

Constipation .. facts about

(Digestive Health Foundation May 2002)

What is constipation?

Constipation is one of the most common medical complaints in Australia. People say they are constipated when they can't empty their bowels as often or as easily as they would like to. There is no rule about how frequently you need to go to the toilet.

However, if there has been a change or if you are uncomfortable and find that you need to strain, you should talk to your general practitioner.

Constipation in children

Many healthy children have problems with constipation, particularly around the time of toilet training. Some children hold on to their motion, which can then become hard and dry and difficult to pass. Very occasionally the motion becomes so large that it stretches the back passage, which results in loss of feeling so that the child can't recognise when they need to go to the toilet. This can lead to soiling on the underpants which causes lots of distress, particularly once the child starts school.

What can I do about this?

The first step is to improve your child's dietary intake of fibre (eg fruit, vegetables, cereals and bread). A good rule of thumb is that a child needs their age plus 5 gm of fibre each day, ie age 5 + 5 = 10 gm of fibre each day. Make sure they drink enough fluids during the day, especially water. Don't let toilet training become too stressful. Encourage your child to sit on the toilet and try to pass a motion. Reward a good result with praise and if necessary start up a star chart

- every time the child produces a bowel motion, put a sticker on the chart for all to see.

Very rarely children need to take medication, such as psyllium husks, to keep the motion soft. If there is blood on the toilet paper or the child seems to be in pain consult your general practitioner. There are other causes of constipation in children but they are very rare. Very occasionally further tests are required. Your general practitioner can advise you about this.

Constipation in adults

Many adults say they are constipated despite going to the toilet quite regularly. This can be because they feel they need to strain to pass a motion or have a feeling they have not completely emptied the back passage. Some complain of feeling bloated or having colicky abdominal pain which is only relieved when they finally go to the toilet. Constipation is more common in women and in elderly people. Some women notice that they tend to be constipated in the week leading up to their period. This is quite normal.

What are the causes of constipation?

Poor diet

Most Australians know the importance of fibre in the diet. However, knowing what to eat and doing it are two different things. A diet low in fibre can cause constipation.

It is a good idea to keep a diet diary for a week to check that you are having enough of each food group. If your fibre intake is low (less than 30 gm/day) try to increase it:

- Start eating a high fibre breakfast cereal every morning. Look on the side of the packet to calculate how much fibre you are eating.
- Start eating brown or grain bread rather than white bread.
- Snack on foods that are high in fibre such as muffins with bran, fresh fruit or vegetables.
- Make some desserts that are high in fibre, for example apple crumble with cereal on top or fruit loaf.
- Have two or three pieces of fruit every day.
- Remember to drink more fluids when you increase your fibre.

Irritable Bowel Syndrome

Irritable bowel syndrome typically causes a variation in bowel habit between constipation and diarrhoea, together with pain in the abdomen. Some people are troubled mostly by constipation.

Medication

Lots of prescription medications cause constipation. Common medications which can cause constipation include the drugs used to treat blood pressure, heart disease and depression, as well as calcium supplements and iron tablets. If you become constipated when you start a new prescription you should discuss this with your doctor.

Slow Transit Time Constipation

This is a rare condition. The bowel muscles don't contract properly causing constipation. The cause is unknown. It is much more common in women. Sometimes additional tests and treatment are required.

Pelvic Floor Dysfunction

This is a common condition where the muscles in the pelvic floor don't work properly. When the bowel motion moves into the lower bowel the muscles in the back passage don't relax properly. This means it is very difficult to push out the motion.

Some people may need to spend more than ten minutes on the toilet straining before they get a result. A few people with this problem find that it helps to press in or around the back passage in order to pass a motion. Sometimes further tests are required or special exercises are suggested to retrain the muscles that aren't working properly.

Bowel cancer

Any change in bowel habit should be discussed with your doctor. Bowel cancer is a very, very uncommon cause of constipation but if you have noted a change further investigation such as a colonoscopy or barium enema may be required.

Other medical conditions

Other rare causes of constipation include problems with the nerves in the body (following a stroke or associated with Parkinson's disease) or problems with the muscles of the bowel, for instance in a condition called scleroderma which is associated with thickening of the skin. Some people get very constipated when they are depressed.

Your general practitioner will be able to check whether your constipation has been caused by another medical illness.

Laxatives

If you are still having troubles with constipation despite a good diet, sufficient fluids and some regular exercise, your doctor may suggest a laxative. There are many types available and you may need to try a few before finding one that suits you. Laxatives are divided into groups consisting of fibre supplements, bowel stimulants and stool softeners. Some people require lifelong treatment. All the laxatives listed are quite safe, although your doctor may suggest that you avoid stimulant laxatives if it is likely that you will need to take something for many years.

If the problem is difficulty passing a soft motion out of the back passage a glycerine suppository or Microlax enema may help. Pelvic floor exercises also seem to help some women, particularly those who have had babies. Other people find it helpful to sit in a slightly different way on the toilet. A small stool placed under the feet alters the angle of the body and back passage. For a few people this reduces the need to strain.

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 / day
- Fruit: 2 or 3 pieces / day
- Vegetables: 5 serves / day
- Meat, cheese, poultry, fish: 1 or 2 / day
- Water, teas, juices: 8 glasses / day
- Rice, pasta, legumes are also high in fibre

Laxatives:

- Fibre Supplements – psyllium husks, sterculia, frangula, methylcellulose and ispaghula
- Osmotic Laxatives – sorbitol, lactulose, epsom salts
- Lubricants – paraffin oil
- Bowel Stimulants – senna, cascara
- Glycerine Suppository – microlax enema

Digestive Health Foundation

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, the professional body representing the Specialty of gastrointestinal and liver disease in Australia. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in GI disorders.

Since its establishment in 1990 the DHF has been involved in the development of programs to improve community awareness and the understanding of digestive diseases.

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

Guidelines for General Practitioners and patient leaflets are available on a range of topics related to GI disorders. Copies are available by contacting the Secretariat at the address below.

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This leaflet cannot be completely comprehensive and is intended as a guide only. The information given here is current at the time of printing, but may change in the future. If you have further questions you should raise them with your own doctor.

Further copies of patient information leaflets on a range of digestive disorders are available from the Digestive Health Foundation, 145 Macquarie Street, Sydney, NSW. 2000. Telephone (02) 9256 5455, Fax (02) 9241 4586. Website <http://www.gesa.org.au>