

Editorial

Constipation – Management and Treatment

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Introduction: Constipation can be an uncomfortable and frustrating condition that affects people of all ages. It occurs when bowel movements become infrequent or difficult to pass, often resulting in discomfort and bloating. While occasional constipation is common and usually not a cause for concern.

Chronic constipation is a common condition seen in family practice among the elderly and women. There is no consensus regarding its exact definition, and it may be interpreted differently by physicians and patients. Physicians prescribe various treatments, and patients often adopt different over-the-counter remedies. Chronic constipation is either caused by slow colonic transit or pelvic floor dysfunction, and treatment differs accordingly.

In general, the prevalence of constipation among the general population, women are 2 to 3 times more likely to have constipation than men in terms of prevalence.¹⁻⁵ and physical symptoms.⁶ Possible reasons include higher risk of injury to the pelvic floor from childbirth⁷ and the general willingness of women to report their symptoms and respond to surveys. Advanced age is also a risk factor for chronic constipation, with the largest increase in prevalence after the age of 70 years.

In general, constipation has a significant impact on quality-of-life indicators irrespective of culture and nationalities,⁸ especially on the elderly. A recent systematic review showed that impairment caused by constipation as measured by Health-Related Quality of Life scores predominates in the mental health domains and is comparable to that caused by serious chronic conditions such as osteoarthritis and diabetes.⁹

Etiology**Extrinsic Factors**

Low fiber intake, inadequate hydration, reduced mobility as the result of general functional decline and institutionalization, reduced sensation of thirst, electrolyte disturbances (hypercalcemia, hypokalemia, hypermagnesemia), endocrine and metabolic disorders (e.g., diabetes mellitus, hyperparathyroidism, hypothyroidism, chronic renal failure), neurological disorders (e.g., dementia, Parkinson disease, neuropathies, multiple sclerosis, spinal cord injuries, cauda equine syndrome), psychological comorbidities (e.g., depression, distress, personality disorders, or history of abuse), and concurrent medications (e.g., anticholinergics, diuretics, β -blockers, opiates, iron supplements, calcium channel blockers, antidepressants, acetaminophen, aspirin and NSAIDs)

all are said to contribute to chronic constipation, especially in the elderly.^{10,11-12}

Intrinsic Factors

Intrinsic factors leading to chronic constipation can be broadly classified into 2 categories: pelvic floor dysfunction (PFD) and slow colon transit time (STC). A retrospective study reported the prevalence of PFD as 37% and STC as 23%, based on physiologic tests. However, a clear distinction between the two is often impossible, with an overlap of up to 55%.¹³

Complications

1. **Fecal Incontinence:** Constipation can lead to fecal incontinence, especially in older adults
2. **Hemorrhoids:** Straining during bowel movements can increase the risk of hemorrhoids
3. **Anal Fissure:** Constipation can cause anal fissures, especially in individuals with hard stools
4. **Organ Prolapse:** Chronic constipation may contribute to pelvic organ prolapse.
5. **Fecal impaction and bowel obstruction:** Prolonged stasis of fecal matter leads to impaction and giant fecolith obstructing the large bowel, necessitating surgery.
6. **Bowel perforation and stercoral peritonitis:** Extremely impacted feces (fecaloma) can compress the colonic wall, causing an ischemic ulcer and subsequent perforation.

Management and Treatment

- **Lifestyle Modifications:** Increasing dietary fiber, fluid intake, and exercise may help alleviate constipation, but evidence is limited

• Medications:

- **Bulk-forming agents:** Psyllium and methylcellulose can help soften stool and promote bowel movements

- **Osmotic agents:** Polyethylene glycol (PEG) and lactulose can help retain water in stool

- **Stimulants:** Senna and bisacodyl can stimulate bowel movements

- **Newer agents:** Chloride channel activators (lubiprostone) and 5-HT₄ receptor agonists (prucalopride) show promise in treating chronic constipation

- **Biofeedback Therapy:** Effective for pelvic floor dysfunction-related constipation

Other Treatments:

- Bacteriotherapy (Probiotics)
- Traditional Chinese Medicine
- Surgery

Instead of relying on over-the-counter medications, consider trying these three simple yet effective tips for quick relief from constipation.

Jaggery and ghee after lunch: For a post-lunch digestive boost, combine equal portions of powdered jaggery and ghee. Jaggery is rich in iron, while ghee provides essential fats. This powerful duo promotes smoother digestion, enhances nutrient absorption, and aids in the efficient elimination of toxins from the body. Incorporating this simple ritual into your daily routine can work wonders for your digestive health.

Any melon for an evening snack: Dehydration often contributes to constipation. Melons, with their high water content, are the perfect remedy. They not only hydrate your body but also provide essential nutrients and help restore your electrolyte balance. Enjoy a refreshing serving of melon as an evening snack around 3-4 PM. If melons aren't in season, a ripe banana is a suitable alternative to keep your hydration levels in check.

Sesame seeds at dinner: Enhance your dinner with the inclusion of sesame seeds. These tiny powerhouses are packed with fibre, vitamin E, and essential fatty acids, all of which facilitate the digestive process. To incorporate them into your meal, simply add a teaspoon of sesame seeds to your dough when making roti. Whether you opt for jawar roti, ragi roti, or whole wheat roti, this small addition can go a long way in relieving constipation and promoting overall gut health. Constipation is a common issue that can disrupt your daily life, but it's often manageable with simple lifestyle changes. By increasing your fiber intake, staying well-hydrated, and incorporating regular exercise into your routine, you can promote healthy digestion and find quick relief from constipation. Remember that consistency in these habits is key to maintaining regular bowel movements and preventing future bouts of constipation.

The standard advice of increasing dietary fibers, fluids, and exercise for relieving chronic constipation will only benefit patients with true deficiency. Biofeedback works best for constipation caused by pelvic floor dysfunction. Pharmacological agents increase bulk or water content in the bowel lumen or aim to stimulate bowel movements.

If problems persist, don't hesitate to seek medical advice for a more comprehensive evaluation and treatment plan.

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