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Constipation myths

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Constipation Myths

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See Detail-Document #180614 for a Comparison of Laxatives

Background

Constipation is a common condition affecting all age groups. It is defined as the infrequent and difficult passage of stool.[1]

One of the most common constipation myths is that a person must have a daily bowel movement. In healthy individuals, bowel movement frequency varies from three times a day to three per week. With infrequent bowel movements, a person may have difficulty in passing a stool and may experience straining or a feeling of incomplete bowel evacuation. This may be accompanied by a feeling of pain.[1]

Another myth about infrequent bowel movements is that waste materials in the stool will be absorbed, poison the body, and shorten one's life. This "autointoxication" concept is not supported with scientific evidence.[2]

These common myths lead many to perceive they are constipated when they are not and contribute to widespread overuse and abuse of laxatives.

Commentary

Common causes of constipation include poor diet lacking fiber, inadequate fluid intake, and poor bowel habits. Constipation can result from diseases or conditions such as fissures or hemorrhoids, hypothyroidism, irritable bowel syndrome, lupus, scleroderma, multiple sclerosis, Parkinson's disease, spinal cord injury, tumors, and cancers. Loss of body fluids through vomiting or diarrhea, extended travel, and prolonged inactivity are also causes. Pregnancy is a common cause of constipation. Medications with anticholinergic activity, aluminum containing antacids, iron supplements, calcium channel blockers, opioids, and others frequently cause constipation.

Whenever constipation lasts for longer than three weeks, presents with severe painful symptoms, is accompanied by rectal prolapse or any bleeding, a physician or other healthcare professional should be consulted.

Frequently, dietary or lifestyle changes will improve the occasional bout of constipation. Adequate fluid intake, a well-balanced diet with ample fruits and vegetables, and regular exercise will minimize problems.

Those suffering from chronic constipation will need a prescriptive treatment plan. This plan usually starts with fiber laxative supplementation, which is gradually increased until a goal of 20 g per day is reached. The addition of a saline laxative, such as milk of magnesia, is the usual second step in treating chronic constipation. When these steps fail, the use of stimulant laxatives is recommended.[3]

Recommended treatments for patients at the initiation of opioid therapy include stool softeners such as docusate in combination with a stimulant laxative. Bulk-producing fiber agents are not recommended for use in combating opioid-induced constipation.[4]

One of the myths about constipation centers around the chronic use of stimulant laxatives. Traditional thought on these stimulants has been that they are for short-term use only. Their long-term use was believed to decrease normal colon function through detrimental effects on enteric nerve and smooth muscle. Other myths include increased risk of cancer, tolerance, and addiction or abuse due to chronic use of stimulant laxatives.[2]

Stimulant laxatives containing aloe, cascara sagrada, casanthranol, cascara bark, and their fluid extracts were removed from the market in 2002 because they were not recognized by the FDA as safe and effective.[3] Manufacturers of products containing these ingredients failed to provide the FDA with data needed for them to stay on the market.[3]

More. . .

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The myth that stimulants have detrimental effects on enteric nerve and smooth muscle is not supported by clinically documented studies. Rather, studies were uncontrolled and only observational in humans and animals. Some studies involved patients who used laxatives for longer than ten years at 18 times the recommended doses.[2,5] One controlled trial of anthraquinone laxative use in constipated women, using biopsy and electron microscopy with subsequent ultra morphometry, did not reveal any degenerative changes in colonic nerve tissue for either group.[6]

An association of stimulant laxatives and increased risk of cancer has not been demonstrated. In a metaanalysis of 14 prior studies of cathartic agents, it was found that constipation and cathartics were associated with a much lower odds ratio than various dietary components, such as fat, meat, alcohol, and low-residue diets.[7] Phenolphthalein was banned by the FDA because of increased cancer risk in animals. Yet a subsequent large case-controlled study disproved the association and identified that doses used in the animal studies excessively exceeded human doses.[2] In 1998 the FDA requested carcinogenicity data on both bisacodyl and senna. When bisacodyl animal model study results were submitted to the FDA, the agency concluded that the drug was safe and effective when used at the recommended dose and did not display any tumor risks for humans.[2] The final over-the-counter (OTC) laxative monograph rule, effective November 5, 2002, stated that data were submitted to the FDA regarding senna's safety and efficacy as an OTC laxative, and that future publications would address senna's role as an acceptable OTC laxative. It also stated that stimulant laxative ingredients like cascara or casanthranol be reformulated to contain senna instead.[8]

Tolerance, the need to increase laxative dose to maintain the desired response, may be uncommon in most laxative users.[2] Though not extensively studied in humans, a clinical study by Preston and Lennard-Jones did not show a loss of stimulant laxative effect except in patients with slow-transit constipation.[2,9] With worsening constipation, the dose of a laxative may need to be increased but not because of reduced efficacy.

The myth that stimulant laxatives cause addiction or abuse results from the belief that their use contributes to weight-loss. Laxative-induced diarrhea for the purpose of weight loss is not a therapeutic goal.

Prevention of constipation is an optimal goal for everyone. Eating a well-balanced diet that includes grains, fresh fruits and vegetables, along with drinking plenty of fluids, and exercising regularly will help with prevention. Knowledge about normal bowel movement frequency alleviates many fears.

When constipation does occur, fiber laxatives are a first choice for treatment. Constipation lasting longer than three weeks or when accompanied by pain or bleeding should be discussed with a healthcare professional. When laxatives are needed for treating a medical condition or as part of a treatment plan for drug-induced constipation, chronic laxative use should not be fraught with fear because of myths or misconceptions.

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