Constipation

By PALS Diane Huberty, CNRN
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What is constipation?
That may sound like a foolish question, but many people think of constipation as having infrequent bowel movements. It is actually defined as having dry, hard stools that are hard to pass. Many people have only a couple of bowel movements a week, but if they do so without straining, they are not constipated.

Normally food is liquefied in the stomach by digestive juices and moves through the small intestine in liquid form. Nutrients are absorbed in the small intestine. Waves of muscle contraction called peristalsis move the remainder along into the large intestine. In the large intestine, water is reabsorbed from the left over waste product, leaving just fecal material (stool) that is moved along and passed out of the body in a bowel movement.

Anything that changes the speed with which food moves through the large intestine interferes with the reabsorption of water and causes problems. Rapid passage causes diarrhea, slowed passage allows too much water to be reabsorbed, leaving hard, dry stool that doesn’t move easily through the bowel. Many medications affect this but constipation is common for anyone with poor mobility. Lack of activity and exercise slow down bowel mobility. Long delays in getting to the bathroom further complicates the problem by keeping the stool in the large intestine longer where it becomes dryer and harder. In ALS swallowing problems make getting a good diet and sufficient fluids difficult and the problem gets worse. Breathing problems make it difficult to take a deep breath and bear down, something we don’t even realize is important in having a bowel movement until we cannot do it. Because so many things contribute to constipation in the ALS patient, the solution may change over time.

Although we joke about constipation, it is a miserable experience and should never be taken lightly in the ALS patient. Loss of appetite from frequent constipation leads to weight loss, weakness, and dehydration. It can progress to nausea and vomiting, very dangerous for a person who cannot turn over when lying on his back. The blockage can become so severe as to require hospitalization to correct.

Diet
The first- and best- way to approach constipation is by improving your diet. Eat lots of high fiber foods. (Check with your doctor if you have other digestive or bowel problems or are on a special diet.) There are many high fiber cereals available and granola bars are convenient and easy to handle when feeding yourself begins to be difficult. Raw fruits and vegetables are also easy to eat sources of fiber if swallowing is not a problem. Drink lots of fluids. If you are using tube feeding, fiber is added to most tube feedings formulas and high-fiber formulas are available. When diet alone isn’t quite enough, try the old remedy of prunes or prune juice. It really does work!
Laxatives

Remember that everyone’s bowel pattern is different. Very few people need to have a daily bowel movement. Every other day or every third day is probably most common. **Insisting on a daily bowel movement and using laxatives to try to attain it is asking for trouble!**

There are basically 3 types of laxatives:

- **Bulk or Fiber Laxatives** supply the fiber necessary to add bulk, which holds water and makes it easier to move the stool through the bowels.

- **Stool Softeners** also keep the water content of the stool higher, which keeps it softer and allow it to move more easily through the bowels.

- **Stimulants** increase the muscle contractions (peristalsis) of the bowel, which moves the stool along. These are available as pills that generally result in a bowel movement in 6-12 hours and as suppositories that work within an hour.

Generally the first laxative recommended is a high fiber laxative such as Metamucil or Citracel. Fiber laxatives are available as a powder, (which is mixed with water or juice and generally needs to be drunk fairly quickly before it thickens to a goo) a tablet, or a chewable tablet. Fiber laxatives are very slow acting are generally taken daily to prevent constipation rather than for relief once constipation is making you uncomfortable. For the ALS patient there are two concerns with this type of laxative. First, it is essential that fluid intake be very good. Taking fiber laxatives without enough fluid can cause intestinal blockage. Second, they are not to be used when swallowing problems begin. Failure to drink enough water to wash down the fiber might allow it to begin to swell in the esophagus and this requires immediate medical attention. Fiber laxatives can safely be given through a feeding tube, but the fiber needs to be promptly followed by flushing the tube with water to prevent clogging.

Stool softeners are often ideal for ALS patients. Not only do they help when fluid intake is difficult, but they also are very helpful when breathing problems make it difficult to bear down and push. The longer stool remains in the digestive tract, the more water is removed from it. As the stool becomes dryer, it becomes harder and more difficult to move along. Stool softeners prevent the drying and allow the stool to move through with normal peristalsis. They do not cause cramping or urgency but greatly reduce the amount of straining needed to have a bowel movement. Stool softeners are generally taken daily as a preventative measure. Stool softeners are available in pill or liquid form.

(Note: I don’t know about other brands, but Colace liquid needs to be diluted in juice or it burns all the way down!) If the stool softener alone isn’t sufficient, they are also available combined with a stimulant laxative.

Stimulant laxatives increase the normal peristalsis to move the stool quickly and forcefully along. Most are intended to be fairly gentle result in a bowel movement within 6-12 hours, but even these can cause cramping. If constipation is already making you uncomfortable, suppositories will provide relief within a hour but are likely to cause cramping. Stimulant laxatives should be reserved for occasional use until other methods fail.

Frequent use of stimulant laxatives can actually aggravate constipation because the bowels become dependent on them for the stimulation for even normal peristalsis. Stool softeners and stimulants are available in combination and may be needed when stool softeners alone are not effective.

Enemas are all right for occasional use but are generally the last resort as a routine method of bowel management. The repeated distension of the bowel can eventually cause loss of bowel tone, which aggravates the problem. This “eventual” problem is not a concern for the ALS patient who does not plan on going on a vent, but should be considered when planning a bowel program for long term use.
Daily Routine

Few people need to have a daily bowel movement but having a routine time when you can spend a longer period of time on the toilet is helpful. Although choosing a time is probably going to be more a matter of convenience for your caregiver, if you already have a certain time of day you are more likely to have a bowel movement, try to arrange for that time. If having a bowel movement at a consistent time of day is important because you don’t always have the necessary help to get to the toilet the rest of the day, you can encourage that schedule. Begin by using a suppository or stimulant laxative to promote bowel movements on the scheduled day at the chosen time. After a week or so, use the laxative only if you can’t have a bowel movement on your own. Within a week or two, you should be able to reduce the stimulant laxative use to very infrequently.

An unrushed and private bathroom trip is ideal, but safety and security need to be assured. Having some type of buzzer or doorbell type button (available from Radio Shack) to call for help works well. Sitting upright and as comfortably as possible is also important. Armrests and a seatbelt might be necessary for safety. (The correct and safe angle for a seatbelt is diagonal as they are in cars: The belt is around the hips and anchored lower. A belt anchored behind you at stomach level will allow you to slide down through it and end up tight around your chest.) A padded toilet seat can be a lifesaver! If you have a high-rise toilet, using a footstool and leaning forward over a pillow can help provide the necessary push. Drinking a cup of coffee or other hot beverage before or while in the bathroom will often help.

About the Author

Diane Huberty is a retired RN. She worked general Med-Surg units, then 5 years in Critical Care where she began specializing in Neuro and earned Neuro Certification (CNRN). Diane was diagnosed with ALS in 1985 at the age of 37. When her hospital opened a Neuro Unit, she was selected for the position of Neuroscience Educator. She was able to continue working in that position until 1995, when arm weakness and fatigue made it too difficult to continue and she retired. Through the Internet, Diane communicates daily with other ALS patients and keeps up on research, treatments and care issues. In addition to maintaining and posting a set of ALS Frequently Asked Questions on the ALS newsgroup (sci.med.diseases.als), she has her own ALS website (http://home.att.net/~liveletdie5/ALS/home.html) which focuses on nursing care rather than research. Diane can be contacted by email at “liveletdie@att.net “.