

What is constipation?

Constipation is the word we use to describe any difficulty having a bowel movement. This does not just mean infrequent bowel movements, (two or fewer bowel movements per week), but it also includes the need to strain, the passage of hard or lumpy stools and the feeling that you have not completely emptied your bowels. People who are constipated often suffer from bloating, abdominal distension, abdominal pain and rectal fullness.

How common is constipation?

Constipation is very common! We all get it from time to time. It is part of the normal variability of our lives, coming and going according to the way we are feeling and what we have eaten. For most of us, it is a minor inconvenience, but people with IBS can find that it rules their life.

In adulthood, women tend to be more constipated than men. Constipation gets more common as you get older. Most women over 60 and nearly everybody over 80 have some degree of constipation.

What causes constipation?

Causes associated with lifestyle and life situations

- dieting
- lack of fibre in the diet
- lack of fluid, especially in hot weather
- stress: constipated people tend to keep their feelings hidden rather than express how they are feeling
- depression
- unfamiliar surroundings: many of us have difficulties in evacuating our bowels when we go abroad or have to stay in hospital
- unsatisfactory toilet arrangements with lack of privacy
- over-zealous potty training can instil a longstanding inhibition of defaecation
- premenstrual; many women become constipated just before their period
- pregnancy.

Medical illness

Constipation usually does not indicate a medical disease. But, people who have a fever, are in pain, feel sick or are not eating very much may become constipated as part of their illness.

There are however, some specific medical causes of constipation. These include:

- Myxoedema (underactive thyroid)
- Diabetes mellitus, causing damage to the nerves controlling gut movements
- Coeliac disease
- Parkinson's disease
- Multiple Sclerosis
- spinal injury
- painful anal conditions like Haemorrhoids and Fissures
- Bowel Cancer.

If you are over 50 and have experienced a recent onset of abdominal discomfort and bowel disturbance, you should undergo a colonoscopy to rule out cancer.

Medications:

Many frequently prescribed medications can make you constipated. These include:

- painkillers, especially the stronger ones like codeine or buprenorphine
- antidepressants, such as amitriptyline and prothiaden
- anticonvulsants, prescribed for epilepsy
- iron tablets
- calcium supplements
- antacids containing aluminium salts, such as Asilone
- some drugs given to treat blood pressure.

Make sure you check with your doctor.

How you can help your constipation

- **Give yourself time.** Relax and allow sufficient time to have a satisfactory bowel movement. Your bowels may resent a busy, frenetic life style and rebel. If you can help it, don't put off the urge to go to the toilet.
- **Manage the stress in your life.** Consider whether anything has happened to make you constipated. Constipation can be a bodily expression of closing up and not wanting to think about the things that may have happened. Bringing them back to mind, perhaps with the help of a friend or a counsellor, and dealing with the problem can cause the constipation to go into the background.
- **Get out more.** Going out with friends, talking, enjoying a laugh can relax your whole body including your bowels.
- **Eat a regular diet.** Eating stimulates the bowels, so try not to skip meals.
- **Take enough fibre in your diet.** A high fibre diet, which includes breakfast cereals like porridge and muesli, as well as enough fruit and vegetables, can help produce larger and softer stools that are easier to expel. But it can also generate gas in the bowel and increase symptoms of pain, bloating and distension. If that happens, take as much fibre as you can without becoming too uncomfortable.
- **Drink sufficient water.** Constipation can be associated with dehydration,

particularly if the weather is hot. Make sure you drink plenty of water, but remember that tea, coffee and alcoholic drinks stimulate production of urine and will tend to dehydrate you.

- **Exercise regularly.** Exercise tends to stimulate the bowels. Make sure you do some exercise at least once a day. Go for a long walk, buy a bike, go swimming, get a dog; anything that gets you moving!
- **Think about posture and breathing.** Place a box or a pile of books just in front of the toilet and when you sit down, put your feet on it. This may make defaecation easier by reducing the angulation between the anus and the rectum. Relax, sit up straight, put your hands on your hips, breathe in and breathe out slowly. Feel the sensation of stool in the rectum and then push. Do not strain; it will only make things worse.
- **Try not to worry about your constipation.** Fear can inhibit the bowels. Being constipated is not in itself harmful. Try not to allow your bowels to rule your life.

What can your doctor do?

Your doctor will wish to exclude the possibility that you have any serious disease underlying the constipation. They will listen to your account of your symptoms and enquire about your general health. They will ask about any drugs you may be taking, and whether you have

noticed any recent loss in weight or the loss of blood from the back passage that might suggest the possibility of cancer. They may also carry out a brief general examination, including an examination of your back passage, and probably arrange for you to have a blood test. If the symptoms and signs suggest another disease, they may refer you to the hospital for a colonoscopy.

For constipation that does not respond to the usual treatment, your GP or gastroenterologist may refer you to a specialist unit for bowel transit studies and tests of anorectal function to investigate disorders of nerves supplying the bowel or the bowel muscles. (See The IBS Network's fact sheet on Investigations and procedures).

Medical treatment

Most products for constipation can be bought over the counter at your local chemists or health food store. They include bulking agents, osmotic laxatives, purgatives and stimulants and may be taken as tablets, medicines, enemas and suppositories.

We would recommend that you first try any bulk laxative together with plenty of fluid. Then if it doesn't work you may need to move on to something stronger, such as an osmotic laxative or bowel stimulant. It is important you work with your doctor to find the combination of bowel stimulants that suit you best.

The following are available over the counter from most pharmacists.

- **Bulking agents.** These are large, complex carbohydrates that cannot be digested in the small intestine. When they get to the colon, they retain fluid and encourage the growth of bacteria. This makes the colonic contents larger and softer, stimulating peristalsis and leading to an easier and more satisfying bowel movement. It is important to take plenty of water with bulking agents. It may take a few days before you notice any change in your bowel action, but you can increase the dose if there is no effect.

Bulk laxatives are broken down by colonic bacteria, generating gas, so you may experience an initial increase in pain, bloating and wind. This is usually quite mild and tends to get better as you persevere. Examples of bulking agents include Bran (*Trifyba*), Psyllium or Ispaghula husk (*Fybogel*, *Isogel*, *Ispagel*, *Metamucil*, *Regulan*), Sterculia gum (*Normacol*) and Methylcellulose (*Celevac*). Research suggests that the insoluble woody fibre of bran is less well tolerated than the other compounds.

- **Osmotic laxatives.** These are solutions of sugars or sugar alcohols that cannot be absorbed in the small intestine and retain water into the bowel, making faeces softer and easier to pass. It is important to drink plenty of water with them. Sugar solutions are fermented by colonic bacteria, increasing symptoms of

wind, pain and bloating. They may also cause anal irritation and soreness. For those reasons, osmotic laxatives are not so frequently recommended by healthcare professionals. The most frequently taken osmotic laxative is Lactulose (*Duphalac*, *Lacitol*, *Lactugal*, *Regulose*).

- **Saline purgatives.** Saline purgatives also retain water in the bowel. They tend to be used to clear impacted faeces and as a bowel preparation for colonoscopy. If these are used regularly and in high doses, they can deplete the body of salt and water, so only take in the recommended dose and frequency. Examples include Macrogol or polyethylene glycol (*Idrolax*, *Movicol*), Sodium Picosulphate (*Laxoberel*, *Picolax*), Magnesium Citrate (*Citramag*), Magnesium sulphate (*Epsom salts*) and Magnesium hydroxide (*Milk of Magnesia Andrews liver salts*). Magnesium salts can cause bowel cramping.
- **Faecal softeners.** These are useful if your stools are very hard. They lubricate and soften the stool and make it easier to pass. When oils are taken orally, especially for elderly people, there is a risk of aspiration into the lungs and pneumonia. Examples include Liquid paraffin, sodium docusate (*Diocetyl*) Docusol (*Norgalax*).
- **Stimulant laxatives.** Stimulant laxatives activate colonic nervous reflexes to cause secretion and peristalsis. They tend to be reserved for more resistant constipation and can cause people with the sensitive bowels of Irritable Bowel Syndrome to

suffer more colicky abdominal pain. They usually take six to 12 hours to work. Examples of stimulant laxatives include senna (*manevac*, *Senokot*), Biscodyl (*Dulcolax*) and Codanthramer (*Danthron*).

- **Prokinetic agents.** In recent years, several new compounds have been introduced to relieve constipation by stimulating peristalsis and bowel secretion. They include Prucalopride (*Resolor*), Lubiprostone (*Amitiza*) and Linaclotide (*Constella*). They are marketed as more effective than stimulant laxatives without as many side effects.
- **Mixtures.** Bulk laxatives and irritant laxatives are sometimes marketed together as mixtures. Many patients find these products useful. *Manevac* is a mixture of isphagula bark, plantago seeds and senna pods. *Senokot-S* contains senna psyllium. *Normacol plus* contains sterculia gum plus stimulant Frangula bark.
- **Suppositories and enemas.** Suppositories and enemas are useful when hard faeces tend to get stuck in the rectum and obstruct defaecation. Glycerine suppositories retain water,

soften the stool and stimulate a bowel action. *Carbalax* contains sodium phosphate which draws fluid into the bowel by osmotic action. *Dulcolax* suppositories contain bisacodyl, which stimulates rectal peristalsis. Fletchers *Arachis* oil enema softens hard stools. *Micralax* contains sodium citrate and sorbitol, which retains fluid in the bowel.

Psychological and Complementary Therapies

If there are things on your mind which may be upsetting your bowels, you may be helped by talking to a counsellor or psychotherapist.

If you find difficulty in relaxing, hypnotherapy and any of the touch therapies, such as therapeutic massage, aromatherapy, reflexology or reiki may be what suits you best. Herbal remedies can be very effective, but do take medical advice before taking them, especially if you are also taking over the counter or prescribed medication.

Constipation



Further Reading

NICE Constipation, Clinical Knowledge Summaries, Constipation, 2015.

<http://cks.nice.org.ukconstipation>

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About this factsheet

This Factsheet was written by Professor Nick Read, M.A., M.D, F.R.C.P Medical Adviser to The IBS Network, July 2016

It is published by The IBS Network, the national charity supporting people living with Irritable Bowel Syndrome, as a service to those with IBS, and healthcare professionals.



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