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CONTINUING EDUCATION CONSTIPATION

My responsibilities were:

- Worked with CE provider to identify content
- Researched topic
- Prepared outline, wrote 3 drafts
- Developed glossary & post tests

Pharmacy Education

CONTINUING EDUCATION

MANAGEMENT AND TREATMENT OF GASTROINTESTINAL DYSMOTILITY AND SENSORY DISORDERS

A Focus on Chronic Constipation

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OF GASTROINTESTINAL RDERS

the following objectives:
 constipation in the United States.
 from constipation-predominant irritable bowel
 constipation.
 contribute to symptoms of constipation.
 guidelines on the diagnosis of constipation.
 chronic constipation, including the limitations of
 management of chronic constipation.
 patients with chronic constipation.

order that affects approximately 15% of the US
 straining, hard stools, infrequent defecation,
 suffering from constipation will seek medical care;
 192,000 hospitalizations annually.²
 and physical exam to develop an appropriate
 constipation-predominant irritable bowel syndrome
 tially, constipation is often managed by lifestyle
 namely bulking agents and laxatives. Although
 effectiveness of these agents is modest.³ Further-
 for the relief of occasional episodes. Conversely,
 ment that will relieve the multiple symptoms
 is monograph will provide a thorough review of
 onpharmacological. This will enable pharmacists
 nature and diagnosis of this disorder, lifestyle

used to describe any number or combination of
 normalities.³⁰ More specifically, it is a functional
 is, in fact, a very common GI disorder, yet it is
² The condition is often described differently by
 on as fewer than 3 bowel movements per week⁴¹;
 common symptom but rather describe *multiple*
 constipation” is typically used to differentiate

persistent constipation symptoms from occasional constipation. Other “secondary” symptoms that may be present with chronic constipation include abdominal pain or discomfort, and bloating. However, the presence of clinically important abdominal discomfort with constipation shifts the diagnosis to IBS-C.

To introduce uniform standards of clinical research, an international panel of experts developed the Rome criteria as a consensus definition of functional constipation.⁹ The Rome II criteria are the research standard for the definition

- Manual maneuvers to facilitate >25% of bowel movements (eg, digital evac)
 - <3 bowel movements per week*
- Loose stools can not be present, and there must be insufficient criteria for IBS-C (see next column).

- Abnormal stool formation (lumpy/hard)⁸
- Abnormal stool passage (straining⁸, urgency, or sensation of incomplete evacuation⁹)
- The passage of mucus
- Bloating, or a feeling of abdominal distension

¹The diagnosis of a functional bowel disorder always presumes the absence of a structural or biochemical explanation for the symptoms.
 *Symptoms common to both functional constipation and IBS-C.

nts display insufficient criteria for a diagnosis
 at the prevalence of self-reported constipation

ause only about one-third of patients with the
 demiological review of the North American
 ical literature calculates that over 63 million
 ple meet the Rome II criteria for constipa-
 n. An additional 50 million people report they
 ve constipation but do not actually meet the
 me Criteria.⁴

Based on the literature, the prevalence rates
 constipation range from 2% to 28% of the
 ulation,³¹ which includes both occasional and
 onic constipation. The variability in reported
 s may be due to the wide range of definitions
 constipation, as well as differences in demop-
 hic factors and sampling (eg, self-reported
 a).^{3,32} Nevertheless, it is clear that constipation
 common disorder in the United States.

Constipation appears to be more prevalent
 people over age 65, with significant increases
 or age 70. This finding probably results from
 increased prevalence of secondary constipa-
 in the elderly. Secondary constipation indes
 constipation due to neurologic disorders
 Parkinson’s disease) and medication use (eg,
 report being constipated more frequently than
 ic status and lower education levels also report
 ial class differences may be more a factor of
 ion is also seen in children, and accounts for
 ric gastroenterologists.³¹

BOWEL DISORDERS^{33,34} Criteria for IBS-C

ing 12-month period of abdominal discomfort or
 of three of the following must be present for at least
 4 not be consecutive):
 with defecation
 ociated with a change in frequency of stool
 ociated with a change in form (appearance) of stool

at cumulatively support the diagnosis of IBS:
 stool frequency (for research purposes, “abnormal”
 stool frequency is defined as fewer than 3 bowel movements per week*)