

## PATIENT INFORMATION

### CONSTIPATION

#### **WHAT CAUSES CONSTIPATION?**

To understand constipation, it helps to know how the colon (large intestine) works. As food moves through it, the colon absorbs water while forming waste products, or stool. Muscle contractions in the colon push the stool toward the rectum. By the time the stool reaches the rectum, it is solid because most of the water has been absorbed. The hard and dry stools of constipation occur when the colon absorbs too much water. This happens because the colon's muscle contractions are slow or sluggish, causing the stool to move through the colon too slowly.

#### **COMMON CAUSES OF CONSTIPATION:**

- Not enough fiber in diet
- Not enough liquids
- Lack of exercise
- Medications
- Irritable bowel syndrome
- Changes in life or routine, such as pregnancy, older age, and travel
- Abuse of laxatives
- Ignoring the urge to have a bowel movement
- Specific diseases such as multiple sclerosis, Parkinson's, etc.
- Problems with the colon and rectum
- Problems with intestinal function (chronic idiopathic constipation).

#### **Diet**

The most common cause of constipation is a diet low in fiber found in vegetables, fruits, and whole grains, and high in fats found in cheese, eggs, and meats. People who eat plenty of high-fiber foods are less likely to become constipated. Prunes or prune juice is often useful in maintaining regular bowel function.

#### **Not Enough Liquids**

Liquids like water and juice add fluid to the colon and bulk to stools, making bowel movements softer and easier to pass. People who have problems with constipation should drink enough of these liquids every day, about six or eight 8-ounce glasses. Liquids like coffee are useful in some moderate amounts.

#### **Lack of Exercise**

Lack of exercise can lead to constipation. For example, constipation often occurs after an accident or during an illness when one must stay in bed and cannot exercise.

#### **Medications**

Pain medications (especially narcotics), antacids that contain aluminum, antispasmodics, antidepressants, iron supplements, diuretics, and anti-convulsants for epilepsy can slow passage of bowel movements. Review your medications with your physician.

## **Irritable Bowel Syndrome (IBS)**

Some people with IBS, also known as spastic colon, have spasms in the colon that affect bowel movements. Constipation and diarrhea often alternate, and abdominal cramping, gassiness, and bloating are other common complaints. Although IBS can produce lifelong symptoms, it is not a life-threatening condition. It often worsens with stress, and is not associated with any structural abnormality of the colon.

## **Changes in Life or Routine**

During pregnancy, women may be constipated because of hormonal changes or because the heavy uterus compresses the intestine. Aging may also affect bowel regularity because a slower metabolism results in less intestinal activity and muscle tone. In addition, people often become constipated when traveling because their normal diet and daily routines are disrupted.

## **Abuse of Laxatives**

Myths about constipation have led to a serious abuse of laxatives. This is common among older adults who are preoccupied with having a daily bowel movement. Laxatives usually are not necessary and can be habit-forming. The colon begins to rely on laxatives to bring on bowel movements. Over time, laxatives can damage nerve cells in the colon and interfere with the colons natural ability to contract. For the same reason, regular use of enemas can also lead to a loss of normal bowel function.

## **Ignoring the Urge to Have a Bowel Movement**

People who ignore the urge to have a bowel movement may eventually stop feeling the urge, which can lead to constipation. Some people delay having a bowel movement because they do not want to use toilets outside the home. Others ignore the urge because of emotional stress or because they are too busy.

## **Specific Diseases**

Diseases that cause constipation include neurological disorders, metabolic and endocrine disorders, and systematic conditions that affect organ systems. Ask your doctor if your medical conditions predispose you to constipation.

## **What Tests May Help Me?**

Most people do not need extensive testing and can be treated with changes in diet and exercise. For example, in young people with mild symptoms, a medical history and physical examination may be all the doctor needs to suggest a successful treatment. The tests the doctor performs depends on the duration and severity of the constipation, the person's age, and whether there is blood in the stool, recent changes in bowel movements, or weight loss. If your symptoms are prolonged or sudden in onset, your physician may send you for a colonic evaluation.

## ***HOW IS CONSTIPATION TREATED?***

Although treatment depends on the cause, severity, and duration, in most cases dietary and lifestyle changes will help relieve symptoms and help prevent constipation.

### **Diet**

A diet with enough fiber (20 to 35 grams each day), helps form soft, bulky stool. A doctor or dietician can help plan an appropriate diet. High-fiber foods include beans; whole grains and bran cereals; fresh fruits; and vegetables such as asparagus, Brussels sprouts, cabbage, and carrots. For people prone to constipation, limiting foods that have little or no fiber such as ice cream, cheese, meat, and processed foods is also important.

## **Drink Liquids**

Drink enough water and other liquids such as fruit juices (especially prune), and vegetable juices. Caffeinated drinks are reasonable.

## **Engage in daily exercise**

Increasing your exercise will improve colonic motility.

## **Laxatives**

Most people who are mildly constipated do not need laxatives. However, for those who have made lifestyle changes and are still constipated, doctors may recommend laxatives or enemas for a limited time. These treatments can help retrain a chronically sluggish bowel. A doctor should determine when a patient needs a regular laxative and which form is best. You can review some of the following options with your physician.

### **1. Stool Softeners:**

#### **Docusate sodium (Colace<sup>®</sup>)**

50-500 mg/day in 1-4 divided doses

### **2. Fibers:**

#### **Methylcellulose (Citrucel<sup>®</sup>)**

Dissolve one leveled scoop (one heaping tablespoon - 19g) in 8 ounces of cold water up to three times daily

#### **Psyllium (Fiberall<sup>®</sup>, Genfiber<sup>®</sup>, Konsyl<sup>®</sup>, Metamucil<sup>®</sup>)**

Packet: 1 packet orally one to three times daily.

Capsule: 4 capsules/dose (range: 2-6); swallow capsules one at a time

Powder: 1 rounded tablespoonful/dose mixed in 8 oz liquid

### **3. Osmotic laxatives:**

#### **Magnesium hydroxide (Milk of Magnesia<sup>®</sup>)**

30-60 mL/day in divided doses.

Do not use if you have severe kidney problems.

#### **Polyethylene Glycol (MiraLAX<sup>®</sup>)**

1 capful (17 g) daily. Stir and dissolve in any 4 to 8 ounces of beverage (

### **4. Stimulant Laxatives:**

#### **Senna (Senokot<sup>®</sup>)**

1-2 tablets daily as needed

#### **Bisacodyl (Dulcolax<sup>®</sup>)**

5-15 mg orally once daily up to 30 mg/day or 10 mg suppository rectally once daily