados, sociedades científicas e conselhos de classe, que tinham como tema o manejo da prisão de ventre. A metodologia utilizada para avaliar a qualidade destes documentos foi a aplicação do instrumento AGREE II. O teste Kappa de concordância entre avaliadores foi aplicado para corroborar a uniformidade na aplicação do instrumento AGREE II. Dos onze documentos analisados, apenas três apresentaram os critérios de recomendação propostos para uso na prática clínica, com uma média geral de índices de qualidade variando de 93 a 72%. Uma diretriz foi recomendada com modificações em sua estrutura, com uma média geral de índices de qualidade de 44%. A pontuação média geral entre os documentos analisados foi de 49,01%. O cuidado metodológico e a expressão das informações de forma concisa e clara, tanto do conteúdo quanto da metodologia empregada, resultam em documentos de grande qualidade, entretanto, nenhum aspecto estava presente na maioria das diretrizes analisadas. Além disso, observa-se que ainda existem pontos que devem ser melhorados.

Palavras-chave: Constipação; AGREE II; Diretrizes clínicas; Assistência farmacêutica; Saúde baseada em evidências.

Resumen

El estreñimiento es una de las quejas más frecuentes en los centros de salud, afectando aproximadamente al 20% de la población mundial. La clave para el manejo exitoso de este trastorno es su identificación temprana y tratamiento oportuno con medidas no farmacológicas como principal alternativa terapéutica. Si bien las guías clínicas son documentos informativos que incluyen recomendaciones dirigidas a optimizar la atención al paciente, este estudio tiene como objetivo evaluar la calidad de estos documentos disponibles en el manejo de esta condición. Este estudio evaluó guías clínicas disponibles en bases de datos, sociedades científicas y consejos de clase, cuyo tema fue el manejo del estreñimiento. La metodología utilizada para evaluar la calidad de estos documentos fue la aplicación del instrumento AGREE II. Se aplicó la prueba Kappa de concordancia entre evaluadores para corroborar la uniformidad en la aplicación del instrumento AGREE II. De los once documentos analizadas, sólo tres presentaron la propuesta de criterios de recomendación para su uso en la práctica clínica, con una media global de índices de calidad que oscila entre el 93 y el 72%. Se recomendó una guía con modificaciones en su estructura, con un promedio general de puntajes de calidad del 44%. La puntuación media global entre los documentos analizadas fue del 49,01%. El cuidado metodológico y la expresión concisa y clara de la información, tanto en el contenido como en la metodología utilizada, resultan en documentos de alta calidad, sin embargo, ninguno de los aspectos estuvo presente en la mayoría de las guías analizadas. Además, se observa que aún quedan puntos por mejorar.

Palabras clave: Estreñimiento; AGREE II; Guías clínicas; Cuidado farmacéutico; Salud basada en la evidencia.

1. Introduction

Constipation is one of the most frequent health establishments, affecting approximately 20% worldwide.(Antunes et al., 2019; Garcia et al., 2016) In general, the prevalence ranges from 2 to 27% according to locality, population group and type of survey used for diagnosis, making its real prevalence difficult to determine.(Antunes et al., 2019; Silva & Sabino Pinho, 2016) It also affects up to 30% of children and represents approximately 3 to 5% of all visits to pediatricians, in addition to a quarter of referrals to pediatric gastroenterology.(DynaMed [Internet]. Ipswich (MA): EBSCO Information Services. 1995 - . Record No. T900171, 2018; National Collaborating Centre for Women's and Children's Health, 2010; Paquette et al., 2016; Robin et al., 2018; Sood, n.d.; van den Berg et al., 2006) In the elderly population, it is estimated that 25 to 50% of all people over 65 years of age have this clinical condition.(American Gastroenterological Association, 2013; Choung et al., 2007; Donald et al., 1985; Emmanuel et al., 2017; Everhart et al., 1989; Harari et al., 1996; Junior et al., n.d.; Rao, n.d.; Sandler et al., 1990; N J Talley et al., 1996; Nicholas J Talley et al., 1992; Wald et al., 2008; Whitehead et al., 1989)

The key to the successful management of this disorder is its early identification and immediate treatment, emphasizing holistic care and multidisciplinary support when necessary.(Greenwald, 2010) For the recovery of regular defecation habits, the literature addresses nonpharmacological care. In addition to being among the initial conducts, they are the main steps to prevent constipation.(American College of Gastroenterology Chronic Constipation Task Force, 2005; Rao & Sharma, n.d.; World Gastroenterology Organisation, 2010) Parallel to this, pharmacological treatment participates in therapy as a support in the control of symptoms.(American College of Gastroenterology Chronic Constipation Task Force, 2005; Rao & Sharma, n.d.; World Gastroenterology Organisation, 2010)

Clinical guidelines, in a broad sense, are informative documents that include recommendations aimed at optimizing the healthcare provided to the patient.(Ministério da Saúde, 2016) Evidence-based clinical guidelines are made based on a systematic

review of scientific evidence and on the evaluation of the benefits and harms of different options in health care.(Ministério da Saúde, 2016) In addition to presenting quality information based on the best available scientific evidence, the guidelines should be easily accessible by healthcare professionals. Due to the large volume of information and variability in the quality of scientific information generated in the health area, there is a need to develop a synthesis that facilitates access to this knowledge and enables recommendations based on results from multiple sources, providing scientific support for decision making.(Ministério da Saúde, 2016)

Considering all the aspects demonstrated above on the panorama of constipation in the world and the usefulness of clinical guidelines in the use of health care, this study aims to evaluate the quality of these available documents through the analysis of the format of construction of these tools and the level of scientific evidence present in them.

2. Methods

- Identification and selection of guidelines

This methodological-type study evaluated clinical guidelines available in databases, scientific societies and class councils, which had as their theme the management of constipation. From September to November 2019, the literature was searched in the following databases: PubMed, Cochrane, Biblioteca Virtual de Saúde do Brasil, Google Scholar and Scientific Societies (in addition to those recommended by Up To Date), National Institute of Care and Excellence (NICE), and on sites of professional categories, using the descriptors "constipation AND guidelines". These sources of information were chosen based on the possible quality of evidence and access to health professionals.

Titles, abstracts and full texts were analyzed to select clinical guidelines according to the inclusion and exclusion criteria. The inclusion criteria for the bibliography researched were i) to be a document with general aspects about constipation (evaluation, differential diagnosis, prevention, treatment, management); ii) to cover the general public, since these are potential targets of health care in relation to constipation; iii) present diversity of localities of origin; iv) have been published in the last 11 years considering the research period of the literature of this study. Therefore, clinical guidelines were included that addressed general aspects of the clinical picture and whose focus on the management of constipation was at the level of primary care/self-limited disorder.

Regarding the exclusion criterion, we first adopted the fact that it was in duplicate and later was a literature that focused on a) chronic constipation, b) themes related to hospital application (e.g., constipation induced by opioids and other drugs, chemotherapy and palliative care, fecal disimpaction), c) irritable bowel syndrome, d) sacral neuromodulation disorders, e) documents that did not have intestinal constipation as the main subject.

- Instrument for guidelines evaluation – AGREE II

The group of four evaluators composed of a graduate student (BMCSA), a pharmacist (LBPB) and two pharmacy undergraduates (APC/BFRL) evaluated the clinical guidelines selected using the AGREE II instrument (Appraisal of Guidelines for Research & Evaluation). This evaluation occurred between May and June 2020.

AGREE II is a tool developed to assess the variability of the quality of clinical guidelines. Its validation was based on analyses of more than 100 guidelines selected and independently evaluated by more than 200 evaluators from different parts of the world.[28,29] It is therefore capable of evaluating, if described in the document, the methodological rigor and transparency with which a clinical guideline is developed. The domains analyzed are a) scope and purpose of the guideline, b) involvement of stakeholders, c) rigor of methodological development, d) clarity of presentation, e) applicability, and f) editorial independence.(Consórcio Agree, 2009)

In the end, this instrument allows two types of analysis. The first is related to the classification of the overall quality of the guideline, observed by the average of all domains evaluated of each guideline. Second, the author's conclusion about which documents are recommended for use.[30] For the interaction of the results, it is worth noting that the instrument does not define minimum scores for the domains or score patterns to characterize literature quality. Consequently, it is free to interpret the evaluator as long as it takes into account the context to which the tool is being applied.(Consórcio Agree, 2009)

- Data analysis

The data obtained from the guidelines after the evaluation by AGREE II were analyzed through six domains that are divided by items that, in all, add up to 23 questions. In each, a score is elected ranging from 1 (totally disagree) to 7 (totally agree). Finally, a quality index is calculated for each of the six domains of AGREE II,(Consórcio Agree, 2009) ranging from 0 to 100% according to the relationship between the score obtained and the maximum score that can be achieved.

For the definition of the documents recommended, considering the great emphasis of this research to evaluate the quality of clinical guidelines based on scientific evidence, Santana et al.'s (2018) methodology with alterations was used.(Santana et al., 2018) to consider a recommended or recommended guideline with modifications: 1) For recommended guidelines – quality index above 50% in development rigor and publication average; b) For recommended guidelines with modifications – development rigor and presentation clarity above 50%. The other guidelines that did not meet these criteria were not recommended. The interpretation of the results was performed in October 2020.

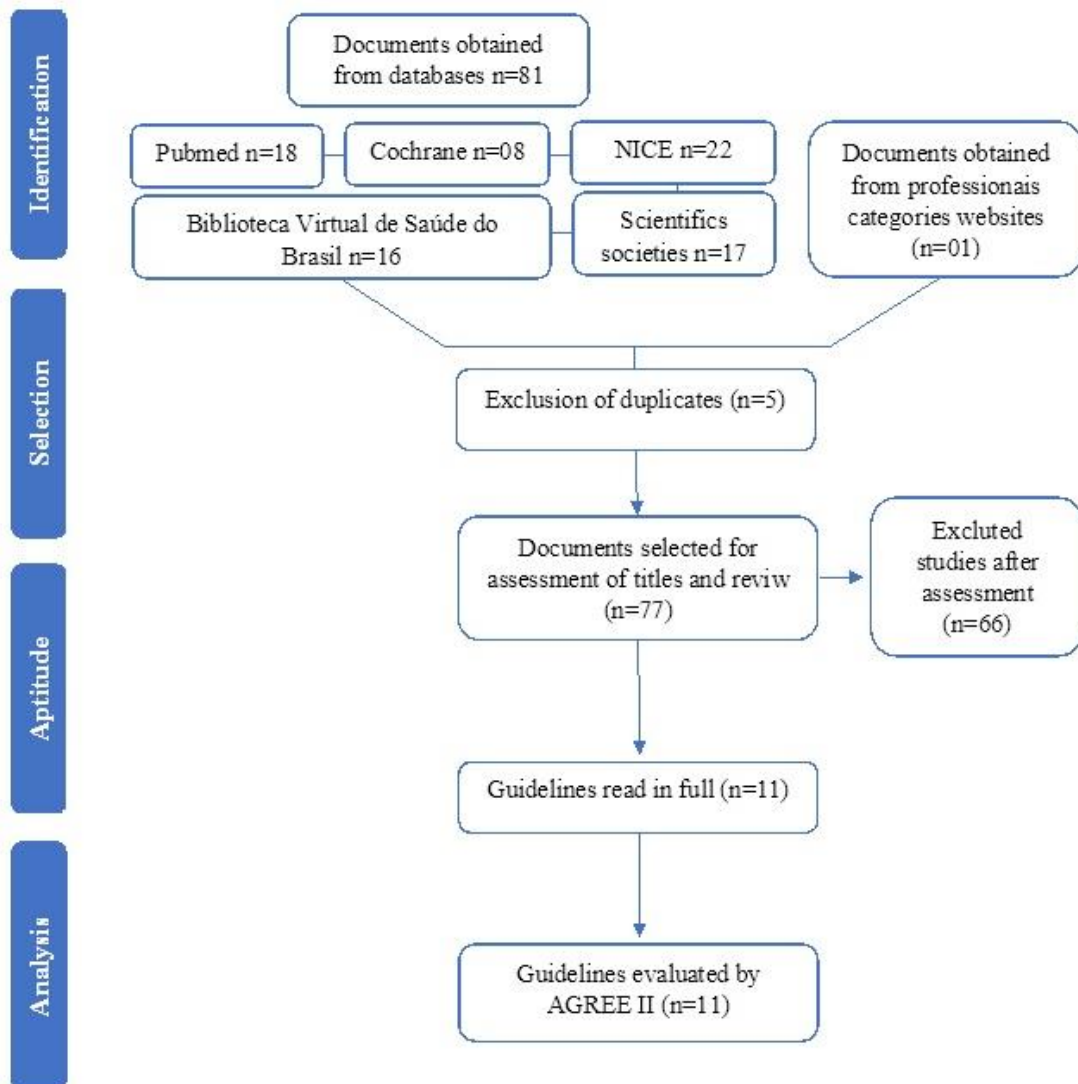
In the same period in which the evaluation of clinical guidelines was realized, the *Kappa* test of agreement between evaluators was applied using the free online platform VassarStats. Among the forms of *kappa* coefficient calculation, quadratic weighting was used, and for this study, an acceptable coefficient of agreement above 0.4 was considered. The choice was because this form is the most appropriate way to evaluate the agreement between examiners because it allows the interpretation equivalent to the intraclass correlation coefficient. (De & Ronsoni, 2013; Griep et al., 2003; Jakobsson & Westergren, 2005; Sim & Wright, 2005; Tooth & Ottenbacher, 2004)

3. Results

As observed in the flowchart (Figure 1), we initially identified 82 documents on constipation in the databases. Five documents were excluded by duplicity. Of the remaining documents, only 11 documents were elected for quality assessment after selection according to the criteria of inclusion and exclusion (Table 1).

It was also evaluated the presence of the use and mention of systems of classification of degree of recommendation and evidence present. In this sense, 27.3% (n=3) of the analyzed studies used the GRADE system (Grades of Recommendation Assessment, Development and Evaluation). A single guideline associated the Oxford system with the GRADE system.

Figure 1. Flowchart of the identification, selection and inclusion of guidelines for evaluation.



Source: Authors.

Table 1. General characteristics of the selected clinical guidelines on constipation.

Acronym	Selected guideline	Year of publication	Institution	Location	Version	Population (child/adult/elderly)	Recommendation Rating System
CG 01	The American Society of Colon and Rectal Surgeons' Clinical Practice Guideline for the Evaluation and Management of Constipation.	2016	American Society of Colon and Rectal Surgeons	United States of America	Updated	Ample	GRADE
02 CG	American Gastroenterological Association medical position statement on constipation.	2013	American Gastroenterological Association	United States of America	First	Ample	GRADE
CG 03	Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN.	2014	North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition; European Society for Pediatric Gastroenterology, Hepatology, and Nutrition	International	First	Children	GRADE + Oxford
CG 04	World Gastroenterology Organisation global guideline: Constipation--a global perspective.	2010	World Gastroenterology Organization	International	First	Ample	Not present
CG 05	Constipation in Children and Young People: Diagnosis and Management of Idiopathic Childhood Constipation in Primary and Secondary Care.	2010	National Collaborating Centre for Women's and Children's Health	United Kingdom	First	Children	Not present
CG 06	Clinical practice guidelines for pediatric constipation.	2009	Journal of the American Academy of Nurse Practitioners	United States of America	First	Children	Not present
CG 07	Coping with common gastrointestinal symptoms in the community: a global perspective on heartburn, constipation, bloating, and abdominal pain/discomfort May 2013.	2013	World Gastroenterology Organization	International	First	Ample	Not present

Source: Authors.

Table 2. Quality indexes of the guidelines evaluated according to the domains of the AGREE II instrument.

Acronym	Scope and Purpose	Involvement of stakeholders	Development rigour	Clarity of presentation	Applicability	Editorial independence	Publication Average	Standard deviation
CG 01	74%	43%	57%	76%	13%	0%	44%	28.84
CG 02	53%	29%	41%	78%	18%	65%	47%	20.50
CG 03	99%	57%	82%	88%	18%	90%	72%	27.54
CG 04	61%	25%	11%	76%	23%	0%	33%	26.99
CG 05	100%	100%	92%	100%	71%	94%	93%	10.27
CG 06	93%	32%	10%	50%	11%	38%	39%	28.02
CG 07	76%	43%	15%	63%	9%	23%	38%	24.80
CG 08	74%	22%	10%	61%	10%	2%	30%	27.52
CG 09	89%	29%	26%	74%	11%	0%	38%	32.39
CG 10	99%	79%	60%	89%	46%	69%	74%	17.70
CG 11	61%	33%	17%	63%	18%	0%	32%	23.27

Source: Authors.

The results of AGREE II application in the selected guidelines are grouped in Table 2. The application of the *Kappa* test of agreement between evaluators in the sum of the final results obtains a coefficient of 0.5799, meaning a moderate value, although within the stipulated range, to accept the results obtained ($Kappa > 0.4$). (De & Ronsoni, 2013; Landis et al., n.d.; Molino et al., 2016) It should also be considered that the AGREE II instrument does not necessarily seek agreement among the evaluators. Its proposal to address the variability of the analyzed guidelines is obtained precisely by the flexibility and subjectivity it provides to each evaluator. (Ronsoni et al., 2015)

4. Discussion

- Quality Assessment of Guidelines: Domain 1 – Scope and Purpose

The first domain of AGREE II addresses the potential impact of the guideline on society's health, patient populations or individuals. (Consórcio Agree, 2009) in which the objective(s) of the document is presented and what one wishes to achieve successfully. It also considers a clear presentation of the health problem addressed.

As seen in Table 2, 100% of the evaluated documents obtained results in a score above 50%. The average of the results was close to 80%, and the guideline that had the lowest score presented a value of 53% (CG 02). This can demonstrate that the guidelines analyzed clearly bring the objectives they want and to whom the recommendations are applied.

Another aspect that should be observed is that the highest scores (>90%) were attributed to publications aimed at the treatment of children. Understanding that domain 1 also aims to clarify the possible impact on the health of the target audience, observing the clear definition of who is intended for the material, it is evident a greater prudence for this purpose in the case of children. It demonstrates, perhaps, that pediatric professionals require this attention and seek more assertive answers. (Cristóbal Cañadas et al., 2019; Ribeiro et al., 2017)

- Domain 2 – Involvement of stakeholders

The second domain focuses on what level the guideline was developed by the appropriate stakeholders and represents the vision of the intended users. (Consórcio Agree, 2009) This means the registration of the authors, collaborators who composed the work and their expertise. It also includes the survey of opinions to whom the recommendations are proposed (both patient and target user).

From the obtained results, only three documents had evaluations above 50% (CG 03, 05 and 10), especially CG 05, which presented all requirements with high quality, obtaining 100% evaluation. Once again, they are items that are more completely present in pediatric guidelines, reinforcing the idea of materials elaborated more rigorously for this public. For the other guidelines that showed little score, the value obtained by AGREE II ranged between 22-43%, suggesting a possible lack of quality or presentation of this information throughout their literature, making it impossible to completely evaluate.

- Domain 3 – Rigour of development

The third domain concerns the process used to collect and synthesize the evidence and the methods used to formulate the recommendations and update them. (Consórcio Agree, 2009) The whole methodological description must appear objectively and completely. This stage of analysis stands out not only for the number of items to be judged in comparison to the other domains but also because it is one of the fundamental evaluations for determining works that are based on scientific and quality evidence.

Of the literature evaluated, only four reached more than half of the total points for this domain (CG 01, 03, 05, 10), consequently evidencing some level of methodological rigor. The remaining works scored between 10-17%, except for CG 02,

which obtained results of 41% at this stage of the evaluation. These results, from more than half (54.5%) of the guidelines analyzed on constipation, derive from some scenarios that were frequent in these guidelines. Aspects such as the lack of the approach on the methodology used for its construction, the inaccessibility of this methodological information, especially in full, or the delivery of this information described in general generating gaps of information pertinent to this analysis were constantly identified. In all cases, these limitations interfere with the evaluation of its reproducibility, as well as the quality of recommendations and evidence.

- Domain 4 – Clarity of presentation

The fourth domain of AGREE II concerns the language, structure and format of the guideline.(Consórcio Agree, 2009)This is how the text and ideas are organized and presented throughout the guideline. It also evaluates how the features of tables, images, charts, graphics and highlights snippets are enhanced to make key information easier to understand and identify.

Among the clinical guidelines evaluated, all obtained scores above 50% among the items evaluated in this domain, with emphasis on CG 05 for obtaining 100% of the score among the four evaluators. This result may suggest that, among the authors, there are great efforts in the presentation of the approached content. Consequently, this would result in negligence in detailing the methodologies employed.

- Domain 5 – Applicability

The fifth domain concerns likely facilitating factors and barriers to the implementation of recommendations, strategies to improve implementation, and involvement of resources related to the use of the guideline.(Consórcio Agree, 2009)

Regarding this topic, it was noticed that the guidelines, in general, presented low-quality indexes. CG 05 was the only exception, with 71% grade in this domain. It was the only guideline that brought more evident the discussion on this topic and the factors implicating in its reproduction. As seen in domain 3 on development rigor, these are points that lack information that would add greater value to the guideline, making them a more robust instrument. Moreover, they direct their users to an appropriate application of the content, increasing the support to the suggested treatment and the probability of successful results.

- Domain 6 – Editorial independence

The domain related to editorial independence concerns the formulation of recommendations. It avoids bias arising from conflicting interests between authors and collaborators involved in the construction of the clinical guideline.(Consórcio Agree, 2009)

In this last topic, the heterogeneity of the results generated stands out. Guidelines such as CG 01, 04, 09 and 11 had no score, caused by the evident unavailability of information on conflict of interest and opinions of the funding agency if it existed. This shows the necessity, as in previous domains, for this information to be given expressly, ensuring transparency in the product preparation process and greater reliability in its content.

- Recommendation of clinical guidelines – Global analysis

Regarding the general quality of the clinical guidelines evaluated, it is perceived that the results presented are heterogeneous. When these eleven results were averaged, we obtained a result of 49.01%, which may suggest a moderate general quality of these available clinical guidelines. However, it is worth mentioning some documents, such as CG 05, that obtained the highest average result in the overall evaluation with 93%, followed by CG 10 and CG 03 with 74 and 72%, respectively.

According to the criteria established by this study, CG 03, 05 and 10 are considered "recommended". As mentioned, the three guidelines have as their target audience the children's and youth range.

Only CG 01 showed a compatible result with "recommended with modification". Although its development rigor reached satisfactory results, the publication average did not obtain performance that fit the first decision criterion. It is observed that the impact of the quality of the publication as a whole is due to the results obtained mainly in domains such as editorial independence and applicability, where this information was not clearly mentioned throughout the literature.

For the other clinical guidelines (CG 02, 04, 06-09 and 11), due to their performances after the application of the AGREE II instrument, they were classified as "not recommended". These documents did not present clear information about their elaborations from an evidence-based health perspective.

- Other aspects observed in the clinical guidelines

There is a unique aspect related to CG 10 compared to the other studies evaluated that should be highlighted. Although descriptors were used to search for clinical guidelines, when analyzing this document, it was noted that it was a methodological guideline for the construction of clinical guidelines on the subject of constipation in children and young people. Nevertheless, taking into account its high performance in the application of AGREE II, we can admit that such document, although not a clinical guideline in its essence, did not fail to present sufficient quality in information and construction to be used as a tool for conduct guiding.

Additionally, it was observed that only three of the eleven guidelines had some recommendation classification system, which were the GRADE (Grades of Recommendation, Assessment, Development and Evaluation) and Oxford (Oxford Centre for Evidence-Based Medicine: Levels of Evidence). These systems are strategies to categorize the degree of a recommendation (very or little recommended) and the level of evidence it has to support its strength. In this study, unlike what was stipulated, it was not possible to observe a significant repercussion of the presence of recommendation classification systems with the decision to recommend the guidelines analyzed according to the global evaluation (Table 3). However, it should be considered that the sample number involved in this analysis is relatively low for a more robust conclusion.

Table 3. Comparison between recommended guidelines and the presence of a recommendation classification system.

Clinical guidelines	Was it recommended by the study?	Does it present a recommendation rating system?
CG 01	✓*	✓
CG 02	✗	✓
CG 03	✓	✓
CG 05	✓	✗
CG 10	✓	✗

* Recommended with modifications. Source: Authors.

Two main events enabled this outcome. First, the impact of poor performance on the other items of the development rigor domain (observed mainly in CG 02), especially with regard to discussing the methodology of search and selection of evidence and limitations of their studies. The second factor involves the guidelines recommended in this study regardless of the presence of recommendation classification systems (CG 05 and 10), which is associated with its high quality of construction and methodological rigor. In them, their methodologies approach the formulation of questions as guidelines for the selection of evidence for the recommendations and analysis of the evidence selected by a committee and registered external stakeholders.(National Institute for Health and Care Excellence, n.d., 2014)

Finally, the reasons that implied quality clinical guidelines were those that presented objectivity in the general information as well as in their proposals, richness of content and indication of tools for application, complete and descriptive methodology and variety of specialists present in the working group.

- Study limitations

It is emphasized that this study evaluated the results obtained from the clinical guidelines without distincting the age group to which the theme was oriented. Therefore, it does not address the quality of these documents by population to which they are intended for comparison purposes. The heterogeneity identified in the target population, especially in the children and adolescents, on the definition of age to which this population belongs was a point present in some selected studies, interfering in a certain way in the application of a clinical guideline to a patient or in the comparison between quality results among target populations if there were.

As for limitations in the search for literature, although the choice of databases was given by the impact and relevance in indexing clinical guidelines, protocols and review articles, seeking the main bases, certainly many other bases or sources may no longer be contemplated, such as the Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), website of the World Health Organization, among others. Additionally, it is important to comment on the limitation related to the choice of the clinical guidelines research filter, since it was used for the research only the English and Portuguese languages, thus failing to cover other studies because of this language barrier.

There is also a very common problem, especially with regard to Brazilian documents on the definition of a single terminology for these guidelines, as mentioned in the study by Santana et al. (2018), limiting access to or meeting these literatures. (Santana et al., 2018)

Despite the limitations presented, it is noteworthy that this study is the first to assess the methodological quality of guidelines on constipation available in databases used worldwide by health professionals. Thus, it supports the conduct of professionals in relation to the use of guidelines for decision-making in clinical practice.

5. Conclusion

The analysis of these obtained results allows us to visualize an overview of the literature that is available to health professionals as a tool to support conduct for the management of constipation. Certainly, these documents help greatly in providing information about the clinical condition and treatment alternatives. However, with this study, we can observe gaps and points that can be optimized when using AGREE II so that health professionals can use the best information and recommendations with well-defined levels of scientific evidence. In this way, they can guarantee the offer to the patient of excellent health care.

Based on this scenario, where the intervention of the health professional in the care of the self-limited health problem would generate benefits for the resolution of the condition and which instruments of synthesis of scientific evidence play an important role for the guidance of conduct, this study would also justify the proposal of a clinical guideline. Directed by the AGREE II evaluation performed previously, it is suggested that the guideline addresses the management of constipation as a self-limited disorder, especially in pharmaceutical care where this health professional has as a favorable point the ease of daily contact with the patient in pharmacies to solve minor disorders.

Ultimately, the AGREE II evaluation carried out by this study aims to promote that future researchers can develop guidelines with the best information and recommendations with well-defined levels of scientific evidence to support care activities by health professionals.

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