

FAQ's about Constipation and Chronic Pain

- **What is constipation?**

- ◆ It is normal to have between a few bowel movements per day to two or three bowel movements per week.
- ◆ Because of the serious problems that can occur from constipation in the patient with chronic pain, the goal should be one soft bowel movement every one to two days without cramping or straining.

- **Why do patients with chronic pain have problems with constipation?**

1. Inactivity and lack of exercise can slow down the bowel. Exercise stimulates bowel contractions. Because of pain, many chronic pain patients are not active.
2. Medications frequently cause constipation. Some of the medications that frequently cause problems in pain patients are:
 - ◆ Opioids (narcotic pain medicines) such as codeine, Vicodin[®] or Lortab[®], Darvocet[®], morphine, Oxycontin[®], methadone, Dilaudid[®]. (There are the most notorious for causing constipation)
 - ◆ Tricyclic antidepressants such as amitriptyline (Elavil[®])
 - ◆ Non-steroidal anti-inflammatory drugs such as ibuprofen (Motrin[®])

Other medications that can cause constipation include:

- ◆ Iron supplements
- ◆ Calcium supplements
- ◆ Diuretics (water pills)
- ◆ Some anti-cancer drugs
- ◆ Some anti-hypertensives (drugs used to treat high blood pressure)
- ◆ Antacids that contain aluminum

- **What are other causes of constipation?**

- ◆ Inappropriate laxative use
- ◆ Drinking too little water
- ◆ Too little fiber in the diet
- ◆ Diabetes
- ◆ Hypothyroidism (low thyroid function)
- ◆ Bowel problems such as diverticulitis, irritable bowel syndrome, bowel obstruction
- ◆ Neurological problems such as a stroke
- ◆ Depression

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- **Why worry about constipation?**

- ◆ Constipation can be painful. In the extreme, it can lead to complete blockage and serious medical problems.

- **Who should be on treatment for constipation?**

- ◆ If you take opioid pain medicines on a regular basis, you should be taking medicines on a regular basis. If you take opioid pain medicines around-the-clock, you should be on bowel medicines around-the-clock.
- ◆ Again, the goal should be one soft bowel movement every one to two days without cramping or requiring straining.

- **What do you recommend for preventing constipation?**

If you...	Take...
... are taking only an occasional pain pill	...Colace [®] 100 mg pill by mouth twice a day
... are taking pain pills routinely	...Senokot-S [®] 2 tablets by mouth at bedtime
...have no bowel movements in any 24 hour period	...Increase to Senokot-S [®] 2 to 4 tablets by mouth two to three times a day
...have no bowel movements in any 48 hour period	...Dulcolax [®] 2 to 3 tablets at nighttime and up to three times during daytime (take this in addition to the Senokot-S [®])
...have no bowel movements in any 72 hour period	You need to be checked by your doctor to make sure you don't have a blockage (impaction). In addition, you will need to take additional laxatives such as <ul style="list-style-type: none">• Magnesium citrate, 8 oz by mouth, or• Lactulose 45-60 ml by mouth, or• Fleet[®] phosphasoda enema

Note: For simplicity, we have used trade names for drugs. Generic drugs may be cheaper and work just as well. Your pharmacist can help you.

- **Do you recommend bulk laxatives, such as Metamucil[®]?**

- ◆ No. In patients on large doses of opioid pain medications, bulk laxatives (fiber laxatives) can lead to a high blockage, which can be serious.

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