

CONSTIPATION, OBSTIPATION OR CONGESTION?

What is constipation?

This may sound like a ridiculous question, but a lot of people think of bowel issues when they hear “constipation”. However constipation is the difficult passing of hard and/or dry stool or having very little bowel movements. When your bowel movement pattern is a few times a week and you don’t have to put any effort into it, you are not constipated.

A short explanation about digestion. Digestive juices are added in the stomach to make the food moist. Our food then ends up in the small intestine in a liquid state. Here the nutrients are taken from the food. By using waves of muscle contractions or, with an educated word, peristaltic movements, the remaining food is pushed towards the colon. Here the liquid is extracted. The feces or poop is pushed along and leaves the body as bowel movements.

When the bowel movements remain in the colon too long, too much water is extracted which creates hard and dry excrements. This is what is called constipation.

At the heart of constipation could be medicine (e.g. codeine in painkillers, cough syrups, medicine against depression, high blood pressure and some heart conditions). But there is also a general problem with people who don’t move enough. Exactly because of the lack of movement you get delayed peristaltic. Putting off going to the bathroom for a long time leads to further complications, because the longer you wait to go the more fluid is extracted and the dryer and harder the stool will be.

When you have ALS, your abdominal muscles can be affected and you may have to deal with a generally delayed digestion. Especially ALS patients with swallowing problems have fewer possibilities to follow a well-balanced diet and also have it more difficult to take in enough fluids which makes the problems worse. But breathing problems also bring along issues, because to push you need to breathe in deeply. Because different aspects play a part in constipation with an ALS patient, the possible solutions will vary in time.

Despite that we often joke about constipation, it’s a lousy experience and you can’t take it too lightly when you have ALS. A loss of appetite often causes constipation and leads to weight loss, weakness and dehydration. It can lead to nausea and vomiting, which can be very dangerous for a person who can’t move to turn on his back. Sometimes the congestion can become so bad hospitalization is necessary.

The first step: the diet

The first and also best way to deal with constipation is adjusting your way of eating.

- Eat food containing a lot of fiber (do consult your doctor when you have other digestion problems or are already following a diet). There are different kinds of cereal and granola bars available in stores which contain lots of fiber. Use whole grain bread and other whole grain products such as (e.g. cereal, oatmeal), legumes, vegetables (300 grams a day) and fruit (2 pieces a day). A daily menu filled with fiber contains about 30 grams of fiber a day. A cold potato or pasta salad can also have a good effect on the bowel function.
- Give priority to a multigrain bread, possibly changed up with whole wheat or bran bread. Once in a while you can put a spoon of bran in your yoghurt, glass of milk or buttermilk.
- Fresh or dried fruit (plums, pineapple, pears, ...) and raw or fiber containing vegetables (asparagus, ...) are ideal, especially when swallowing isn’t a problem. But also gingerbread (breakfast cake), syrup and the juice of citrus fruits can help.
- Drink a lot: too little fluid causes the stool to get too hard. Drink 1 or 2 glasses of lukewarm water early in the morning on an empty stomach or drink a cup of coffee and afterwards between and during meals. It’s best to drink at least a liter and a half up to two liters of water a day.
- Fibers can also be added to the most formulas of gavage. Even high fiber gavage is available.
- When a diet isn’t enough, try the old remedies such as plums or plum juice. It really works.
- Choose for food with a high moisture percentage (pudding, sorbet, ...).

However you do need to keep in mind that there are two kinds of food that stimulate constipation:

1. Tendency to slowing down the intestinal transit, as in the food that is filled with starch (rice, potatoes, pasta) and food patterns containing too many sugar (candy, cookies, sugared drinks) and too little fruit and vegetables.
2. Food with a constipating effect or that absorb the fluid in the intestines. They enlarge the volume of the stool and lower the frequency. This mainly concerns milk, blueberry juice, red wine, tea that’s steeped too long, eggs, flour, cinnamon, bananas, carrots, quinces, biscuits, toast and white rice.

Choosing the right laxative

First of all you need to avoid laxatives, laxative teas and herbs and if you take them don't take them any longer than 2 to 3 weeks, unless your doctor advises otherwise.

Other than that you need to be aware that everyone's bathroom needs are different. Some people don't produce stool every day. For them it's normal to go every two or three days. Therefore you can't demand of your body to create daily stool and use laxatives for this purpose.

There are different laxatives:

1. Bulking agents are fiber products (in the shape of grains or powders that turn into a gel when touching water) which absorb water near the colon. It's necessary to drink enough when taking these products (until 2 l/day). These products work slowly and need to be taken daily.

An ALS patient needs to pay attention to two things with this type of laxative. First of all it's necessary that you're able to take in fluids easily. Taking in a fiber product without drinking enough can lead to a blockage of the intestine. Second of all they can definitely not be used when the first signs of swallowing problems arise. Drinking too little to transport the product can lead to the swelling of the esophagus and this needs immediate intervention. It can be added to the gavage without a problem, but make sure the gavage is instantly rinsed with water to prevent blockage.

2. Osmotic laxatives raise the amount of fluid in the stool. These are ideal for ALS patients, because they keep the stool soft when taking in fluids becomes more challenging and on top of that you have less problems when squeezing or pushing when you have some difficulty breathing. They don't cause cramps or an urge, but lessen the amount of pressure to move the stool. This form of laxatives is taken daily as a means of prevention instead of forcing to have stool on a certain day. They're available in the shape of pills or a fluid.

Lactitol and Lactulose are different products of this type. They're insoluble sugars that improve bowel movements through osmosis (attracting fluid). They work pretty fast and are therefore easy to dose to get a good balance between easy and yet controlled stool. They're normally safe, but can sometimes cause cramps and a bloated feeling.

Also tartrate, sulfate and phosphor from sodium and magnesium are said to work in an osmotic way. Sodium salts and salt containing laxatives with magnesium do have dangerous side effects. They can cause dehydration and on top of that they contain high doses of sodium

and magnesium, which can be dangerous to heart and kidney patients.

Using paraffin should be avoided for different reasons and this because of the possible cancer causing properties, the lessened intake of fat soluble vitamins A, D, E and K (can be avoided by not giving paraffin during dinner) and the danger to pneumonias (lung diseases) with old, weakened or bedridden patients when they choke.

3. Contact laxatives or stimulating products increase the intestine movement in a more aggressive way through a direct chemical effect near the mucosa. They're products that can't be taken on a daily basis. They are available in the shape of pills which activate bowel movements after a period of 6 to 12 hours. Suppositories on the other hand work within the hour. These products increase the normal peristaltic movements and cause the stool to be pushed forward more quickly and powerfully. This can go hand in hand with stomach aches. It's advised that these are only used in exceptional circumstances when other laxatives don't help. Using these a lot may worsen the constipation because the bowel movements become dependent on these products.

4. Laxatives for rectal use or enemas are the last method. The enemas differ mainly in quantity and chemical composition. They cause relaxation of the anus. They should be tried individually, depending on how bad the constipation is. Glycerin suppositories are soft and therefore, if necessary, you can get used to taking them daily. The remaining enemas shouldn't be used every day due to their composition, it could cause irritation of the mucosa just as habituation.

5. A last way is the associations. These are products that are often used in preparation of an operation or research and therefore do not qualify to adjust the pattern in bowel movements.

Tips

- Try to make a daily routine to stimulate regularly
- Only few have the daily need to go to the bathroom, but they do have a more or less set point in time when they'll stay on the toilet a bit longer. This makes it easier for the caregiver to make a set appointment.
- When you depend on a set time, because you can't go to the bathroom otherwise, you have to try and stimulate by that point in time. Begin by taking a suppository or a stimulating product to have bowel movements at a fixed time. After a week only use the product when you don't have spontaneous bowel movements. After a week or two only use this product sporadically.

TIPS

- An unhurried and private visit to the bathroom is ideal, but your safety should be accounted for. You better have a bell installed in the bathroom so you can always ring for someone when needed.
- Sitting up straight and preferably as comfortable as possible is also important. Arm rests and safety belts improve your safety. Use the same belt system as is done in the car: diagonally across the shoulder and horizontally across the hips. A cushion in the shape of a toilet seat can save your life! When you have a high toilet, use a footrest and lean over a pillow. The latter can help when you're squeezing/pushing.
- Drinking a cup of coffee, tea or another warm drink, up ahead or on the toilet, can also help.

Finally:

Contact your doctor if:

- Your stomach hurts
- Changing the habit of bowel movements lasts longer than 2 weeks
- There's blood in the stool, you're nauseated, lose weight or have no appetite

Translation: **Sara De Roy**