

Chronic Constipation: From Evaluation to Treatment

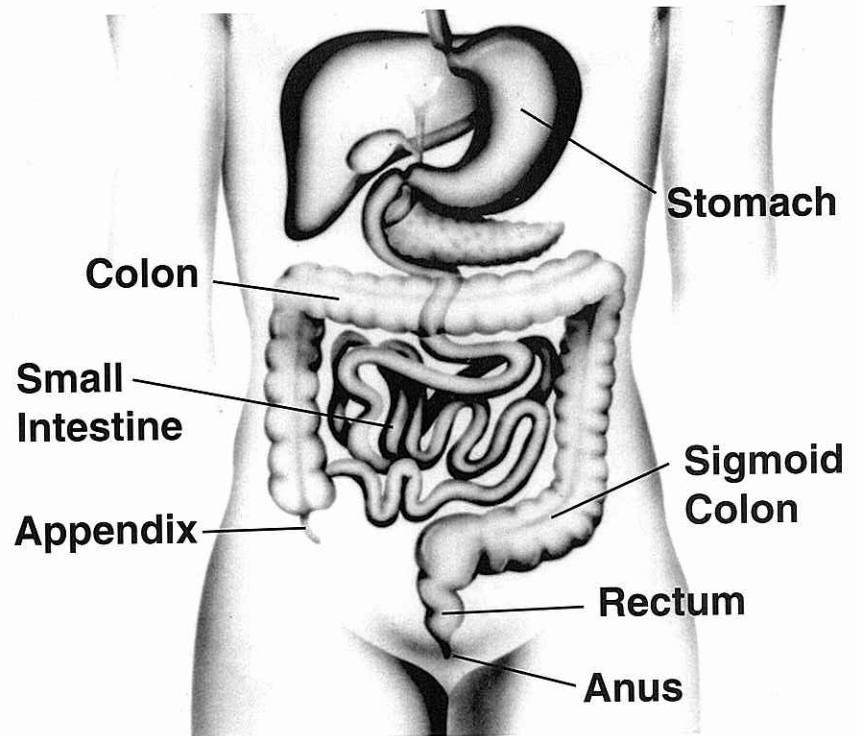
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Constipation is a common symptom. It affects virtually everyone at some point in his or her life. Occasional constipation may result from changes in diet or from inactivity and will generally respond to simple lifestyle measures. However, constipation that is chronic (constant or long-lasting) or recurrent may indicate the need to see a doctor for evaluation and treatment.

There is no single, generally accepted definition of constipation. The term “constipation” can refer to infrequent evacuation (bowel movement), difficult evacuation, incomplete evacuation, or evacuation of small or hard stools. Among these symptoms, only stool frequency is easily quantifiable and is usually defined as fewer than three bowel movements per week. Physicians often associate constipation with reduced stool frequency. Patients, however, typically define constipation as the occurrence of one or more symptoms of infrequent stools or difficult stool passage including hard or lumpy stools, straining, a feeling of incomplete evacuation, excessive time spent on the toilet, or the need to manually facilitate stool passage. Researchers frequently use the Rome II criteria to define constipation. (Table 1)

Given the various possible definitions of constipation, it is hardly surprising that the reported prevalence of constipation is quite variable. Studies from North America show prevalence rates of 1.9–27.2%, with most estimates ranging from 12–19%. Estimates based upon symptom self-reporting are significantly higher than those using Rome II criteria. Risk factors for the development of constipation include increasing age, female gender, nonwhite race, and lower socioeconomic status.

Figure 1



Causes

The major identifiable causes of constipation are listed in Table 2. Despite the many different possible causes of constipation, most cases seen in clinical practice are *functional* in origin, and they are often made worse by such factors as inadequate water or fiber intake, or the use of constipating medications. Many cases of constipation may in fact have several contributing factors. Constipation can be broadly divided into 3 classes based upon the underlying physiologic cause; 1) normal-transit constipation, 2) slow-transit constipation, and 3) pelvic floor dysfunction.

In normal-transit constipation, colonic motility (the way muscles contract and relax to move contents through the colon) is unaltered; stool moves through the colon at a normal rate. However, patients with normal-transit constipation may experience other difficulties in stool passage, for example due to harder stools. In contrast, in slow-transit constipation colonic motility is decreased and bowel movements are infrequent, leading to more severe symptoms of straining and harder stools.

Persons with pelvic floor dysfunction have a functional outlet obstruction, a defect in the

“Functional” refers to a disorder or disease where the primary abnormality is an alteration in the way the body works (physiological function). It characterizes a disorder that generally cannot be diagnosed in a traditional way; that is, as an inflammatory, infectious, or structural abnormality that can be seen by commonly used examination, x-ray, or blood test.