

Bowel Issues in Multiple Sclerosis

The bowel, also known as the colon or large intestine, is the lower portion of the digestive system. Normal bowel functioning can range from three bowel movements a day to three a week. Despite the widely recommended “one movement a day,” health care professionals agree that such frequency is not necessary. The medical definition of “infrequent” bowel movements is “less often than once every three days.” A movement less often than once a week is not adequate.

Constipation and diarrhea

If the contents of the bowel move too fast, not enough water is removed and the stool reaches the rectum in a soft or liquid state known as diarrhea. If movement of the stool is slow, too much water may be absorbed by the body, making the stool hard and difficult to pass. This condition is constipation. Constipation can prevent any of the stool from being eliminated, or it can result in a partial bowel movement, with part of the waste retained in the bowel or rectum.

Diarrhea and constipation can result from ingestion of unfamiliar or contaminated food or water, or simply because of a change in an accustomed level of activity. Diarrhea can also be triggered by a viral, bacterial, or parasitic infection. Continued diarrhea may also stem from food allergies or sensitivity to certain foods, such as spicy dishes or dairy products. Intolerance to dairy products can often be resolved by drinking lactose-reduced milk or by eating dairy products together with tablets containing lactose-digesting enzymes.

Constipation unrelated to MS may also be caused by common medications such as calcium supplements or antacids containing aluminum or calcium. Other drugs that may lead to constipation include antidepressants, diuretics, opiates, and antipsychotic drugs. Ironically, one of the most common causes of constipation is a voluntary habit: delaying bowel movements to save time on busy days or to avoid the exertion of a trip to the bathroom. Eventually the rectum adapts to the increased bulk of stool and the urge to eliminate subsides. The constipating effects, however, continue, and elimination becomes increasingly difficult.

Constipation and MS

MS can cause loss of myelin in the brain or spinal cord, that may prevent or interfere with the signals from the bowel to the brain indicating the need for a bowel movement, and/or the responding signals from the brain to the bowel that maintain normal functioning.

Common MS symptoms such as difficulty in walking and fatigue can lead to slow movement of waste material through the colon. Weakened abdominal muscles can also make the actual process of having a bowel movement more difficult. Some people may have problems with spasticity. If the pelvic floor muscles are spastic and unable to relax, normal bowel functioning will be affected. Some people also may not have the usual increase in activity in the colon following meals that propels waste toward the rectum. Finally, some people try to solve bladder problems by reducing their fluid intake. Restricting fluids makes constipation worse.

The first step to take may be to get medical help for your bladder problems so that adequate fluid intake, which is critical to bowel functions, will be possible.

A long-term delay in dealing with bowel problems is not an option. Besides the obvious discomfort of constipation, complications can develop. Stool that builds up in the rectum can put pressure on parts of the urinary system, increasing some bladder problems.

Diarrhea and MS

Diarrhea is less of a problem for people with MS than is constipation. Yet when it occurs, for whatever reasons, it is often compounded by loss of control. Reduced sensation in the rectal area can allow the rectum to stretch beyond its normal range, triggering an unexpected, involuntary relaxation of the external anal sphincter, releasing the loose stool.

MS may cause overactive bowel functioning leading to diarrhea or sphincter abnormalities that can cause incontinence. The condition can be treated with prescription medications. Diarrhea might indicate a secondary problem, such as gastroenteritis, a parasite infection, or inflammatory bowel disease. It is never wise to treat persistent diarrhea without consulting your healthcare team.

When bulk-formers are used to treat diarrhea instead of constipation, they are taken without any additional fluid. The objective is to take just enough to firm up the stool, but not enough to cause constipation. If bulk-formers do not relieve diarrhea, your doctor may suggest medications that slow the bowel muscles. These remedies are for short-term use only.

Irritable bowel syndrome

Also known as spastic colon, is an umbrella term for several conditions in which constipation and diarrhea alternate, accompanied by abdominal cramps and gas pains. Your doctor can determine if you have a health condition causing these symptoms or simply a syndrome associated with stress.

Medical Tests

After age 50, all people should have periodic examinations of the lower digestive system. The methods include a rectal exam or a sigmoidoscopy or colonoscopy. These last two tests, in which the bowel is viewed directly with a flexible, lighted tube, are increasingly routine as early diagnostic exams. The colonoscopy, which examines the entire large intestine, is widely considered the better choice.

Good bowel habits

It is much easier to prevent bowel problems by establishing good habits than to deal with impaction, incontinence, or dependency on laxatives. If your bowel movements are becoming less frequent, take action. You may be able to prevent worsening problems by establishing good habits now.

Drink enough fluids

Each day, drink two to three quarts of fluid (8-12 cups) whether you are thirsty or not. Water, juices, and other beverages all count (other than coffee and tea, which can dehydrate you). It is hard to drink adequate fluid if one is waking up at night because of the need to urinate or contending with urinary urgency, frequency, leaking, or loss of bladder control. See your doctor and treat bladder symptoms first.

Put fibre into your diet

Fibre is plant material that holds water and is resistant to digestion. Fibre helps keep the stool moving by adding bulk and by softening the stool with water. Incorporate high-fibre foods into your diet gradually to lessen the chances of gas, bloating, or diarrhea. If you have limited mobility, you may need as much as 30 grams of fibre a day to prevent constipation. If you find you cannot tolerate a high-fibre diet, your doctor may prescribe high-fibre compounds such as psyllium hydrophilic muciloid or calcium polycarbophil.

Regular physical activity

Regular exercise is important at any age or any level of disability. Research has provided evidence to support that exercise is beneficial and safe for people living with MS and it is now considered to be an important aspect of the overall management of the disease. Please see the [Canadian Physical Activity Guidelines for Adults with MS](#)

Establish a regular time of day

The best time of day is about a half hour after eating, when the emptying reflex is strongest. It is strongest of all after breakfast. Set aside 20 or 30 minutes for this routine. Stick to the routine of a regular time for a bowel movement, whether or not you have the urge.

If these steps fail to address your constipation problem adequately, your doctor will probably suggest the following remedies.

Stool softeners	Examples are Colace and Surfak. Mineral oil should not be taken while taking a stool softener, because it can reduce the absorption of fat-soluble vitamins.
Bulk-forming supplements	Natural fibre supplements include Metamucil, Prodiem and others. Taken daily with one or two glasses of water, they help fill and moisturize the gastrointestinal tract, and provide “bulk” to the stool. They are generally safe to take for long periods, and sometimes take a couple of days to produce the desired effect
Saline laxatives	Milk of Magnesia, Epsom salts, and sorbitol are all osmotic agents. They promote secretion of water into the colon. They are reasonably safe but should not be taken on a long-term basis.
Stimulant laxatives	Other laxatives include Dulcolax or Senokot. These provide a chemical irritant to the bowel, which stimulates the passage of stool. The gentler laxatives usually induce bowel movements within 8 to 12 hours. Ask your doctor or pharmacist for recommendations.
Suppositories	If oral laxatives fail, you may be told to try a glycerin suppository. Dulcolax suppositories stimulate a strong, wave-like movement of rectal muscles, but they are much more habit-forming than glycerin suppositories.
Enemas	Enemas should be used sparingly, but they may be recommended as part of a therapy that includes stool softeners, bulk supplements, and mild oral laxatives.
Manual stimulation	You can sometimes promote elimination by gently massaging the abdomen in a clockwise direction, or by inserting a finger in the rectum and rotating it gently. It is advisable to wear a plastic finger covering or plastic glove.

Impaction and incontinence

Impaction refers to a hard mass of stool that is lodged in the rectum and cannot be eliminated. This problem requires immediate attention. Impaction can usually be diagnosed through a simple rectal examination, but symptoms may be confusing because impaction may cause diarrhea, bowel incontinence, or rectal bleeding. Your doctor may want you to have a series of tests to rule out the chance of other more serious health conditions.

Impaction leads to incontinence when the stool mass presses on the internal sphincter, triggering a relaxation response. The external sphincter, can be weakened by MS and may not be able to remain closed, leaking watery stool from behind the impaction. Loose stool as a side effect of constipation is not uncommon.

Incontinence

Total loss of bowel control happens only rarely. It is more likely to occur, as mentioned above, as an occasional incident. Some people with MS report that a sensation of abdominal gas warns them of impending incontinence. If incontinence is even an occasional problem, see your doctor but don't be discouraged. It can usually be managed.

Dietary irritants such as caffeine and alcohol should be considered contributing factors and reduced or eliminated. In addition, certain medications may be contributing to the problem and their dose or scheduling may need to be adjusted. Protective pants can be used to provide peace of mind. An absorbent lining helps protect the skin, and a plastic outer lining contains odours and keeps clothing from becoming soiled.

Additional Support:

If you require support, please contact the MS Knowledge Network and speak to an MS Navigator at 1-844-859-6789 or by email at msnavigators@mssociety.ca for information on additional resources.