

Constipation in People with ALS

Constipation is defined as the inability to have a bowel movement as often as usual and/or the presence of very hard stool. Constipation can cause cramping, nausea, and/or a feeling of fullness or discomfort.

Normal Bowel Function: Varies from several times per day to three times per week. Stools should be soft, easy to pass and not painful. If you need to strain or are having fewer bowel movements compared to your usual pattern, then you may be constipated.

ALS does not affect the bowel muscles. However, constipation can occur due to:

- Decreased activity due to overall muscle weakness
- Fatigue and weakness of core muscles – difficult to push or bear down
- Decreased fluid intake due to swallowing difficulties
- Lack of fibre due to decreased intake of whole grain products, legumes (E.g. lentils, chickpeas), fruits, and vegetables
- Eating less than usual amounts of food – smaller stools are normal if you are eating less
- Lack of privacy and failure to allow adequate time for toileting
- Response to morphine, Tylenol #3, or other opioid-based medications. When using opioid medications, please consult with your Family Doctor and/or palliative team for further guidelines
- Response to other medications such as calcium and iron supplements, saliva-controlling medications, etc.

Tips to prevent constipation:

1. Maintain adequate hydration, ideally 6-8 glasses of fluids or more (e.g. water, juice, soup, thickened beverages). Excludes all caffeinated and alcoholic beverages.
 - Consult ALS Speech-Language Pathologist regarding challenges with swallowing fluids.
2. Gradually increase daily intake of foods that are high in fibre (e.g. fruits, vegetables, whole grains, legumes, ground flax, wheat bran, psyllium etc.).
 - Consult ALS Speech-Language Pathologist regarding challenges with chewing or swallowing. Consult ALS Dietitian for advice around increasing fibre in your diet.
3. Incorporate foods that are natural laxatives such as stewed prunes, prune juice, papayas, and rhubarb in your diet. Try this fruit spread recipe for another natural laxative option:

Fruit Lax Recipe	
125mL (½ cup) pitted dates	<ol style="list-style-type: none">1. Simmer dates and prune juice until dates are soft.2. Put date mixture in a blender and add figs, raisins, and prunes. Blend until smooth.3. Store in the refrigerator for up to two weeks and use on toast, crackers, ice cream, etc. <p style="text-align: center;"><i>Yields 2 cups; 1 Tbsp = 1g of fibre</i></p>
310mL (1 ¼ cups) prune juice	
125mL (½ cup) figs	
200mL (¾ cup) raisins	
125mL (½ cup) pitted prunes	

1. Use a dissolvable fibre supplement provided fluid intake is adequate. See *Fibre Supplements* resource for more information.
2. Establish and maintain a routine, such as going to the bathroom in the morning after eating.
3. Use a commode or toilet, rather than a bedpan (i.e. sitting position rather than lying).
 - Consult ALS Occupational Therapist for more information on equipment.

Laxatives

If you are still constipated after following the tips above, or if you have just started taking opioid-type medications, you may need to take a laxative. Laxatives work similarly to insoluble/soluble fibre by either helping the stool move quicker through the digestive system or by retaining water to create a softer stool.

Stimulant Laxatives (e.g. Senokot, Ducolax): Stimulant laxatives work by increasing intestinal motility. They are effective for opioid constipation. These laxatives must be taken daily to be most effective (i.e. prevent constipation). Dosages below are safe when used for constipation caused by medications. If you have a bowel movement that is soft and comfortable to pass at least every 2–3 days, continue at the current step (e.g. if desired bowel movement is reached at Step 2, continue to take 4 laxatives daily).

Day	Step	# of Stimulant Laxatives/time	Timing
Day 1	1	2 laxatives	Bedtime
Day 2			
Day 3	2	2 laxatives	Breakfast & Bedtime
Day 4	3	2 laxatives	Breakfast, Lunch & Bedtime
Day 5	4	3 laxatives	Breakfast, Lunch & Bedtime
Day 6	5	3 laxatives + bisacodyl suppository – keep suppository in place for at least 15 minutes	Breakfast, Lunch & Bedtime
If still constipated after Step 5 – consult care team nurse for more advice			

Warning: If you experience severe cramping, stop taking sennosides and call your doctor or nurse. Stop taking laxatives if you have diarrhea until you have a normal bowel movement – restart at a lower step than you were on when the diarrhea occurred. If you start having watery stools after constipation, it may be from build of hard stool being stuck (impaction), do not take diarrhea medication – call your nurse. (BC Cancer, 2016)

Bulk-Forming Laxatives [e.g. psyllium (Metamucil®), methylcellulose (Citrucel), Benefibre]: absorb water and/or increase fecal bulk. Before using bulk-forming laxatives, check with your doctor or nurse. Bulk-forming laxatives absorb water and swell up to create a softer, bulkier bowel movement. Caution: Bulk-forming laxatives need to be taken with adequate amounts of water otherwise they may make bowel movements hard and worsen constipation.

Consult your doctor or pharmacist first before using liquid laxatives that contain mineral oil or magnesium as these may not be safe for long term use.

For clients using a feeding tube: stool consistency and frequency of bowel movements may change from your usual bowel habits. Please consult your ALS Dietitian or Nurse for further intervention. **Do not** use bulk-forming laxatives through your feeding tube as it will block your tube.

For more information, please contact the ALS Centre at 604-737-6319



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