Chronic constipation in adults

Constipation is a common gastrointestinal motility disorder that is often chronic, persisting for months or years. For many doctors, chronic constipation is considered a symptom, rather than a disorder and as such, the prevalence and impact of chronic constipation on the individual may not be fully appreciated.

Doctors, therefore, may view constipation as a symptom characterised by decreased frequency of bowel movements, while patients may describe constipation as straining or difficulty in passing stools, the presence of hard stools, feelings of incomplete evacuation, abdominal bloating and unproductive urges – symptoms that have a negative impact on the sufferer’s daily life, affecting mood, mobility, normal work, recreation and quality of life.

Therefore, when an adult presents with a complaint of chronic constipation, it is important to follow certain key steps in order to identify the person who is likely to benefit from over-the-counter therapy as well as the person who requires referral to the doctor for further medical evaluation.

**Do**

- Remember that normal bowel habits may vary from three bowel movements per day to one every three days.
- Exercise on most days of the week, since inactivity is associated with constipation.
- Eat a healthy diet that includes wholemeal cereals and bread, bran, fresh fruit and vegetables, since insufficient dietary fibre has been associated with constipation.
- Ensure an adequate intake of fluids, especially water.
- Remember that certain over-the-counter medicines may cause constipation, such as analgesics that contain codeine, the first-generation antihistamines, which are often ingredients in cold and flu remedies, antacids as well as iron and calcium supplements.

**Don’t**

- Ignore the ‘call to stool’. It is important to pay attention to the signals of the need to pass a stool.
- Use stimulant laxatives such as senna or bisacodyl for longer than a week.
- Use castor oil as a laxative since it is a harsh stimulant laxative that can cause severe griping stomach pains.

Refer to the doctor if

- A sudden change in bowel habit has lasted for 2 weeks or longer.
- Constipation is associated with colicky abdominal pain, abdominal distension and vomiting.
- There is blood in the stool.
- The constipation may be caused by a prescribed medicine.
- Simple over-the-counter treatment fails to correct the constipation.
- There is a regular reliance on a stimulant laxative to achieve a bowel movement.

A word on treatment

-Bulk laxatives such as ispaghula, psyllium or sterculia are preferred for chronic constipation. They work by swelling in the gut and increasing faecal mass so that normal bowel movement is stimulated. It is best to increase the fibre intake slowly, to limit symptoms of bloating and wind. If a bulk laxative is used, it is important to take the product with a full glass of water or diluted fruit juice.
- If more treatment is needed, try an inexpensive saline agent such as milk of magnesia. It is often possible to titrate the dose so that soft, but not liquid stools are produced.
- If the above measures are not effective or poorly tolerated, hyperosmolar agents such as lactulose or polyethylene glycol (PEG) may be considered.
- It is best to reserve the stimulant laxatives such as senna or bisacodyl for occasional use, if needed. Serious side effects can occur in those using higher than recommended doses of stimulant laxatives and those who use them for long periods of time (months to years).

**References:**

1. The Merck Manual of Medical Information Home Edition