

MANAGING CHRONIC CONSTIPATION

A PATIENT GUIDE



Do you have...

- Fewer than three bowel movements per week?
- The need to strain during bowel movements at least 25 percent of the time?
- A feeling of not being able to complete your bowel movement at least 25 percent of the time?
- Hard or lumpy stools at least 25 percent of the time?

If you checked at least two of the items above and have experienced these symptoms for at least three months, you may have chronic constipation.

What is chronic constipation?

Chronic constipation differs from occasional (short-term) constipation in that chronic constipation can last for months or years rather than days. Chronic constipation symptoms vary from person to person. To some, chronic constipation means infrequent bowel movements; to others, it may mean hard stools or difficulty passing stools (straining). Still others may experience chronic constipation as a sense of incomplete emptying after a bowel movement.



If you have chronic constipation, you are not alone!

Some people will have occasional constipation, which can be relieved with appropriate changes to diet, an increase in exercise, or over-the-counter laxatives. Up to 19% of Americans suffer from chronic constipation, which may require medical attention.



What is the difference between occasional and chronic constipation?

OCCASIONAL CONSTIPATION	CHRONIC CONSTIPATION
Infrequent	Present for at least 3 months and may persist for years
Occasional or short-term condition that may temporarily interrupt usual routine	Long-term condition that may dominate personal and work life
May be brought on by behavior, change in diet, lack of exercise, illness or medication	Not only related to behavior, change in diet, lack of exercise, illness or medication. May also be caused by physical problems.
May be relieved by diet, exercise, and over-the-counter (OTC) medications	May need medical attention and prescription medication

Adapted from: Horn J. Managing constipation in adults: Patient counseling and triage. *U.S. Pharmacist*. 2008. <http://www.uspharmacist.com/index.asp?page=ce/105173/default.htm>

What are the risk factors for chronic constipation?

Several factors can put you at a greater risk for developing chronic constipation.

- **Age:** If you are older than 65 years of age.
- **Gender:** If you are female.
- **Dietary:**
 - If you do not drink enough fluids.
 - If you do not eat enough fiber.
- **Decreased mobility:** If you are not physically active, either by choice or due to a disability.





How is chronic constipation diagnosed?








To help answer this question, your health care provider may ask more about your symptoms, including:

- How many bowel movements do you have each week?
- Do you have difficulties having bowel movements? Even if you are having bowel movements on a regular basis, do you suffer from:
 - straining or a sense of difficulty passing stools?
 - feeling of incomplete movement?
 - prolonged time to expel stools?
 - need for manual maneuvers to pass stools?
- What is the size of your bowel movements?
- How consistent are your bowel movements?
- How long have you had these symptoms?

Your health care provider may also ask about which types of treatments you already have tried to manage your symptoms.

STOOL FORM

In your discussion about size and consistency of your stools, your health care provider may use a visual aid, such as the Bristol Stool Form Scale, to help you better describe your stools. This can help you and your health care provider determine if you are suffering from chronic constipation. Types 3 and 4 are considered "normal" stools, as these are the forms that most people without constipation describe. Types 1 and 2 may indicate constipation. Types 5-7 tend towards diarrhea.

Type 1		Separate hard lumps
Type 2		Sausage-like but lumpy
Type 3		Sausage-like but with cracks in the surface
Type 4		Smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

WARNING SIGNS OF MORE SERIOUS PROBLEMS

While chronic constipation can be worrisome and reduce the quality of everyday life, there are some warning signs that along with your constipation symptoms may mean you have a more serious health problem.

Tell your health care provider if you also have:

- Unintentional weight loss
- Rectal pain or bleeding
- Vomiting
- Fever
- Family history of cancer, irritable bowel syndrome, or celiac disease



What causes chronic constipation?

There are two types of chronic constipation:

PRIMARY CONSTIPATION

Primary constipation consists of 3 subgroups:

- **Normal-transit constipation:** With this most common form of primary constipation, you may pass your stools at a normal rate, but still feel like you are having difficulty moving your bowels.
- **Slow-transit constipation:** If you have slow-transit constipation, your stools pass more slowly through your colon. Along with this delay, damage to the muscles and nerves in the colon and rectum may occur. This damage may reduce your ability to sense when you need to have a bowel movement.
- **Pelvic floor dysfunction:** If you have pelvic floor dysfunction, you may have difficulty coordinating your rectal muscle contractions (squeezing motions). You may have a lot of straining and feel like you have not completed your bowel movement. You may also be using manual maneuvers (your fingers) to help pass the stools.

SECONDARY CONSTIPATION

Secondary causes of constipation include other health conditions and medications:

- **Health Conditions**—Other health problems can cause chronic constipation. Be sure to tell your health care provider if you suffer from any of the following:
 - Endocrine/metabolic problems (diabetes, thyroid disease, etc.)
 - Neurologic problems (Parkinson's disease, multiple sclerosis, etc.)
 - Physical abnormalities (narrowing of the colon, tears in the anus and rectum, etc.)
 - Mental health problems (depression, eating disorders, anxiety, etc.)
 - Digestive tract problems (Crohn's disease, colon cancer, etc.)

- Medications—Some medications can cause chronic constipation.

PRESCRIPTION DRUGS	EXAMPLES
Opiates	morphine, Vicodin®
Anticholinergic agents	Cogentin®, Ditropan®
Tricyclic antidepressants	Elavil®, Sensoval®
Calcium channel blockers	Isoptin®, Cardizem®
Anti-Parkinsonian drugs	Rimantadine®, Sinemet®
Sympathomimetics	Ventolin®
Antipsychotics	Aloperidin®, Risperdal®
Diuretics	Lasix®
OVER-THE-COUNTER DRUGS	EXAMPLES
Antacids, especially calcium-containing	TUMS®, Rolaids®
Calcium supplements	Citracal®, Os-Cal®
Iron supplements	Feosol®, Ferro-Sequels®
Antidiarrheal agents	Imodium®
Nonsteroidal anti-inflammatory agents	Advil®, Aleve®
Antihistamines	Benadryl®, Claritin®

Keep a list of your medications—prescription and over-the-counter, including vitamins and supplements. Check with your health care provider to find out if they may be causing your constipation. You may be able to reduce your dose or find an alternative that will not lead to constipation.



How can your chronic constipation be managed?

While lifestyle changes may help, you may be like many people with chronic constipation who need additional treatment.

LIFESTYLE CHANGES

Your health care provider may suggest some lifestyle changes that may help reduce your symptoms:

- Increase your fiber intake: Adult men should eat at least 30 grams a day; adult women should eat at least 20 grams a day. Whole grain foods, fresh fruits and vegetables, legumes, and nuts are considered the best sources.
- Increase your exercise.
- Drink more fluids: It is recommended that adults consume approximately eight, 8-ounce glasses of water (or other fluids) a day.
- Don't ignore the urge to use the bathroom: Set up a regular time to use the toilet.

PHARMACEUTICAL TREATMENTS (OVER-THE-COUNTER AND PRESCRIPTION MEDICATIONS)

It is important to understand that not all laxatives and treatments are the same. Discuss the options carefully with your health care provider. If over-the-counter products do not work, your health care provider may recommend a prescription medication.

MEDICATIONS FOR TREATING CONSTIPATION

TYPE AND ACTION	GENERIC	BRAND EXAMPLES	MOST COMMON SIDE EFFECTS
Bulking Agents: Absorb liquids in the intestines and swell to form a soft, bulky stool. Also known as fiber supplements, these agents must be taken with water.	psyllium methylcellulose	Metamucil®	Bloating; diarrhea; rumbling sounds; nausea; mild abdominal cramps
	polycarbophil	Citrucel®, Fibercon®	
Osmotic Laxatives: Draw water into the bowel from surrounding body tissues, providing a soft stool mass.	magnesium hydroxide	Milk of Magnesia®	Dehydration; reduced electrolytes; bloating; cramping
	polyethylene glycol (PEG)	MiraLax®	
	lactulose (prescription)	Chronulac®, Cephulac®	
	sorbitol	Xylitol®	
Stimulant Laxatives: Encourage bowel movements by acting on the intestinal wall, causing rhythmic muscle contractions.	sennosides/senna	Ex-Lax®, Senokot®	Abdominal discomfort; faintness; cramps
	bisacodyl	Correctol®, Dulcolax®	
	castor oil		
Stool Softeners: Help liquids mix into the stool and prevent dry, hard stool masses. Stool softeners are not laxatives, but can be used to help relieve excess straining or painful defecation due to a rectal tear.	docusate sodium docusate calcium	Colace®	Bitter taste or throat irritation; skin rash; diarrhea; mild nausea
Emollients: Coat the bowel and the stool mass with a waterproof film so stool remains soft.	mineral oil		Nausea; cramps

MEDICATIONS FDA APPROVED FOR TREATING CHRONIC CONSTIPATION

Chloride Channel Activator: Activates specific chloride channels in the lining of the small intestines, thereby increasing intestinal fluids and softening stools.	lubiprostone (prescription)	Amitiza®	Nausea; diarrhea
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REMEMBER, IF YOU HAVE
CHRONIC CONSTIPATION
YOU ARE *NOT* ALONE.
TALK TO YOUR HEALTH
CARE PROVIDER **TODAY!**



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ELDERLY IMPROVEMENTS & ADVANCES IN CHRONIC CONSTIPATION TREATMENT

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