

# Discussing Constipation in Adults

## A guide for individuals, families and carers

### Introduction

Most people experience an episode of constipation at some point in their lives, but for the majority this is temporary and not serious. However, for some people constipation can become chronic and lead to distressing problems.

Understanding the causes, prevention and treatment of constipation will help most people to manage and control it and so reduce the negative impact.

### How often should I be opening my bowels?








A healthy range for most adults is usually considered to be from three times per week up to three times per day. Bowel motions should normally be between type 3 and type 5 on the Bristol Stool Chart.

### What are the symptoms of constipation in adults?

Constipation is often described as having a bowel action less often than is usual for that individual. However, two or more of the following symptoms may suggest constipation:

- Opening the bowels less than three times a week
- Passing lumpy or hard stools (type one to two on the Bristol stool chart) on at least a quarter of occasions when the bowels are opened
- Straining to have a bowel motion on at least a quarter of toilet visits
- A feeling that the bowels have not completely emptied after at least a quarter of bowel motions

### Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, 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. <b>Entirely Liquid</b>

- Having to support the pelvic floor with a hand, or having to put a finger into the rectum or vagina to be able to pass a stool on at least a quarter of occasions the bowels are open
- Overflow incontinence or loose stools

Other symptoms include stools that are dry, hard, large or small, having pain or discomfort with a bowel motion, passing unpleasantly smelly wind, having abdominal pain and/or bloating.

Older people and people with learning disabilities who have constipation may also be confused or less aware than previously, they may have nausea (feel sick), have a reduced appetite and may not pass urine as frequently as usual, or at all.

### **What causes constipation?**

There are a few factors that can contribute towards the development of constipation. These include:

- Not drinking enough water-based drinks. Water helps to keep the stools soft. If there is inadequate fluid intake, then the body will try to hold onto water and one way it does this is by making stools harder. This makes it more difficult for them to move through the bowel
- Not eating sufficient fibre. Fibre helps to bulk up the stools, which makes it easier for the stools to move along the bowel and be passed. If there is not enough fibre stools tend to be smaller and harder. There is information about fibre in the Bladder & Bowel UK leaflet *Discussing dietary fibre for health bowels in adults* – find this at the link [here](#) or by searching for 'dietary fibre' on [bbuk.org.uk](http://bbuk.org.uk).
- Not having enough exercise. Exercise helps to stimulate the muscles in the bowel wall and helps to move stools on through
- Ignoring the urge to go to the toilet or not responding to the sensation of needing to pass a stool will result in the stool remaining in the bowel longer than it should. This can result in stools becoming harder, drier and more difficult to pass.
- Sedentary lifestyle (not doing enough exercise)
- A change in eating patterns or a change in routine, such as a new job or going on holiday
- Side effects from medication. Some of the most common medications which can cause constipation include:
  - Aluminium antacids (medicine to treat indigestion)
  - Antidepressants
  - Antiepileptics (medicine to treat epilepsy)
  - Antipsychotics (medicine to treat schizophrenia, manic conditions and anxiety)
  - Calcium supplements
  - Diuretics (water tablets)
  - Iron supplements

- Anxiety, stress and depression
- Pregnancy, due to changes in the hormones affecting the bowel wall muscles
- Neurological conditions including Parkinson's Disease and Multiple Sclerosis
- Other conditions that can cause constipation include:
  - Colon or rectal cancer
  - Diabetes
  - Hypercalcaemia (where there is too much calcium in your blood stream)
  - Underactive thyroid
  - Muscular dystrophy (a genetic condition which causes muscle wasting)
  - Spinal cord injury
  - Anal fissure (a small tear of the skin just inside the anus)
  - Inflammatory bowel disease (a condition that causes the intestines to become inflamed)
  - Irritable bowel syndrome (IBS)

Constipation can develop without any of the above issues. It appears to be more common in women and older people. This may be due to the bowel working more slowly (slow transit constipation). It may also be due to difficulties with the pelvic floor.

People with learning disabilities are also more prone to constipation. For more information on this see the Bladder & Bowel UK leaflet at <https://www.bbuk.org.uk/wp-content/uploads/2021/02/Understanding-constipation-in-people-with-learning-difficulties.pdf> for easy read information about constipation see the Bladder & Bowel UK leaflet at <https://www.bbuk.org.uk/wp-content/uploads/2020/02/Easy-Read-Constipation-Booklet.pdf>

### **What is chronic constipation?**

Constipation is described as chronic if a person has had symptoms for twelve weeks or more in the preceding six months. Constipation where there is no known cause, is called functional or idiopathic. However, constipation can occur as the result of an underlying medical condition. Therefore, if your constipation has been present for a while or there has been a sudden change in your bowel habit, you should speak to a healthcare professional for assessment.

### **Preventing constipation**

Include sufficient fibre in your diet: Adults should be having about 30g of fibre a day. If you are eating less than this, try to increase gradually, as sudden increases can cause wind, abdominal pain and an urgent need to empty your bowels. Fibre is found in cereals, dried, fresh and canned fruit and vegetables and pulses. There is more information about fibre in the Bladder & Bowel UK leaflet *Discussing dietary fibre for health bowels in adults* – find this at the link [here](#) or by searching for 'dietary fibre' on [bbuk.org.uk](http://bbuk.org.uk).

Try to drink water-based drinks regularly throughout the day to help keep the stools soft and make them easier to pass. Most adults need 1.5 – 2litres of water-based drinks a day (8 – 10 cups). However, everyone should be drinking sufficient that their urine is a pale straw

colour and that they do not feel thirsty. Try to avoid caffeinated drinks (tea, coffee, chocolate, cola and many energy drinks) and alcohol, as these can cause dehydration and increase the likelihood of constipation.

Go to the toilet as soon as you feel the urge and allow enough time to finish opening your bowels when there. Sitting on the toilet with your bottom well supported, spine straight, feet flat on a firm surface and knees higher than the hips, helps to relax the puborectalis muscle which opens the anal canal and allows complete bowel emptying and reduces the need to strain.

Privacy and sufficient time to complete a bowel motion are also important in prevention of constipation. Trying to establish a good routine of using the toilet about 15 – 20 minutes after a meal or warm drink can be helpful, as this is when the bowel is most likely to want to empty.



Try to exercise most days as this helps to stimulate muscle contractions in the bowel. Any exercise may be beneficial including walking, gardening, or doing housework.

### **Treating constipation in adults**

Most adults can improve a short-term problem with constipation by making changes to their diet and drinking sufficient water-based drinks. It is important to ensure you are eating enough fibre and to gradually increase this if needed. Fruits that have a high sorbitol content can also help. These include apples, pears, apricots, grapes (and raisins), peaches, plums (and prunes), raspberries, and strawberries.

If the preventative measures and dietary changes described above do not help, then laxatives are usually the next treatment. Your local pharmacist should be able to advise you about which to try. Often a laxative that increases the bulk in the stools, such as ispaghula husk is suggested first. These work by bulking up the stools, in a similar way to fibre in the diet. However, it is important to ensure you are drinking extra water-based drinks if you take these.

If stools are hard, or difficult to pass then an osmotic laxative may work better. Osmotic laxatives work by adding or keeping water in the bowels, so the stools remain soft. The osmotic laxatives that are usually tried first are the macrogols (Cosmocol, Laxido, Movicol, Molaxole and Molative are all macrogols). These are available on prescription and from pharmacy shops. There is more information about macrogols in the Bladder & Bowel UK leaflet at <https://www.bbuk.org.uk/wp-content/uploads/2021/05/Discussing-Macrogol-Laxatives.pdf>. Lactulose is also an osmotic laxative and may be suggested for people who cannot tolerate or take macrogols.

Another group of laxatives is the stimulant laxatives, which help the muscles of the bowel wall work more effectively. Bisacodyl, senna and sodium picosulfate are all stimulant laxatives.

You should ask your pharmacist or healthcare professional for advice about which laxative would be most appropriate, particularly if you have an underlying medical condition. There are some laxatives which are only available on prescription and may be prescribed by a healthcare professional for people where the above laxatives have not worked.

Laxatives should not be stopped suddenly. For people who have only had a short-term problem, they should be reduced gradually when soft bowel motions are being passed regularly with no discomfort. The rate of reduction should be based on how often the bowels are being opened and the consistency of the stools.

### **When should I speak to a healthcare professional about constipation?**

It is advisable to see your healthcare professional if:

- The constipation has lasted longer than three weeks and is not improving
- The constipation is not responding to laxatives and you have been taking them for at least six months
- You have had a sudden change in bowel habit
- The constipation is associated with any other symptoms, such as passing blood or weight loss
- The person with constipation has an underlying medical condition, neurological condition or has a learning disability

### **Where can I find extra help and support?**

Constipation can continue in some people. There are specialist clinics that can offer further assessment, investigations and treatment for constipation that does not respond to initial treatments that are outlined here

Speak to your healthcare professional if you have concerns about your bowel function or control or if there have been any changes in your bowel pattern. They will be able to offer assessment and explain what they feel the options are for treatment for you. Many bowel function and control difficulties can be treated. Your healthcare professional may refer you to a specialist community bladder and bowel team or a hospital consultant if they feel this is needed.

It can be helpful to take a list of your symptoms, concerns and questions with you to the assessment appointment and ask them while there. However, if there is anything else you want to ask after this, then you should contact your healthcare professional.

## Where can I get further information?

You may also contact the **Bladder & Bowel UK confidential helpline** via the web form at <https://www.bbuk.org.uk/helpline-enquiries/> or **Telephone: 0161 214 4591**

For further information about **Bladder & Bowel UK** services and resources visit our website at [www.bbuk.org.uk](http://www.bbuk.org.uk)

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