



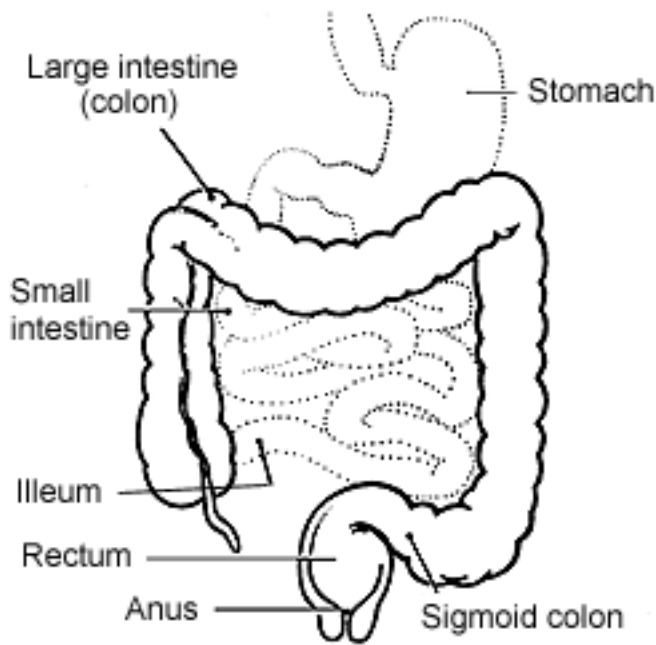
## CONSTIPATION

### **What is constipation?**

Many people feel or state they are constipated if they do not have a bowel movement at least one time a day. This is not really true. Constipation means that a person has two bowel movements or fewer in a week, and when they do have a bowel movement, it is hard, dry and sometimes painful to pass, and may look like small pellets.

There is no perfect or correct number of bowel movements. Each person's body is different and the number of bowel movements depends on the food you eat, amount you exercise, what medications you take, among other things. Bowel habits may change over time, and still be totally normal. At one time or another, almost everyone becomes constipated. According to a recent National Health Interview Survey, about 3 million people in the United States have frequent constipation. It is the most common gastrointestinal complaint in the United States. Understanding the causes and treatment of constipation will help most people avoid this problem.

### **What causes constipation?**



*The lower digestive tract*

To better understand constipation, it helps to know how the colon (large intestine) works. Food flows through the small intestine as a liquid mixture of digestive juices and the food you eat. By the time it reaches the large intestine, all the nutrients have been absorbed. The function of the large intestine is to absorb water from the waste liquid and turn it into waste solid (stool). The hard and dry stools of constipation occur if the colon absorbs too much water or if the colon's muscle contractions are slow or sluggish, causing the stool to move through the colon too slowly.

### **Common causes of constipation are listed below.**

#### **• Inadequate Dietary Fiber**

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. (see fiber hyperlink)

#### **• Inadequate fluid intake**

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 about six 8-ounce glasses of fluid per day. Liquids that contain caffeine, like coffee and cola drinks, and alcohol have a dehydrating effect (remove liquid from the system) and therefore should be avoided. Some women limit their intake of liquids to prevent urinary incontinence, only to develop constipation as a result.

#### **• Lack of Exercise**

Lack of exercise can lead to constipation because exercise stimulates mass movements of the colon. Inactivity after surgery can sometimes lead to constipation.

#### **• Medications**

Some medications can cause constipation. They include:

- Pain medications (narcotics)
- Antacids that contain aluminum and calcium

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- Blood pressure medications (calcium channel blockers)
- Antiparkinson drugs
- Antispasmodics
- Antidepressants
- Iron supplements
- Diuretics (fluid pills)
- Anticonvulsants (for seizures)
- 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, but one symptom may predominate. Abdominal cramping, passage of mucous, gassiness, and bloating are other common symptoms.

### • Changes in life or routine

During pregnancy, women may be constipated because of hormonal changes. 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.

### • Laxative dependency constipation

Certain laxatives can cause constipation. With continued use, the body becomes accustomed to the effects of the laxative. Laxatives can damage nerve cells in the colon and interfere with the colon's 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 don't want to use toilets outside the home. Others ignore the urge because of emotional stress or because they don't want to take the time.

### • Specific diseases

Several kinds of diseases that can cause constipation include:

- Neurological disorders – multiple sclerosis, Parkinson's disease, stroke, spinal cord injuries
- Metabolic and endocrine conditions – diabetes, hypothyroidism, uremia, hypercalcemia
- Systemic disorders – amyloidosis, lupus, scleroderma

• Problems with the colon and rectum  
Intestinal obstruction, scar tissue, diverticulosis, or other diseases can compress, squeeze, or narrow the intestine and rectum and cause constipation.

### What diagnostic tests are used?

Most people with constipation do not need extensive testing and can be treated with changes in diet and exercise. Your physician will ask you the duration of your symptoms, frequency of your bowel movements, consistency of stools, presence of blood in the stool, and toilet habits (how often and where you have bowel movements). It would be helpful if you would make some notes prior to your visit so that you will be able to give accurate and complete descriptions of your symptoms.

There are specialized tests that can be done, depending on the duration and severity of the constipation, the person's age, and whether there has been blood in the stool, or recent changes in bowel movements or weight loss. If tests are required, your physician will explain the tests and reason for them.

### How is constipation treated?

- Fiber – Fiber helps form soft, bulky stool. Add fiber slowly to the diet, and limit foods that have little or no fiber (ice cream, cheese, meat, and processed foods).
- Other adjustments in diet – Liquid helps keep the stool soft and easy to pass. Increase the amount of water you drink to 6 eight-ounce glasses per day. Limit beverages that contain caffeine or alcohol since they tend to act like a diuretic (encourage water to leave your system).

## CONSTIPATION (cont'd)

- Get enough exercise – A daily 20 to 30 minute walk may help keep you regular, and help your cardiovascular system as well.
- Allow yourself enough time to have a bowel movement. Do not ignore or put off the urge. Spend 15-20 minutes of uninterrupted time in the bathroom. You are most likely to be successful after meals and upon awakening when the colon is most active.
- Use laxatives only if your physician recommends. It is wise to check with your physician before using bulk forming laxatives since they may interfere with absorption of some medications
- Check with your physician about your current medications to see if they could be the cause of your constipation.

### **Can constipation be serious?**

Repeated straining due to constipation can lead to the formation of hemorrhoids or anal fissures (tears in the skin around the anus) caused when hard stool stretches the sphincter muscle. Sometimes chronic straining can lead to rectal prolapse.

Constipation may also cause hard stool to pack the intestine and rectum so tightly that the normal pushing

action of the colon is not enough to expel the stool. This condition is called fecal impaction. Some people experience small amounts of diarrhea that oozes around the impaction which may be the source of anal incontinence (involuntary stool leakage).

### **When to see your physician?**

If you have made the changes recommended here, and continue to experience constipation, it is time to discuss this with your physician. If you think you may have an impaction, you should contact your physician immediately for instructions. If an impaction isn't removed, it can cause a total bowel obstruction which requires hospitalization.

*See NIH Publication No. 03-2754, June 2003; The National Digestive Diseases Information Clearinghouse (NDDIC), a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).*