

Pelvic Physical Therapy Distance Journal Club

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An approach to the diagnosis and management of Rome IV functional disorders of chronic constipation. Aziz I, Whitehead WE, Palsson OS, et al. Expert Rev of Gastroenterology and Hepatology 2020; 14(1):39-46. Doi:10.1080/17474124.2020.1708718.

References are very helpful in identifying landmark articles

1. Rome IV for bowel disorders
7. Rome IV for anorectal disorders
17. Clinical guideline on treatment of IBS and constipation
- 43 to 46. High level studies on biofeedback treatment

Background

Disorders of chronic constipation

- Functional constipation (FC)
- IBS-C
- Opioid-induced constipation (not discussed tonight good ref 37)
- Functional defecation disorder
 - Inadequate defecatory propulsion
 - Dyssynergic defecation (DD)

Symptoms

- Infrequent BM
- Hard or lumpy stool
- Excessive straining
- Sensation of incomplete emptying or blockage
- Use of manual maneuvers
- Acute or chronic (more than 3 months)

Prevalence of chronic constipation - 9-14%

- 6% FC
- 1.5% IBS-C
- 1.5% Opioid-induced constipation
- DD unknown
- More common in older patients, women and those with low socioeconomic status

Pathophysiology

- Not completely understood
- Hypothesis - disorder of gut-brain interaction

Assessment and Diagnosis

- Symptoms
 - Bristol stool form type 1 and 2
 - GI sx - abdominal pain, bloating, vomiting (PAC-SYM outcome)
 - Red flags - unintentional weight loss, rectal bleeding, family hx of colorectal CA or IBS
 - Neurological disorders
 - Medications
- Clinical signs (physical examination)
 - Observe externally - fissures, mass, lesion
 - Palpate internally at rest - increased tone - stricture
 - Palpation internally during bearing down
 - Perineal descent desirable
 - Paradoxical contraction implies DD
 - Digital rectal exam for DD 75% sensitive, 87% specific
- Investigations (devices)
 - Balloon expulsion (BE)
 - 50 ml of water or air expelled in 1 to 2 min
 - Cannot differential between Inadequate defecatory propulsion and DD
 - Anorectal manometry (ARM)
 - Type 1 - Adequate propulsion, paradoxical PFM
 - Type 2 - Inadequate propulsion, paradoxical PFM
 - Type 3 - Adequate propulsion, insufficient PFM relaxation
 - Type 4 - Inadequate propulsion, insufficient PFM relaxation
 - Ortengren AR, et al 2020 meta-analysis questions role in DD
 - Defecography - radiological study of structural abnormality and change of anorectal angle with contract and straining
 - Coloscopy - little value except to rule out cancer
 - Colonic transit studies - little value because delayed transit occurs secondary to evacuation disorder (when evacuation improves, transit will improve)
- Diagnosis - described in detail on page 42
 - IBS-C
 - Functional constipation (FC) (no abdominal pain)
 - Opioid-induced constipation
 - Functional defecation disorder
 - Satisfy the criterion for FC or IBS-C
 - AND (+) 2 of 3 tests - BE, ARM, Defecography (not structural)

Treatment

- Conservative
 - Effective practitioner patient relationship
 - Increased fluid intake - only if dehydrated
 - Exercise - 20 min walk daily - meta-analysis
 - Soluble fiber - psyllium - Metamucil (not bran), add slowly to 20 to 30 g / day
- Pharmacological
 - Osmotic laxatives - FC and IBS-C
 - Polyethylene glycol - Miralax - best
 - Did not change abdominal pain
 - Stimulant laxatives - FC
 - Bisacodyl - Ducolax - beneficial
 - Sodium picosulphate - ? MOM - beneficial
 - Senna - Senokot - little evidence
 - Prescriptions - Linzest.....
- Anorectal biofeedback
 - Rectal manometry with bearing down practice
 - EMG with relaxation practice
 - 70% response rate for DD (not for other constipation or pediatric constipation)
 - Good evidence
 - Consider home biofeedback
 - ANMS-ESNM position paper and consensus guidelines on biofeedback therapy for anorectal disorders - open access <https://pubmed.ncbi.nlm.nih.gov/25828100/>
- Transanal irrigation - neurogenic bowel
- Nerve stimulation - little evidence
- Surgery - last resort

Discussion

1. Do you suggest OTC treatments for FC or IBS-C? which ones
2. Do you use rectal manometry or other forms of biofeedback for these patients
3. Any other successful treatments?