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# MOTOR NEURONE DISEASE

## FACT SHEET No 11

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### Constipation

The bowel is not directly affected by Motor Neurone Disease, but a combination of factors including immobility, change in consistency of foods and a reduced fluid intake all contribute towards constipation. Long standing constipation can lead to impaction (stool that dehydrates into a hard stool) that is almost impossible to evacuate. Constipation should be treated before it reaches this stage. Managing constipation requires a combination of factors, all needing to be carefully balanced to meet the requirements of the individual. Regular bowel function varies between individuals and goal should be to maintain the normal bowel function.

#### 1. FLUIDS AND DIET

Maintenance of an adequate fluid intake is vital in preventing constipation, regulating body temperature and replacing fluid lost through normal metabolism. The amount of fluid required each day varies between individuals. If you have the tendency to retain fluid and take fluid tablets to help eliminate excess fluid, then your daily requirements will be less, than some one who does not have fluid retention problems.

If drinking fluids is difficult because of the tendency to choke, it is time to think about a feeding tube – to provide enough liquids, if not for total nutrition.

Diet should include foods known to stimulate the bowel including stewed or fresh fruits, vegetables and high fibre cereals (as long as an adequate fluid intake is maintained). Stewed prunes or prune juice are generally effective in stimulating the bowel.

As the disease progresses with problems in swallowing and poor appetite high fibre foods are **NOT** desirable.

#### 2. MOBILITY

Active people do not usually get constipated. They may have bowel movements any time of day – usually at the same time, prompted by body internal daily rhythms and the descent of stool into the lower colon.

Immobile can affect the ability to push and often people that need assistance, ignore the urge and start the process that leads to constipation. The “push” requires abdominal strength and also a closed glottis (voicebox) to create enough pressure within the abdomen to expel the stool when the anal sphincter (the external “valve”) opens.

#### 3. IMMOBILITY

Routine and habit are important in bowel function. Immobility makes it difficult to access the toilet at the exact time the urge to use your bowels occurs. The bowel can be trained to open at the same time each day. What this requires is patience and persistence. Ideally it is best to be sitting upright on the toilet, but this is not always practical in the latter stages of MND when mobility can be significantly affected.

To train the bowel to open at the same time each day, it is necessary to sit on the toilet at the same time each day. Pay no attention to whether there is an urge or not. Don't get discouraged if nothing happens for a few days, the bowel will eventually be trained to open at the same time each day. Privacy is

essential so ensure the person is safe before leaving them alone.

The time may come when a raised toilet seat with armrests is essential to regularity.

#### **4. LAXATIVES.**

Laxatives may be necessary to maintain adequate bowel function. Begin with the stool softening agents such as coloxyl and add bowel stimulants such as movicol, senna or magnesium pelligrino (epsom salts) if needed. It is best to avoid the bulking agents such as metamucil or products containing psyllium husk, unless you are active and have an adequate fluid intake, otherwise they can cause constipation.

A regular rectal evacuant to overcome weak muscles of defecation e.g. suppositories or microlax enemas may be necessary in some situations.

Many medications will contribute to constipation, particularly medications to “dry up” saliva and some pain medications. Anyone taking pain medications that are stronger than paracetamol should also be taking a regular aperient (See Fact Sheet on Pain).

It is best to discuss the problem of constipation with your doctor or visiting nurse to formulate a management plan.

#### **NORMAL BOWEL HABITS**

A normal bowel habit can vary from three times a day to once every three days. It is important to establish what is normal for each individual. There are several causes for an alteration in normal bowel habit, and these may include one or a combination of the following:

- Dehydration
- Low dietary fibre intake
- Reduced level of activity
- Reduced muscle tone in the bowel
- Ignoring the urge to defecate
- Chronic use of stimulants
- Some medications

When treating constipation, all these factors need to be taken into account to reverse the problem.

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