

Constipation

What Is Constipation?

Constipation is very common in children and adults. Symptoms vary from person to person but can include

- Stools that are too hard or too small
- Stools that are hard to pass
- Stools that are too infrequent (less than 3 times per week)
- A sense that the bowels are not completely empty

Constipation has no single cause. Some people do not get enough fiber in their diet. For others, constipation may be caused by certain medicines, such as opiates (used to control pain) or ondansetron (used to control nausea and vomiting). Constipation can also be caused by certain medical conditions, such as multiple sclerosis or Parkinson disease. Constipation can come and go. Sometimes it can last for weeks, months, or years. This is called **chronic constipation**.

How Is Constipation Diagnosed?

Constipation can be diagnosed based on symptoms and a physical examination.

You should see your health care provider if you have

- Severe constipation
- Unexplained weight loss
- Blood in your stool
- A change in bowel habits for more than 2 to 3 weeks

You should tell your health care provider which medicines you take. Your provider may do a rectal examination to check for abnormalities. Other tests may include blood tests or x-rays. Your provider also might suggest **sigmoidoscopy** or **colonoscopy** to view the inside of your bowels.

How Can I Prevent Constipation?

If possible, you should stop taking medicines that can produce constipation, but you should discuss this with your provider first.

Changing your bowel habits might be helpful. Your bowels are most active in the morning, when you wake up. They are also active after meals. You should not ignore your body's signals to have a bowel movement. Having a bowel movement is often most convenient after breakfast, but trying to have a bowel movement after any meal might help.

Increasing fiber in your diet may improve or eliminate constipation. Recommended fiber intake is about 1 ounce per day. You can

Author: Arnold Wald, MD

Conflict of Interest Disclosures: Dr Wald has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and reports advising Takeda Sucampo, Ironwood, Actavis, Entera Health, and Forest Laboratories.

Source: Wald A. Constipation: advances in diagnosis and treatment. *JAMA*. doi:10.1001/jama.2015.16994.

Preventing Constipation

Establish a good toilet routine

Don't ignore the urge to have a bowel movement



Eat more fiber-rich foods

Fruits
Vegetables
Legumes, nuts, and seeds
Whole grains, cereals, and pasta

get this by eating fruits and vegetables. You can also use fiber products such as **psyllium**, **methylcellulose**, **calcium polycarbophil**, and **wheat dextrin**. You should increase these supplements a little at a time to avoid bloating or gas. Not all people can tolerate fiber supplements.

Changing your bowel habits and increasing dietary fiber are simple things you can try first. Other specific treatments or medicines will be covered in a forthcoming JAMA Patient Page.

FOR MORE INFORMATION

National Institute of Diabetes and Digestive and Kidney Diseases

www.niddk.nih.gov/health-information/health-topics/digestive-diseases/constipation/Pages/overview.aspx

+ To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's website at www.jama.com. Spanish translations are available in the supplemental content tab.

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 312/464-0776.

Treating Constipation With Medications

A number of medicines are available to treat constipation.

This is the second of a 2-part Patient Page on constipation. Part 1 provided a general overview and was published in *JAMA* on January 12, 2016.

Laxatives

Changing your bowel habits and increasing dietary fiber can help prevent constipation (see [Part 1](#)). But if you have tried these steps and still have constipation, a variety of **laxatives** are available. Some may require a prescription, but many are available over the counter. Although laxatives can cause minor side effects such as diarrhea and cramps, they are considered effective and safe.

Laxatives work in different ways. In general, they belong to 1 of 4 groups.

Bulk-forming laxatives include

- Psyllium (Konsyl, Metamucil, Perdiem)
- Methylcellulose (Citrucel)
- Calcium polycarboxylate (Fibercon, Fiber-Lax)
- Wheat dextrin (Benefiber)

You should take bulk laxatives with plenty of fluid. You should also increase the dose slowly. This can help reduce gas and cramping.

Hyperosmolar laxatives include

- Polyethylene glycol (Miralax, Glycolax)
- Lactulose
- Sorbitol

Lactulose and sorbitol are equally effective but can cause gas and bloating. Of these, sorbitol costs less. Polyethylene glycol does not cause gas. It is also available in the United States without a prescription.

Saline laxatives include

- Magnesium hydroxide (Milk of Magnesia)
- Magnesium citrate (Evac-Q-Kwik)

These work like hyperosmolar laxatives but often are more effective. But you should take them no more than twice a week. Also, you should use them with caution if you have kidney disease.

Stimulant laxatives include

- Senna (Ex-Lax, Senokot, Castoria)
- Bisacodyl (Correctol, Doxidan, Dulcolax)

All are available without prescription. Generic versions are equally effective and cost less. Overuse of stimulant laxatives can cause side effects. But they are safe and effective when used correctly and may be used regularly.

New Treatments

Lubiprostone (Amitiza) and linaclotide (Linzess) are prescription medicines that increase fluid content in the bowels. Both are expensive but may be recommended if other treatments have not worked.

Several treatments that have been commonly used should be avoided. These include

- Emollients (mineral oil; docusate). These soften stool by adding moisture. But laxatives are safer.
- Some natural products contain ingredients found in laxatives. But their dose and purity may not be carefully controlled.
- Homemade enemas containing soap suds, hydrogen peroxide, or household detergents. These can irritate the bowel.

FOR MORE INFORMATION

National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov/health-information/health-topics/digestive-diseases/constipation/Pages/overview.aspx

 To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s website at www.jama.com/. Spanish translations are available in the supplemental content tab.

Author: Arnold Wald, MD

Conflict of Interest Disclosures: Dr Wald has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and reports advising Takeda Sucampo, Ironwood, Actavis, Entera Health, and Forest Laboratories.

Source: Wald A. Constipation: advances in diagnosis and treatment. *JAMA*. doi:10.1001/jama.2015.16994.

The JAMA Patient Page is a public service of *JAMA*. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, *JAMA* suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 312/464-0776.