Constipation is a very common complaint amongst the general population and has been ascribed to the Western diet being low in fibre. Of course, nowadays, one is encouraged at every turn to improve one's fibre intake, with whole-wheat products and high-fiber cereals etc.

Supermarket grocery products usually have a statement concerning the fibre content alongside that of the sugar and fat content. Of course, constipation is not really a disease, rather it is a symptom of an underlying problem.

Constipation is an indiscriminate condition affecting men and women, young and old alike, at all educational and socioeconomic levels.

In 1993 over 10 million prescriptions for laxatives were written in England in General Practice. 5 to 10% of children are thought to have constipation.

DEFINITION:

Constipation has no universally accepted definition. Most people use the term to describe difficult and/or infrequent bowel movements. Health professionals have adopted somewhat arbitrary definitions of 2(or3) 0r less bowel movements per week and/or straining on a quarter (25%) or more movements, and/or hard/dry stools, and/or inability to expel the stool (whether hard or soft).

It is difficult to define a ?normal' frequency of stool. A study in the UK found that 99% of respondents had a bowel movement more than twice weekly but less than 3 times a day.

Even as little as one movement a week can be considered normal provided that there is no pain or bloating, and is not a recent change in bowel habit.

The concept of bowel habit is an important one in assessing whether or not the individual has clinically significant problems. Basically, as the medical definitions are fairly vague, one must compare the individual's current frequency of bowel movement with his/her usual frequency.

The 'Rome criteria' for diagnosing constipation requires one or more of the following symptoms to be present for at least 3 months:

- i) Straining at defecation for at least a quarter of the time;
- ii) Lumpy and / or hard stools for at least a quarter of the time;
- iii) A sensation of incomplete evacuation for at least a quarter of the time;
- iv) 2 or fewer bowel movements per week.

[Petticrew et al. 1997]

A practical definition might be:

Constipation is a decrease in the frequency of passage of formed stools and characterised by stools that are hard and difficult to pass.

POSSIBLE CAUSES:

- causes of dehydration;
- irritable bowel syndrome;
- intestinal obstruction
- painful anal conditions (e.g. anal fissure, haemorrhoids);
- metabolic conditions (e.g. hypothyroidism, hypercalcaemia);
- neurological conditions (e.g. spinal or pelvic nerve injury, Parkinson's disease, stroke);
- depression
- side-effect of medication (see below)
- long-term laxative use

- pregnancy
- sociological: ignoring or postponing urge to defaecate may cause blunting of the colonic and rectal response: and may lead to prolonged retention of the stool (e.g. long-distance lorry drivers may be predisposed)

CONTRIBUTORY FACTORS to constipation in the chronically ill:

- Fluid intake
- Fibre intake
- Mobility
- GI condition e.g. IBS
- Neurological deficit
- Medication