Constipation - Symptoms and Treatment

What is constipation?

Constipation is a symptomatic condition characterized by sluggish, hard, or infrequent bowel movements. 20% of the population experiences constipation, and 10% use laxatives. The problem is more widespread among older people. Bowel habits are individual. Some people have a bowel movement several times a day, while others have it three or four times a week. There is no clear distinction between what is normal and what is abnormal. It is estimated that only about 30% of us have completely regular bowel movements with a daily emptying at a fixed time. Even if several days pass between each emptying, it doesn't necessarily mean it's abnormal. The crucial factor is whether you experience discomfort or inconvenience due to sluggish, hard, or infrequent bowel movements.

Why do you get constipation?

The defecation process depends on two factors: the passage through the intestine and a "cooperative" sphincter muscle.

The passage in the intestine depends on the activity of the intestine (peristalsis) as well as the physical passage (whether there are lumps or similar things blocking the passage and thus causing constipation). The role of the sphincter muscle is just as important as the function of the intestine. Pain in the rectum (for example, from fissures or painful hemorrhoids) can lead to spasms in the sphincter muscle and a hindrance to passage.

A low-fiber diet, too little fluid, and too little physical activity mean that the intestine is stimulated too little, and the feces are therefore not pushed toward the rectum.

There are, of course, a number of other causes of constipation, such as various types of medications, metabolic problems, problems with the muscles in the pelvic floor, depression, and some neurological diseases.

A very long large intestine and/or a very slow intestine can be a cause of constipation.

What symptoms of constipation should you be particularly aware of?

- Feeling dizzy, tired, or pale.
- Have lost weight.
- Bleeding from the intestine (either as red blood or as black stool).
- Alternating between diarrhea and constipation.
- Have had constipation for more than a month.

How is a diagnosis of constipation made?

If you have persistent problems, you will often have an endoscopy of the intestine performed. In some cases, the large intestine will also be examined with more special tests that can assess muscle and nerve function. The most important thing is to rule out other more serious diseases.

How is constipation treated?

The most important principles in the treatment of constipation are regular bowel habits, a coarse and fiber-rich diet, drinking plenty of fluids, regular exercise, and possibly the use of a laxative that increases the volume of the stool.

Good bowel habits
The most important treatment for constipation is to establish fixed bowel habits. Go to the toilet when you feel the urge to defecate; don't hold it in. If you have no rhythm in your bowel movements, this must be practiced. Go to the toilet (no matter when) at a specific time after a meal – for example, after breakfast. If you do this consistently day after day, the intestine will begin to cooperate, and the most important prerequisite for problem-free bowel movements is met.

Coarse and fiber-rich diet
A coarse and fiber-rich diet ensures that more of the food reaches the large intestine as indigestible matter. These are waste products, and they make up the majority of the stool. Plenty of waste products have a stimulating effect on the activity of the large intestine. More stool of a soft consistency is formed, which is easily emptied.

Drink plenty
A contributing factor to constipation is that many people drink too little. An extra glass of water with several of the day's meals can correct this deficit and have a favorable effect on the consistency of the stool. A lot of alcohol and coffee make the stool drier and harder.

Physical activity
Use your body daily to reduce the risk of constipation. Physical activity stimulates the intestine to function.

Laxatives
Constipation can be treated with three different types of laxatives:

- Agents that act on the intestinal contents.
- Agents that act on the movements of the intestine.
- Agents with a local effect in the rectum.

Agents that act on the intestinal contents work by retaining fluid in the intestine. This makes the intestinal contents softer and larger, and it stimulates the movements of the intestine. The agents must be taken with plenty of fluid to have a good effect. They are the best choice if you need treatment for a longer period. The laxative effect is achieved after a few hours for some of these agents. For others, after 12-24 hours. However, several agents do not have a maximum effect until after 2-3 days.

Stimulating agents work by stimulating the muscles and nerves in the intestinal wall, whereby the intestinal movements become stronger. At the same time, they retain fluid in the intestine and thus soften the intestinal contents. This type of agent may be suitable in situations of acute constipation. The laxative effect is achieved after 6-12 hours. Stimulating agents should not be used for a long time, as they can be habit-forming for the intestine. In special cases, you may have an agreement with your doctor that long-term use is necessary for you. If you need to use a laxative for constipation, a so-called bulk-

forming agent is recommended. These are agents that attract water in the intestine and lead to more stool.

Agents with a local effect in the rectum are used if stool has accumulated in the rectum, or if it is necessary to empty the intestine before an intestinal examination or surgery. Agents with a local effect in the rectum work by softening the stool or by triggering the defecation reflex. The laxative effect is achieved after 5-20 minutes. The agents should not be used regularly, as they can disrupt the natural urge to defecate.

Prognosis?
Constipation is often a chronic condition, but almost always harmless. In most cases, constipation can be treated with a combination of lifestyle changes and laxatives. In a very few cases, it requires other forms of treatment such as rehabilitation of the pelvic floor or surgery.