

Information about

Constipation

What is constipation?

Constipation is a common medical complaint in Australia and other developed countries. One in 10 children will seek medical attention for this problem, which accounts for 3-5% of all visits to a paediatrician. It is also a common complaint in adults, particularly women. Up to one in five adults report that they have constipation. It increases with advancing age, particularly in those over 65 years of age.

People say they are constipated when they can't empty their bowels as often or as easily as they would like. There is however a wide variation as to what is considered normal which can range from several times daily to three times a week.



Any change in bowel habit should be discussed with your doctor. Further investigation may be required.

What causes it?

Constipation can be functional (i.e. no underlying disease) or may result from other causes (secondary constipation). Symptoms such as a recent change in bowel habits, weight loss, persistent or profuse bleeding, or severe abdominal pain suggest that there may be an underlying cause for the constipation.

Use of certain drugs and medications, hormonal and metabolic disorders, neurological disorders (e.g. Parkinson's disease, stroke) and pregnancy can also result in constipation. Many women also find they tend to be constipated just before their menstrual periods as hormonal changes can also affect their bowels. In infants and young children, cow's milk allergy has been recognised to cause severe constipation in a minority of children.

Most patients, especially those who have had symptoms for years, have functional constipation and do not have any underlying serious disease. This condition often runs in families and almost a third of patients will have other family members with similar bowel problems.



An information leaflet for patients and interested members of the general public prepared by the Digestive Health Foundation

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What symptoms are associated with constipation?

The commonest complaint is that of infrequent bowel motions, usually fewer than three times per week. Other complaints include:

- Excessive straining during bowel motions
- Passing hard or lumpy stools (poo)
- The feeling of incomplete evacuation or of a blockage

Some people with severe symptoms also have to use special manoeuvres (e.g. pushing on the perineum or using their fingers) to help them do a poo.

If stools are very hard, dry and large, it may cause a small split in the lining of the back passage (anal fissure) and result in pain and stinging in the area as well as some bright red bleeding, often seen on the toilet paper and sometimes also in the toilet.

In those with very long standing constipation, particularly children and the elderly, the lower part of the bowel (rectum) may become stretched. This will often result in loss of awareness of the need to pass a motion and cause faecal overflow and unintentional soiling of underpants.

Does diet play a role?

Promoting a healthy diet with adequate fluid and fibre is helpful and may be all that is required in some patients to regulate and manage their bowels.

The recommended fibre intake:

Adults: 25 to 30g daily

Children: Child's age plus 5g / day

(e.g. a 7yr old should have
 $7+5 = 12\text{g/day}$)

In those unable to increase their fibre intake from dietary changes, commercial fibre supplements are available and can be used.

Increasing the amount of dietary fibre is likely to change the consistency of stools. Ideally stool consistency should be similar to "cow pats" or oatmeal porridge. However a more solid consistency is acceptable as long as it is easy to pass regularly without any pain, discomfort or excessive straining.

Many healthy children have problems with constipation, particularly around the time of toilet training.



What are good toileting habits?

The best times to try to pass motions are on waking in the morning or shortly after meals. This is because the bowel is most active then.

When sitting on the toilet it may be useful to make sure the knees are bent above the level of the hips and the feet are flat on the floor. A small foot-stool under the feet may be necessary to get the best position.

Reading, doing puzzles and playing electronic games are generally not recommended while attempting to have bowel motions because it tends to significantly prolong toileting time and straining. Children in general should not sit for any longer than 10 minutes to attempt to pass stools. It is not recommended to postpone having a bowel motion when the urge is there as it may eventually lead to constipation by stretching the lower bowel.

When do I need to see a doctor?

Laxative use, even for long periods of time, is safe. If however you need to take laxatives regularly to pass motions, you should seek medical attention to make sure there is no underlying cause for the constipation. Those who continue to have problems even with regular laxative use may need to see a specialist gastroenterologist.

Do you have a good diet?	Aim for
Brown or wholemeal breads and high fibre cereals.	4 or more serves/day
Dairy products	3 serves
Fruit	2 or 3 pieces
Vegetables	5 serves
Meat, Cheese, Poultry, fish.	1 or 2 serves/day
Water, teas, juices	8 glasses/day

What are the different types of laxatives?

There are many different types of laxative preparations available, ranging from tablets, powders, syrups, fruit pastes to local preparations inserted directly into the back passage (enema or suppository). There are three main types of laxatives:

- Bulking agents including fibre supplements
- Stool softeners and lubricants, and
- Bowel stimulants.

Bulking Agents

Fibre supplements act by increasing the amount of dietary fibre, drawing some fluid into the bowel and bulking up stools. Various commercial preparations are available including fibre husks, tablets and capsules and dissolvable powders. Excess fibre intake may cause abdominal discomfort, bloating and flatulence. Fibre supplements alone however tend to be insufficient to treat moderate to severe constipation and can even aggravate the problem.

Stool Softeners

Stool softeners act by drawing fluid into the intestine to soften the stools. Many preparations used to clean the bowel out before colonoscopy also belong to this group of laxatives. There are several different types of stool softeners including unabsorbable sugars (e.g. sorbitol, lactulose), magnesium, phosphate or citrate salts, polyethylene glycol and the newer macrogol preparations. These preparations are available as syrup, powders or enemas. Side effects of these include bloating, flatulence, abdominal cramps, explosive diarrhoea and possibly dehydration in young children and the elderly. Oils such as paraffin or mineral have also been used to soften stools. These act as lubricants to make it easier to pass stools. Oils are not recommended to be taken immediately before bed time or in patients who vomit frequently because of the risk of inhaling the oil. Using large doses of oils may result in oil leakage and staining of underpants.

Bowel Stimulants

Stimulant laxatives are those that help the bowel to contract and pass stools along. These include senna, cascara and biscodyl; and are available as granules, tablets, fruit pastes or suppositories.

Castor oil which was popular many years ago is both a lubricant and stimulant of the bowel and is now rarely used. Liquorice, caffeine and nicotine also have some stimulant effects on the bowel, but on their own are usually insufficient to treat constipation.

“Natural” laxatives including juices and fruit laxatives contain stool softeners or bowel stimulants.

Digestive Health Foundation

This information leaflet has been designed by the Digestive Health Foundation as an aid to people who have constipation or for those who wish to know more about this topic. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia (GESA). GESA is the professional body representing the specialty of gastrointestinal and liver disease. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in gastrointestinal (GI) disorders. GI disorders are the most common health related problems affecting the community.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal conditions is available on our website - www.gesa.org.au

dhf

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