



Your Pharmacy
...your neighbour

Health Really Matters™

CONSTIPATION

We don't truly appreciate the functioning of our bowels until we are constipated. Here's some help.

It takes about 24 hours for the passage of material to go through the approximately 5 feet (1.5 meters) of the large intestine. A lot can happen during that time. The state of the contents depends largely on the amount of water that is reabsorbed and the speed of movement through the area. The result is a good or not so good bowel movement.

There aren't any rules that say you must have at least one bowel movement every day. Bowel regularity varies from person to person. For some, every other day is normal and for others it could be twice daily. (One WWII fighter pilot trained his bowels to move every five days. For him, that was normal!). One definition of constipation says that it is a condition of infrequent or uncomfortable bowel movements that produce stools that are hard, thin and dry and difficult to pass. For many, constipation means strained bowel movements and a feeling that the bowel hasn't emptied completely.

CAUSES OF CONSTIPATION

There are many causes of constipation but the number one cause is a failure of heeding the urge to go. It's important not to ignore this urge. It's natural to go to the toilet after a meal because eating food will stimulate the wave-like contractions of the intestinal tract (peristalsis) from top to bottom. So eating may provide the stimulus for the bowels to move. Heed this stimulus!

There are three causes of constipation that relate to our lifestyles. One is not consuming enough fibre in our daily diet. The second is not drinking enough fluid each day. The third contributing cause is not getting enough daily exercise. People that are bed-ridden for a period of time often experience constipation.

This slowing down of intestinal movement causes more water to be absorbed from that five foot section of the large bowel resulting in dry, hard stools that are difficult and painful to pass. A reduction in fibre in the diet also has a slowing effect on movement of food through the intestines. Physical activity stimulates the intestines and things move more quickly through the system.

Another very real cause of constipation is the use of medication whose side effects cause a slowing of the transit time of intestinal contents.

Examples of these medications include the opiate drugs (codeine, morphine), calcium channel blockers used to treat high blood pressure and heart problems, some antidepressants and antihistamines, antacids containing aluminum and some anti-nauseants.

Note: patients that are put on opiate drugs for chronic pain should automatically begin taking a stimulant laxative to avoid constipation. Your Medicine Centre pharmacists are always available to discuss such matters with you.

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LAXATIVES

Sometimes no matter what you do, you may have to resort to a laxative. There are five main types of laxatives:

- **BULKING AGENTS** (Metamucil®, bran, methylcellulose): Use routinely for best effect. These work well for chronic constipation. *Drink sufficient water when using this type of laxative.*
- **STIMULANT LAXATIVES** (senna, cascara, bisacodyl, castor oil): Stimulate the lining of the intestine and promote contractions to push contents through. These are the most commonly used laxatives, taken at bedtime and usually work within 6-8 hours. They can cause cramping. They generally are used orally but are also available as rectal suppositories which usually bring results within one hour.
- **OSMOTIC LAXATIVES** (lactulose): Act by increasing the amount of water in the bowel making the stools soft and loose. Lactulose is the most commonly used product in this group. It is quite sweet, costly and does cause bloating and gas in about 20% of users.
- **STOOL SOFTENERS** (docusate): Promote the mixing of fats and water in the bowel producing softening and lubrication of the contents. These are often used with stimulant laxatives on a regular basis for people using opiate drugs routinely.
- **LUBRICANT LAXATIVES** (mineral oil): Coat the intestinal tract making contents easier to pass. They are not the most popular class of laxatives because of some oil leakage through the anus and the risk of aspirating the oil into the lungs.
- **SALINE LAXATIVES** (Fleet® enemas, Milk of Magnesia) Usually contain magnesium citrate or phosphate and cause water to be drawn into the bowel softening the stool. The enemas work quickly while the oral forms bring results in a few hours.

NON-DRUG TREATMENTS

- Increase the amount of fibre in your diet. Canadians consume an average of only 15gm of fibre daily. For healthy bowel movements, men should consume at least 35gm of fibre daily and women at least 25gm. How can you do this? Eating more fresh fruits and vegetables is a good place to start. You can also choose cereals with higher fibre contents (All Bran®, Fibre-1®). Read the nutritional panels on the cereal boxes. They will tell you how much fibre is in an average serving. Whole grains, nuts and legumes are other natural sources of fibre. Note: If you don't normally eat a lot of fibre, don't increase your intake too quickly. Do it gradually over a couple of weeks to avoid excess gas and bloating that often happens when fibre intake is increased suddenly.
- Increase your intake of fluids. Drink at least six glasses of water per day. This will minimize the reabsorption of water from the contents of the large intestine and keep the stools soft.
- Exercise more. Even a walk around the block once daily can help.

OTHER CONSTIPATION INFORMATION

- Try not to strain during a bowel movement. Straining can cause hemorrhoids and anal fissures which can aggravate the bowel and cause narrowing of the opening. Straining can also raise blood pressure and lower the heart rate.
- When should you call the doctor? Some symptoms may require further investigation. An example is blood in the stools (black, tarry-looking stools). This could mean bleeding somewhere in the intestinal tract. If the blood is bright red, it could be a hemorrhoid or tear just inside the rectum. Your physician will also look into any pain and discomfort in the abdominal area. If there is fever, nausea, vomiting associated with the constipation, get it checked. If after two weeks, the constipation hasn't resolved itself through self-treatment, see your doctor.
- Talk to your doctor and pharmacist about the medications you take for other conditions. Many medications cause constipation as a side effect. As mentioned, the opiates (codeine, morphine) are prime candidates for this. Other examples include drugs like phenytoin, diltiazem, amitriptyline, carbamazepine and iron supplements.
- Some medical conditions can cause constipation and should be ruled out first. An underactive thyroid can slow transit times in the intestine. Parkinson's disease and diabetes may also have an affect on the bowels.
- It's ironic that overuse of laxatives to relieve constipation can actually cause more constipation. The stimulant laxatives act by irritating the bowel lining to cause contractions to produce a bowel movement. After daily stimulation, the bowel may become lazy and stop responding. Taking the laxative every third day dosing schedule is a good way to avoid this.

SUMMARY:

A combination of adequate fluid and fibre intake and daily exercise is the best way of preventing constipation. If you have to resort to a laxative, talk to our Medicine Centre pharmacists for the best choice for your situation.