



BOWEL PROBLEMS IN MULTIPLE SCLEROSIS RECOMMENDATIONS FOR MANAGEMENT

SIMPLE CONSTIPATION

Simple Constipation is very common in our Western civilization as a whole due to the highly refined foods we consume. Refined foods refer to the milling or processing procedure which removes the fibrous content from grains and some fibrous vegetables. Simple constipation can be corrected by increasing fiber and fluid in the diet, increasing activity and maintaining good toileting habits.

A HIGH FIBER DIET

Researchers have shown that high fiber control of constipation is natural and is therefore superior to the use of laxatives. Often, when diet modifications achieve the desired stool consistency, no other treatment is necessary.

A high fiber diet is a diet rich in fruits, vegetables and grains. The type of fiber is different among different food types and so it is generally a good idea to include a variety in the diet. The fiber which is removed in the refining process of grains can be purchased separately at low cost. Raw bran can be added to any food desired and in any amount necessary to achieve a bowel habit which is normal and free of constipation. The fiber content of purchased foods is included on the label and many boxed cereals and breads are high in fiber and can serve the purpose of adding additional fiber to the diet. Remember, non-fibrous foods such as meats, fish, poultry, eggs, dairy products and oils are important to include for a well-balanced diet.

The grain family has natural fiber, most of it being found in the bran and the germ part of the grain which is removed to make white flour. Therefore, wheat bread has more fiber than white bread and the bran and wheat germ contain much more fiber than does the wheat bread. The bran has more fiber than the wheat germ and therefore raw wheat bran has the most fiber of all. Bran may be called natural, raw or miller bran. It can be purchased at some supermarkets, bakeries or health food stores. Raw bran will be lower priced than factory prepared bran cereals or breads. Bought in raw form, the bran can be mixed with other foods, such as cereals, to increase the fiber.

Those using bran find that each individual must experiment to find the correct amount to use daily. The may vary anywhere between one teaspoonful to one cup daily. On the other hand, some researchers feel that regularly ingesting too much can lead to colon problems or to certain vitamin or mineral deficiencies. Once again emphasizing that if a little is good, a lot is not necessarily better.

Bran, like other fibers, causes more water to be retained in the stool so that stools become softer and larger. In order for bran to work, ample fluid intake is necessary. Two to three quarts a day are recommended for most persons, most of it being water.

Bran should be added to the diet gradually to avoid bloating and cramping that sometimes occur. This phenomena should be temporary, however, If this does occur, the amount of daily bran intake may be decreased. Generally, new users start with one to three tablespoons daily and gradually increase usage until the right amount is reached to give the stool appropriate consistency to control constipation. It may take a few days to a week to note a change in the bowel habit.

Remember, it is important to use other forms of fiber too. Some foods high in fiber include nuts (almonds being the highest, followed by peanuts, Brazil nuts, pecans, chestnuts and walnuts), popcorn, coconut, flax seed and olives. Fruits, especially dried, that have the greatest fiber include: prunes, raisins, berries and raspberries, followed by plums, bananas, apples, rhubarb, oranges and peaches. Legumes are also an excellent source of fiber, but may be gas forming. Vegetables found to be good sources of fiber are corn, parsnips, spinach, green beans, broccoli, bean sprouts, cabbage, yams, carrots, okra, beets, turnips, potatoes, radishes, onions and kale.

PATHOLOGIC CONSTIPATION

Approximately 50% of all people with multiple sclerosis complain of constipation. Constipation is usually defined as greater than three days between bowel elimination. However, it may be different for each individual and can be defined as any significant increase from what is considered normal. This may be simple constipation as described above and be appropriately treated by increasing fluid and fiber or this may be pathologic constipation. Pathologic constipation occurs due to physiologic changes in the normal bowel functions as a result of MS. In addition, medications that may be used to treat symptoms of MS may further contribute to constipation. Medical evaluation and intervention may be required to establish a pattern of regular bowel elimination.

BOWEL URGENCY AND INCONTINENCE

Bowel urgency and incontinence are also symptoms experienced by people with MS. Bowel urgency means that sensation of impending or "urgent" need to defecate. The urgent sensation can be so acute that incontinence will occur if the urge cannot be quickly met.

Bowel incontinence is the uncontrolled loss of stool. Normally, stool remains in the rectum until there is a sensation or urge. This can be controlled consciously until a decision is made to defecate. Then the usual taut external sphincter muscle, located at the lower end of the rectum, relaxes, allowing the rectum to empty itself of stool. However, if the nerve supply to the external sphincter muscle is damaged, the sphincter may either remain relaxed or relax reflexly causing incontinence. In addition, there may be a loss of normal sensation and no awareness when stool is present and therefore, no voluntary control to hold stool in the rectum, resulting in incontinence.

DIARRHEA

Diarrhea is the abnormal, frequent evacuation of watery bowel movements. Although diarrhea itself is unlikely to be caused by MS, loose stools are more difficult to retain control over than formed stools, with increased chance of incontinence.

If diarrhea occurs in small amounts, described as continual leaking, the rectum should be examined for an impaction. When fecal matter becomes impacted in the bowel, only liquid can pass around the hard mass. Impaction warrants prompt medical treatment. Sometimes X-ray is required to detect an impaction higher in the colon.

Diarrhea can be caused by food, drink or medication (including too much laxative). Generally, the diarrhea should resolve when the agent is discontinued. Always consult your doctor before discontinuing a prescribed medication. In addition, it is wise to consult your doctor before taking an antidiarrheal agent to avoid developing a continuing cycle of diarrhea and constipation.

Infection of the intestinal tract can cause diarrhea. These infections may be introduced in contaminated food or drink, or due to overgrowth of bacteria in the colon after a course of antibiotics. If diarrhea lasts more than a few days, contact your physician as special tests are often required to determine the cause. If diarrhea occurs with bloody stool, fever or dehydration, you should immediately contact your doctor.

WHAT IS A "BOWEL PROGRAM"?

A regular, established pattern, developed individually, for emptying the bowel on demand at a specific time (usually daily or every other day) to establish continence and regularity.

People with multiple sclerosis may experience either or both problems of pathologic constipation and incontinence. In addition to increased fiber and fluids, dietary changes that may be required include avoidance of foods that may increase gas, cause stools to be loose or cause constipation. However, dietary changes alone may not be sufficient. To develop regular bowel emptying and avoid incontinent episodes, a habit can be developed of emptying one's bowel at regular intervals, such as after breakfast. This allows one to be in the "right place" for the bowel movement and sets a pattern to better rely on the rectum remaining empty. For most people, a regular bowel habit means defecation every other day. For others it may need to be as frequent as twice a day or as infrequent as every third day.

A bowel program may take time to establish. Each person is different and a bowel program should be tailored according to the person's abilities and desires. Generally, individuals with simple constipation are cautioned against use of laxatives and for many a simple bowel program of establishing a regular elimination time, a good diet and daily exercise appropriate to one's condition is sufficient. Yet there are those with severe elimination problems where the bowel program will require regular use of manual rectal stimulation technique, a stimulating suppository and, in some cases, regular scheduled use of laxatives.

Establishing a pattern

Decide when the best time of day is for bowel movement (morning or evening depending on preference) and keep that routine. Eat meals and snacks at regular times each day. This helps establish a rhythm for digestion and elimination. Plan your toileting after a meal or liquid has been taken in order to take advantage of the natural stimulating effect food and drink in the stomach have on intestinal movement (gastrocolic reflex). If you know that certain fluids (coffee, tea, warm water, prune juice) stimulate your bowels, you may wish to regularly take that prior to toileting. A regular pattern of exercise also helps maintain a good bowel habit. Consult your health care provider and/or physical therapist in order to tailor increased activity to your situation.

Frequency

While daily or every other day movement is a pattern for most, people vary and others may regularly have more than one movement per day. In contrast, some persons normally move their bowels only two to three times per week. One should try to duplicate that which was previously "normal" for them.

Good toileting habits

1. Answer every natural urge to defecate. Each time an urge is ignored, the body will reabsorb more fluid from the feces in the rectum. This results in increasingly hardened stool and either constipation or impaction can result.
2. Sit upright on a toilet or commode with feet flat on the floor or a raised surface. This position is a natural aide to increasing intra-abdominal pressure and straightening of the rectal passage to facilitate expelling the stool. Some persons who have weakened abdominal muscles may be able to aid the process by applying firm pressure on the lower abdomen to help with pushing.
3. Take adequate time to allow for relaxation of the pelvic muscles required to perform the mechanics of expelling stool. Consult your doctor or therapist if spasticity seems to interfere.
4. Stress in your life may affect the bowel habit. You may need to seek help from a counselor, health care provider or support group to help you with this. However, distress that interferes with toileting may be due to the immediate environment; inadequate time, inadequate privacy, problems with mobility or help needs with transfers, etc.

LAXATIVES

A laxative is a medication that acts to promote emptying of the bowel. Mild laxatives, when used in low to moderate dosing, are used to control occasional constipation. Very strong laxatives are called cathartics or purgatives and are used to promote rapid evacuation of the intestine to "clean out the bowel" before X-rays or surgery. Mild laxatives, if used in large amounts, may also act as purgatives.

Many laxatives can be bought without a prescription. However, regular use of laxatives is generally discouraged due to potential loss of normal bowel function, upsetting normal body chemistry and becoming ill. Enemas are laxatives and routine use can lead to loss of normal bowel muscle tone and dependency as a result. Adequate attention to diet, fluid intake and exercise should be attended to before considering regular laxative use. When a laxative is required, the mildest should be chosen first in small doses with gradual increases to promote a pattern of regular bowel emptying. You should always consult your doctor regarding the appropriate laxative use.

Change in bowel function.

If your bowel habit changes noticeably in any unusual way and the new pattern persists for more than a few days, you should see a doctor. The cause of bowel problems can be discovered upon medical history taking, examination and special testing. Change in the status of one's MS, illness, change in physical abilities or change in environment such as a vacation or hospital stay, may temporarily or permanently alter bowel function and necessitate changes in the bowel program. At these times, constipation or incontinence may be more troublesome. The best advice is to adjust and resume a regular bowel program as soon as possible. However, laxatives or enemas may be required temporarily as the bowel program is being adjusted.

SUMMARY

Constipation is a common complaint among people with MS. It is often treatable by modifying diet and developing a regular routine of exercise and good toileting habits. When bowel problems are more serious due to neurological or physical causes, your physician should be consulted for diagnosis and a treatment plan.

Anti-Constipation Fruit Paste

1 lb pitted prunes
1 lb raisins
1 lb figs
3-1/2 to 4 oz packages Senna Tea
1 cup brown sugar
1 cup lemon juice

Prepare Tea: Use about 3-1/2 cups boiling water to a package of tea. Steep for 5 minutes. Strain tea to remove tea leaves.

Fruit Paste: In a large pot, add 2 cups prepared tea and fruit. Bring to a boil. Remove from heat. Add sugar and lemon juice and cool. Use blender or food processor to turn mixture into a smooth paste. Place in airtight container and store in freezer (it won't freeze).

Take 1-2 tablespoons daily.

The "Bowel Recipe"

Provides fiber, acts as a mild stimulant and increases bowel motility.

Equal parts of:
Wheat Bran
Applesauce
Prune Juice

Mix all ingredients together. Store in an airtight container in the refrigerator.

Take 1-2 tablespoons daily. Increase to 2-3 times a day as needed.

BOWEL PROGRAM - HABIT TIME

A REGULAR regimen for emptying the bowel on demand at a specific time to establish continence and regularity.

Requirements of a Successful Bowel Program

- Careful and complete history and examination by your physician.
- Your active participation, consistency and perseverance.
- Regular daily schedule.
 - Try to determine a previous normal routine and duplicate.
 - Allow 1/2 hour for program.
- Regular physical activity.
 - Establish an appropriate exercise program.
- Ensure access to adequate facilities: privacy, comfort, positioning of feet on floor and hips flexed at 90°
- Stimulate bowel reflex functions.
 - Gastrocolic Reflex: food in the stomach (i.e., breakfast) or warm beverage stimulates bowel motility.
 - Mechanical stretch of anal sphincter: digital stimulation or suppository facilitates local reflex evacuation.
- Adequate fluid intake: 6-8 glasses per day.
- Emotional factors: depression - anxiety - fear
 - These can influence life style and alter daily routine through effects on diet, daily routine, activity level and mobility.
- Attention to dietary factors.
 - Increase fiber - raw fruits with skin, vegetables with long fibers, whole grain cereals and breads and wheat bran.
 - If bowel incontinence is a problem:
 - Avoid gas-forming foods - beans, onions, cabbage, broccoli, corn, nuts and carbonated beverages.
 - Avoid foods that can cause diarrhea - caffeine, high quantities of milk products and fruit juices and "sugar-free" foods with sorbitol.
 - Avoid foods that can be constipating - tea, cheeses and white rice.
 - Yogurt with active or live cultures to reintroduce normal bacterial flora into the bowel may be of value after or during a course of oral or systemic antibiotics.
- Bowel agents/medication
 - Your doctor can assist you in choosing the agents that will help facilitate your bowel program.

Chronic laxative use/abuse, especially over the counter laxatives, including herbal preparations, can cause abdominal cramping, fluid and electrolyte disturbances and malabsorption. Carhartic colon may develop due to damage of the myenteric plexus.

Bulk-forming agents, such as psyllium, may worsen constipation if accompanied with restriction of fluids or insufficient hydration.

- Some prescribed medications may adversely affect your bowel function. Ask your doctor to review your medications to see if this might be a problem.

Constipation

Anticholinergics

Ditropan

Tricyclic Antidepressants

Phenothiazines

Narcotics

Bismuth (Pepto Bismol)

Calcium Channel Blockers

Iron Supplements

Diuretics

Antacids containing aluminum

Sucralfate (Carafate)

Antihistamines

Diarrhea

Quinidine

Antibiotics

Reglan

Cochicine