

Slide 10



Slide 11

28 year-old woman with refractory constipation

- She had chronic constipation since infancy that became progressively worse over the years to the point that she was laxative dependent. She had associated intestinal gas, bloating and lower abdominal discomfort. She did not strain but frequently had a sense of incomplete evacuation. Stool consistency was hard. There was no history of manual disimpaction. She had never had an eating disorder or a history of sexual abuse. CBC, TSH and calcium were normal.
- Medication trials: all OTC laxatives, often in combination; stool softeners; psyllium/fiber supplements; Amitiza.
- Rectal exam: normal perineal descent, high resting anal pressure, normal squeeze pressure, no paradoxical puborectalis contraction, guaiac negative

Slide 12

Constipation: definition

- Reduced frequency of bowel movements (<2/week)
- Excessive straining >25% of the time
- Hard stools >25% of the time
- Incomplete evacuation >25% of the time
- Two or more of the above symptoms for three months or more

Slide 19

Constipation Initial Management

- Exclude secondary causes of constipation (drug induced, obstructing colon lesion).
- Lifestyle changes: increased dietary fiber, adequate fluid intake, exercise, dedicated time for having a bowel movement.
- These measures may be useful, but there is limited evidence to support their benefit.

Slide 20

Over-the-counter laxatives

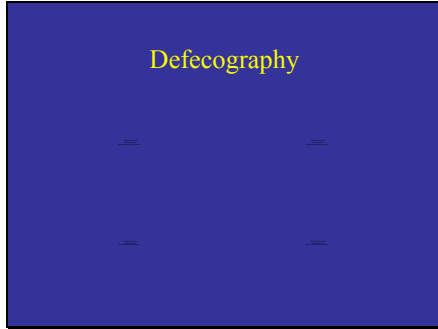
- Bulking agents: organic polymers that increase stool weight and stool water-absorbent properties.
- Stool softeners: act as detergents, allowing water to interface more effectively with solid stool.
- Osmotic laxatives: contain poorly absorbed ions or molecules which create an intraluminal osmotic gradient, enhancing water retention in the lumen.
- Stimulant laxatives: stimulate colon myenteric plexus resulting in increased intestinal motility.
- Limitations: unpredictability, bloating, poor symptom relief (50% of patients).

Slide 21

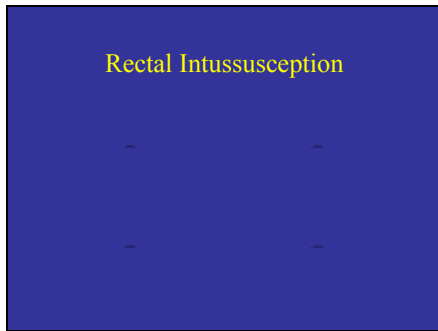
Constipation: newer pharmacologic therapies

- Chloride channel activators: lubiprostone (Amitiza). Increased chloride secretion/passive secretion of Na and water induces peristalsis. Side effects: nausea, abdominal distention/flatulence.
- Guanylate cyclase C-receptor activators: linaclotide. Increases luminal chloride and bicarb secretion causing increased fluid secretion and acceleration of intestinal transit; also decreases visceral hypersensitivity by direct action on afferent gut nerves.

Slide 43



Slide 44



Slide 45

