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Constipation - What is It and How Can I Get Rid of It?

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Constipation is a symptom, not a disease. Like fever, it is an indicator of some underlying problem and can be caused by many different conditions. Most people have experienced an occasional brief bout of constipation that has corrected itself with diet and time. A specific definition of constipation is difficult to make because people vary greatly in how often they move their bowels. However, constipation is generally considered less than three bowel movements in one week or often needing to strain to pass a stool.

When James Mitchner wrote his classic novel entitled *Alaska*, it was too long. A 250-page section was removed and was published under the title, *The Journey*. *The Journey* is the story of the trip, which many men took from Europe to the gold fields of Alaska. The trip through Quebec was too long to finish in one season, so men had to build huts and “ride out” the sub-zero winters. Many men would lay in their hut and hardly ever move, which resulted in constipation, then in bowel obstruction and finally in death. This literary work reminds us of how important bowel evacuation is and that one of the determining factors for “regularity” is physical activity.

In the movie *The Last Emperor*, westerners were amused at the quaint habit the priests had of smelling of the stool of the emperor. Yet, the reality is that much can be known of the health of a person by observing the color, consistency, odor, frequency, form and regularity of the movement of the bowels. Because the majority of people have regular bowel movements, they are taken for granted, until something goes wrong. Constipation may be one of the early signs of poor health due to diet, sedentary life style or illness.

For the bowels to work properly, a lifelong daily intake of 25-30 grams, or about one ounce of dietary fiber daily is required. After the digestion of all proteins, fats, and carbohydrates, and the absorption of water and other nutrients in the small intestine, the colon (the last five feet of the intestine) receives approximately one pint of liquid stool together with the undigested fiber. Under normal circumstances, the colon gradually removes the remaining water and forms a shaped stool, which moves toward the rectum as a result of gentle pressure waves.

In people who eat too little fiber-containing foods, the stool becomes hard, dry and small. Whereas the soft, bulky stool can move easily along the passage of the colon, the hard, dry stool sticks to the dry wall of the colon and requires that the colon develop high-pressure waves to be moved. Years pass and the colon is no longer capable of generating such high-pressure waves. The colon now requires assistance to push along the hard, dry stool, and the abdominal muscles begin to contribute the necessary force.

This "straining" produces pressure on all of the abdominal wall, causing the development of hernias, varicose veins, hiatus hernias, diverticulitis and diverticulosis, hemorrhoids, anal fissures and fistulae. Colorectal cancers may also be more common in patients with lifelong, habitual constipation. This may be due to the concentrated exposure of carcinogens to the colon surface, as a result of the hard, dry stool and its slow movement or evacuation.

Some common causes of constipation are:

1. Poor diet- A main cause of constipation may be a diet high in animal fats (meats, dairy products, eggs) and refined sugar (rich desserts and other sweets), but low in fiber (vegetables, fruits, whole grains).
2. Imaginary constipation- This is very common and results from misconceptions about what is normal and what is not.
3. Irritable bowel syndrome (IBS)- Also known as spastic colon, IBS is one of the most common causes of constipation in the United States. Some people develop spasms of the colon that delay the speed with which the contents of the intestine move through the digestive tract.
4. Poor bowel habits- A person can initiate a cycle of constipation by ignoring the urge to have a bowel movement. Some people do this to avoid using public toilets, other because they are too busy. After a period of time, a person may stop feeling the urge. This leads to progressive constipation.
5. Laxative abuse- People who habitually take laxatives become dependent upon them and may require increasing dosages until, finally, the intestine becomes insensitive and fails to work properly.
6. Travel- People often experience constipation when traveling long distances, which may relate to changes in lifestyle, activity, schedule, diet, and drinking water.
7. Hormonal disturbances- Certain hormonal disturbances, such as an under active thyroid gland, can produce constipation.

8. Pregnancy- The reason may be partly mechanical, in that the pressure of the heavy womb compresses the intestine, and may be partly due to hormonal changes during pregnancy.
9. Fissures and hemorrhoids- Painful conditions of the anus can produce a spasm of the anal sphincter muscle, which can delay a bowel movement.
10. Specific diseases- Diseases that affect the body tissues (scleroderma, lupus) and certain neurological or muscular diseases (multiple sclerosis, Parkinson's disease and stroke)
11. Loss of body salts- The loss of body salts through the kidneys or through vomiting or diarrhea is another cause of constipation.
12. Mechanical compression- Scarring, inflammation around diverticula, tumors, and cancer can produce mechanical compression of the intestine and result in constipation.
13. Nerve damage- Injuries to the spinal cord and tumors pressing on the spinal cord can produce constipation by affecting the nerves that lead to the intestine.
14. Medications- Pain medications (especially narcotics), antacids that contain aluminum, antispasmodic drugs, antidepressant drugs, tranquilizers, iron supplements, and anti-convulsants for epilepsy can all cause constipation.
15. Long periods of inactivity or bed rest can be a contributing cause to constipation.

Constipation is very common in children.

1. Constipation is common in children and may be related to any of the causes noted above. In a small number of children, constipation may be the result of physical problems.
2. Children with such defects as the absence of normal nerve endings in portions of the bowel, abnormalities of the spinal cord, thyroid deficiency, mental retardation, and certain other inherited metabolic disorders often suffer symptoms of constipation. Constipation in children, however, usually is due to poor bowel habits.
3. Studies show that many children who suffer from constipation when they are older have a history of passing stools that are firmer than average in their early weeks of life. Because this occurs before there are significant variations in diet, habits, or attitudes, it suggests that many children who develop constipation have a normal tendency to have firmer stools. Such children

suffer little from the tendency unless it is aggravated by poor bowel habits or poor diet.

4. Constipation may result in pain when the child has bowel movements. Cracks in the skin, called fissures, may develop in the anus. These fissures can bleed or increase pain, causing a child to withhold his or her stool.
5. Children may withhold their stools for other reasons as well. Some find it inconvenient to use toilets outside the home. Also, severe emotional stress caused by family crises or difficulties at school may cause children to withhold their stools. In these instances, the periods between bowel movements may become quite long, in some cases lasting longer than 1 or 2 weeks. These children may develop fecal impactions, a situation where the stool is packed so tightly in the bowel that the normal pushing action of the bowel is not enough to expel the stool spontaneously.

There are several things that you can do to avoid constipation.

1. Make sure your diet is high enough in fiber. Fruits, vegetables and brown, whole wheat bread are good sources of fiber. If this is not enough, sprinkle one or two tablespoons of bran on breakfast cereal or take Metamucil, Fibercon or some other over-the-counter source of fiber. (For more information on dietary fiber see The Examiner, November 2, 2000, The Forgotten Factor, Dietary Fiber)
2. Always try to go to the toilet as soon as you feel the urge. Drink plenty fluid (6-8 glasses of water a day) and exercise regularly. Avoid laxatives.
3. Mineral oil is the best and the most consistent lubricant. Colace, a pill, is easier to take or swallow, however, its result is more erratic. Mineral oil, one tablespoon by mouth daily, from the refrigerator will serve as an excellent lubricant. Lubrication should be considered if one is taking the prescribed amounts of fiber and water, and one is still straining, or the stool remains hard.
4. Avoid or limit the use of any of the above listed medications that can cause constipation.

If these simple measures do not relieve your constipation, you need to see your healthcare provider to see if there is some medical condition responsible for your constipation.

Remember it's your health and it's your life.