

3. **What additional history, physical examination, and/or laboratory testing would you want to obtain?**

4. **Assuming that a careful history suggests constipation-predominant IBS and the physical exam is normal, what therapy will you recommend?**

CASE TWO:

Another 37-year-old woman is next, complaining of constipation. Although she has a bowel movement every day or two, she has to strain for several minutes to pass stool. She admits with embarrassment that she sometimes has to insert her fingers in her vagina and push posteriorly in order to evacuate. Her stools, when finally passed, are sometimes soft. Over-the-counter laxatives, “just don’t seem to do much.” She has tried enemas in the past, but they’ve “stayed inside” and have been difficult to evacuate.

5. **What do you think this patient has?**

6. **How will your workup proceed from this point to reach a diagnosis?**

7. **What treatment would you offer?**

CASE THREE:

A 57-year-old man is next on your schedule. “I just don’t get it, Doc. I’ve been as regular as a clock all my life, but for the last few weeks I’ve been getting more and more bound up.” He relates increasing abdominal pain, nausea leading to loss of appetite, and a four-pound weight loss. He has noted some blood on the toilet tissue and on his stools.

8. What are your thoughts so far? What would you want to know?

9. Assuming his exam is not diagnostic, what would you do next?

(Adapted from Fortin, et al., 2005, used with permission by McGraw-Hill)

Approach to the Patient with Constipation

- Determine if constipation is acute or chronic (longstanding constipation is less likely to be due to serious disease and more likely to be functional).
- Assess for alarm features.
- Assess for symptoms of other medical conditions causing constipation (eg., hypothyroidism, irritable bowel syndrome).
- Obtain a complete medication list, including over-the-counter medications, alternative therapies; assess for constipation as medication side effect.
- If constipation is chronic, determine patient's idea of "normal" bowel function (patients with bowel preoccupation may have unrealistic ideas about "regularity").
- Obtain a dietary history to estimate fiber and fluid intake.

IDENTIFYING ALARM SYMPTOMS

- Recent onset constipation with abdominal pain, weight loss or rectal bleeding may signal serious organic illness such as colon cancer or stricture. Abdominal pain also is a prominent feature of irritable bowel syndrome (IBS), a much more common, benign, functional condition. In IBS the pain is usually relieved by a bowel movement.

Alarm Symptoms	If present, consider...
Unintentional weight loss Recent onset	Colon cancer, depression Colon cancer, metabolic or endocrine disorder, medication side effect, psychosocial stressor
Hematochezia/rectal bleeding/melena	Colon cancer, diverticulosis, stricture, anal fissure, hemorrhoids, colitis
Significant abdominal pain	Cancer, diverticulitis, irritable bowel syndrome
Change in stool caliber	Colon cancer, stricture, anal fissure, hemorrhoids
Nausea, vomiting	Bowel obstruction (eg., tumor, stricture)
Fever	Diverticulitis, cancer, colitis
Back pain, saddle anesthesia, leg weakness/numbness, difficulty urinating	Spinal cord process

Differential Diagnosis of Constipation

<p>Obstruction: Anal fissure Colon cancer Fecal Impaction Ileus Megarectum Strictures (diverticular, post-radiation or post-ischemic) Thrombosed hemorrhoids Outlet dysfunction Pregnancy</p> <p>Metabolic and endocrine conditions: Diabetes mellitus Hypercalcemia Hyperparathyroidism Hypokalemia Hypomagnesemia Hypothyroidism Lead poisoning Pregnancy Uremia</p> <p>Neurogenic disorders: Autonomic neuropathy Chagas disease Hirschsprung disease Neurofibromatosis</p> <p>Central nervous system disorders Multiple sclerosis Parkinson disease Spinal cord tumor or injury Cerebrovascular accident</p>	<p>Medication side effect: Antacids (aluminum- and calcium-containing) Anticholinergics Antidiarrheals Antidepressants Antipsychotics Antispasmodics Calcium supplements Cholestyramine Clonidine Iron supplements Levodopa Nonsteroidal anti-inflammatory drugs Opiate analgesics Sympathomimetics Verapamil</p> <p>Psychosocial/colorectal motility dysfunction: Slow transit constipation Constipation-predominant irritable bowel syndrome Depression Outlet dysfunction Idiopathic chronic constipation Low-fiber diet Sedentary lifestyle Somatization</p> <p>Muscular and connective tissue disorders: Amyloidosis Systemic sclerosis Myotonic dystrophy</p>
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The correct position for defecation.

From: Dietary Guidelines for Americans, 2005, Appendix B: Food Sources of Selected Nutrients.
<http://www.health.gov/dietaryguidelines/dga2005/document/html/appendixB.htm> accessed
 09/28/09

Appendix B-8. Food Sources of Dietary Fiber

Food Sources of Dietary Fiber ranked by grams of dietary fiber per standard amount; also calories in the standard amount. (All are $\geq 10\%$ of AI* for adult women, which is 25 grams/day.)

Food, Standard Amount	Dietary Fiber (g)	Calories
Navy beans, cooked, ½ cup	9.5	128
Bran ready-to-eat cereal (100%), ½ cup	8.8	78
Kidney beans, canned, ½ cup	8.2	109
Split peas, cooked, ½ cup	8.1	116
Lentils, cooked, ½ cup	7.8	115
Black beans, cooked, ½ cup	7.5	114
Pinto beans, cooked, ½ cup	7.7	122
Lima beans, cooked, ½ cup	6.6	108
Artichoke, globe, cooked, 1 each	6.5	60
White beans, canned, ½ cup	6.3	154
Chickpeas, cooked, ½ cup	6.2	135
Great northern beans, cooked, ½ cup	6.2	105
Cowpeas, cooked, ½ cup	5.6	100
Soybeans, mature, cooked, ½ cup	5.2	149
Bran ready-to-eat cereals, various, ~1 oz	2.6-5.0	90-108
Crackers, rye wafers, plain, 2 wafers	5.0	74
Sweet potato, baked, with peel, 1 medium (146 g)	4.8	131
Asian pear, raw, 1 small	4.4	51
Green peas, cooked, ½ cup	4.4	67
Whole-wheat English muffin, 1 each	4.4	134
Pear, raw, 1 small	4.3	81
Bulgur, cooked, ½ cup	4.1	76
Mixed vegetables, cooked, ½ cup	4.0	59
Raspberries, raw, ½ cup	4.0	32
Sweet potato, boiled, no peel, 1 medium (156 g)	3.9	119
Blackberries, raw, ½ cup	3.8	31

Potato, baked, with skin, 1 medium	3.8	161
Soybeans, green, cooked, ½ cup	3.8	127
Stewed prunes, ½ cup	3.8	133
Figs, dried, ¼ cup	3.7	93
Dates, ¼ cup	3.6	126
Oat bran, raw, ¼ cup	3.6	58
Pumpkin, canned, ½ cup	3.6	42
Spinach, frozen, cooked, ½ cup	3.5	30
Shredded wheat ready-to-eat cereals, various, ~1 oz	2.8-3.4	96
Almonds, 1 oz	3.3	164
Apple with skin, raw, 1 medium	3.3	72
Brussels sprouts, frozen, cooked, ½ cup	3.2	33
Whole-wheat spaghetti, cooked, ½ cup	3.1	87
Banana, 1 medium	3.1	105
Orange, raw, 1 medium	3.1	62
Oat bran muffin, 1 small	3.0	178
Guava, 1 medium	3.0	37
Pearled barley, cooked, ½ cup	3.0	97
Sauerkraut, canned, solids, and liquids, ½ cup	3.0	23
Tomato paste, ¼ cup	2.9	54
Winter squash, cooked, ½ cup	2.9	38
Broccoli, cooked, ½ cup	2.8	26
Parsnips, cooked, chopped, ½ cup	2.8	55
Turnip greens, cooked, ½ cup	2.5	15
Collards, cooked, ½ cup	2.7	25
Okra, frozen, cooked, ½ cup	2.6	26
Peas, edible-podded, cooked, ½ cup	2.5	42

* **Adequate Intakes (AI)**—A recommended average daily nutrient intake level based on observed or experimentally determined approximations or estimates of mean nutrient intake by a group (or groups) of apparently healthy people. The AI is used when the Estimated Average Requirement cannot be determined.

Source: ARS Nutrient Database for Standard Reference, Release 17. Foods are from single nutrient reports, which are sorted either by food description or in descending order by nutrient content in terms of common household measures. The food items and weights in these reports are adapted from those in 2002 revision of USDA Home and Garden Bulletin No. 72, Nutritive Value of Foods. Mixed dishes and multiple preparations of the same food item have been omitted.

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Auguste H. Fortin VI completed his residency in Primary Care Internal Medicine at NYU/Bellevue Hospital, and his general medicine fellowship at Johns Hopkins Hospital. He obtained his MPH at Johns Hopkins University School of Hygiene and Public Health. His academic interests include the bio-psychosocial model, doctor-patient communication, psychosocial medical education, and spirituality in medicine.