

CONSTIPATION

WHAT IS CONSTIPATION?

WHAT CAUSES CONSTIPATION?

- CONSTIPATION AMONG THE GENERAL POPULATION
 - CONSTIPATION DURING PREGNANCY
 - CONSTIPATION AMONG THE ELDERLY

MEDICAL AND DIAGNOSTIC SOLUTIONS

WHAT IS CONSTIPATION?

Constipation *is* a symptom and can be a side effect of many diseases. Patients interpret this symptom as a subjective perception of altered defecation. There is no agreement as to what constitutes normal bowel habits.

WHAT CAUSES CONSTIPATION?

There are many causes of constipation; these can be divided into three major groups:

A: CONSTIPATION AMONG THE GENERAL POPULATION

The four major causes of constipation found in the general population are:

1. **Lack of adequate water intake.** The average person should drink six to eight full (8 oz.) glasses of water or juice daily. It is important not to count caffeinated drinks (coffee, tea, cola) as a part of this total. -
2. Lack of adequate fiber intake. The average person should consume 25-35 grams of fiber daily. Most Americans only consume 10-15 grams of fiber daily.
3. Lack of adequate exercise. Most people do not get enough exercise daily. Increasing your exercise level increases your regularity.
4. Use of prescription or over-the-counter drugs that tend to cause **constipation as a side effect.**

B: CONSTIPATION DURING PREGNANCY

Constipation may be caused, in part, by an enlarging uterus applying pressure on the abdominal and back muscles used in the process of defecation. •In addition, weakened pelvic floor muscles from prior pregnancies, pressure of the fetal head on the rectum, or the presence of painful anorectal lesions (hemorrhoids), may contribute to constipation. Gastrointestinal transit time appears to be longer in the second and third trimesters than in the first trimester, or the post partum period. Additionally, the use of iron supplements during pregnancy may promote constipation.

C: CONSTIPATION AMONG THE ELDERLY

Studies show that approximately 20% of individuals over the age of 65 experience constipation, affecting more women than men. As many as 40% of individuals who reside in geriatric communities experience constipation. The greater increase seems to be the result of reduced mobility, chronic illness, or drug ingestion rather than the aging process.

MEDICAL AND DIAGNOSTIC SOLUTIONS

During a visit to your physician, a thorough history should reveal the cause of constipation complaint and validate the circumstances surrounding your symptoms.

Your physician will also take a complete medical history paying particular attention to the time of onset, progression of symptoms, your age, the presence-or absence of rectal bleeding, use of laxatives, alterations in appetite and weight. Often times, constipation is a symptom of another disease such as thyroid, diabetes, colonic diseases or neurologic diseases. Therefore, your physician will perform several screening tests to determine if other diseases are present. These tests may include a rectal examination, flexible sigmoidoscopy, a barium enema x-ray or a colonoscopy.

If a physical exam and appropriate diagnostic tests do not indicate other causes of constipation, the following regimen should be observed:

- Increase fluid (water or juice) intake to six to eight glasses (8 oz.) per day:
- Increase your fiber intake to reach 25-35 grams daily. This may be accomplished through an improved daily diet of vegetables and fruits that have a high fiber content. Most often, individuals need a fiber supplement such as psyllium.
- To avoid increased gas, bloating and abdominal discomfort, you may begin with a half-teaspoon after breakfast, or before bedtime, and then increase to a full teaspoon after one-week. Be sure to drink adequate fluid with, and after each dose.
- Depending on the result, an additional dose may be added after the midday or evening meal, during weeks two and three. The bowel training regimen must include discontinuation of stimulant laxatives. Mild to moderate exercise, along with distraction-free bowel movements, are recommended.

On occasion, it may be helpful to add an osmotic laxative such as lactulose (30-60 ml), or milk of magnesia (30 ml) at bedtime. These agents should be gradually discontinued as the Konsyl. Fiber Therapy becomes successful.