

Constipation

What is constipation?

Constipation is a common complaint in Australia and other developed countries. Up to one in five adults report that they have constipation, although only a minority of people seek medical attention. Constipation is more common in older people, particularly in those over 65 years of age. One in 10 children will see a doctor for this problem, which accounts for 3 to 5% of all visits to a paediatrician.

People say they are constipated when they can't empty their bowels as often or as easily as they would like. However, there is wide variation in what is considered a normal amount of bowel motions – this can range from several times a day to three times a week.

What causes it?

There are many possible causes of constipation, and people may have one or more of these. They include:

- Lifestyle factors, including not getting enough water, fibre, or exercise
- Increasing age
- Functional gut disorders, including slow transit or irritable bowel syndrome
- Pelvic floor problems
- Medications, including opioids or antidepressants
- Hormonal changes, including during pregnancy, before menstrual periods or with thyroid problems
- Neurological disorders, such as Parkinson's disease and stroke
- Cow's milk allergy, which causes severe constipation in a minority of infants and young children.

Most patients, especially those who have had symptoms for years, have "functional" constipation and do not have any underlying serious disease. This condition often runs in families, and almost a third of patients will have other family members with similar bowel problems.



Symptoms like a recent change in bowel habits, weight loss, persistent or heavy bleeding or severe abdominal pain suggest that there may be an underlying cause for the constipation, requiring further investigation.

What symptoms are associated with constipation?

The most common complaint is infrequent bowel motions, usually less often than three times a week. Other complaints include:

- Excessive straining during bowel motions
- Passing hard or lumpy stools (poo)
- The feeling of incomplete emptying or of a blockage

Some people with severe symptoms also have to use special manoeuvres (e.g. using their fingers) to help them open their bowels.

If stools are very hard, dry, and large, they may cause a small split in the lining of the back passage (anal fissure). This can result in pain and stinging in the area, as well as some bright red bleeding, often seen on the toilet paper and sometimes also in the toilet.

In people, particularly children and the elderly, who have had constipation for a very long time, the end part of the large bowel (rectum) may become stretched. This will often mean they lose awareness of the need to pass a motion, which can lead to an overflow of watery stool and unintentional soiling of underpants.

Does lifestyle play a role?

Many people can manage constipation with simple lifestyle changes. A healthy diet with enough fluid and fibre is helpful. Regular exercise is also important.

The recommended fibre intake is:

- **Adults:** 25 to 30 g/day
- **Children:** Child’s age plus 5 g/day
(e.g., a 7-year-old should have 7+5 = 12 g/day)

Fibre is contained in a range of foods, including cereals, grains, fruits and vegetables. Studies have shown that eating two kiwifruit a day may help manage constipation. For people who are unable to increase their fibre intake through dietary changes, commercial fibre supplements can be used. Remember, it is important to drink plenty of water when increasing your fibre intake.

Increasing the amount of dietary fibre is likely to change the consistency of stools. Ideally, stool consistency should be similar to “cow pats” or oatmeal porridge. However, a more solid consistency is OK as long as it is easy to pass regularly without any pain, discomfort or excessive straining.

What are good toileting habits?

The best times to try to pass bowel motions are when you wake up in the morning or shortly after meals. This is when the bowel is most active.

When sitting on the toilet, it can be useful to make sure your knees are bent above the level of your hips and your feet are flat on the floor. Placing a small footstool under your feet may be needed to get the best position.

Reading, doing puzzles and playing electronic games are generally not recommended while trying to have bowel motions, because they tend to significantly prolong toileting time and straining. Children in general should not sit for any longer than 10 minutes to try to pass stools.



It is best not to postpone having a bowel motion when the urge is there, as it may eventually lead to constipation by stretching the lower bowel.

When do I need to see a doctor?

Laxative use in moderation, even for long periods of time, is generally safe. However, if you do need to regularly take laxatives to pass bowel motions, you should see a doctor to make sure there is no underlying cause for your constipation. People who continue to have problems even with regular laxative use may need to see a specialist gastroenterologist. Use of prescription medication or further investigation and assessment may be recommended.

Other important reasons to seek medical attention include new onset of constipation, unexplained weight loss and blood in stools.

Any change in bowel habit should be discussed with your doctor. Further investigation may be required.

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 serves/day
Water	8 glasses/day

What are the different types of laxatives?

There are many different types of laxative preparations available, ranging from tablets, powders, syrups and fruit pastes to local preparations inserted directly into the back passage (enema or suppository). There are four main types of laxatives:

- Bulking agents, including fibre supplements
- Osmotic agents
- Stool softeners and lubricants
- Bowel stimulants

Bulking agents

Fibre supplements act by increasing the amount of dietary fibre, drawing fluid into the bowel and bulking up stools. Various commercial preparations are available, including fibre husks, tablets, capsules, and dissolvable powders. Excess fibre may cause abdominal discomfort, bloating and flatulence (gas); this can be reduced by starting with small amounts and slowly increasing them, as well as ensuring you are drinking enough fluids. Fibre supplements alone may not be enough to treat moderate to severe constipation and can sometimes aggravate the problem.

Osmotic agents

Osmotic agents act by drawing fluid into the intestine to soften the stools. Many preparations used to clean the bowel out before a colonoscopy also belong to this group of laxatives. There are several different types, including unabsorbable sugars (e.g., sorbitol or lactulose), magnesium, phosphate or citrate salts, polyethylene

glycol and the newer macrogol preparations. They are available as syrups, powders or enemas. Side effects include bloating, flatulence, abdominal cramps, diarrhoea and possibly dehydration in young children and the elderly.

Stool softeners and lubricants

Laxatives such as docusate act as detergents that help to soften stool. Oils such as paraffin have been used as lubricants to make it easier to pass stools. Oils are not recommended to be taken immediately before bedtime or by people who vomit frequently because of the risk of inhaling the oil. Using large doses of oils may result in oil leakage and staining of underpants.

Bowel stimulants

Stimulant laxatives are those that help the bowel to contract and pass stools along. These include senna, cascara and bisacodyl, and they are available as granules, tablets, fruit pastes or suppositories. Stimulants may cause problems with low potassium levels and abdominal cramping if used regularly or in large amounts and should be taken cautiously. Liquorice, caffeine, and nicotine also have some stimulant effects on the bowel, but on their own are usually not enough to treat constipation.

It is usually recommended to start with a bulking agent, then, if symptoms continue, add an osmotic agent, then either add or substitute a stimulant laxative.

This information leaflet has been designed as an aid for people who have constipation or for those who wish to know more about this topic. This is not meant to replace personal advice from your medical practitioner.

Acknowledgements

This resource was reviewed and updated by the following health professionals in 2022:

Dr Nadia Perera, Gastroenterologist, AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney NSW Australia

Dr Karen Waller, Hepatology Fellow, AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney NSW Australia

A/Prof Simone Strasser, Associate Professor, AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney NSW Australia

Requests and enquiries concerning reproduction and rights should be addressed to: Gastroenterological Society of Australia (GESA)
Level 3, 517 Flinders Lane, Melbourne VIC 3000 | Phone: 1300 766 176 | email: gesa@gesa.org.au | Website: <http://www.gesa.org.au>

This document has been prepared by the Gastroenterological Society of Australia and every care has been taken in its development. The Gastroenterological Society of Australia and other compilers of this document do not accept any liability for any injury, loss or damage incurred by use of or reliance on the information. This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved. © 2022 Gastroenterological Society of Australia ABN 44 001 171 115.