Module 1.2 - What is constipation?

Welcome to Module 1 of The Constipation Masterclass. We will be discussing our constipation framework and diet recommendations.

But to begin, how do we define Constipation?

Constipation means different things to different people, and has both an everyday meaning and a medical definition. So it's worth clarifying what we really mean when we say someone has constipation. This is the definition that we will stick to for the purpose of this masterclass.

How we define constipation in our clinic is based on the 2 most popular constipation diagnostic tools, and our own clinical experience of what is normal and healthy when it comes to bowel function.

The two diagnostic tools that we draw from are the Rome 3 Diagnostic Criteria and the Bristol Stool Form scale.

We are going to talk about each of them and then how they inform our own definition of constipation.

So let's start with the Rome 3 Diagnostic Criteria.

Basically this definition breaks constipation down into two main categories:

1. Functional Constipation
2. Constipation Dominant IBS

Let's start with Functional Constipation.
1. It is defined as having 2 or more of the following symptoms:

- Straining ≥ 25% of defecations
- Lumpy or hard stools for ≥ 25% defecations
- Sensation of incomplete evacuation for ≥ 25% of defecations
- Sensation of anorectal obstruction/blockage ≥ 25% of defecations
- Manual maneuvers to facilitate ≥ 25% of defecations
- ≤ 3 defecations per week, as well as

2. Loose stools are rarely present without use of laxatives.
3. Diagnostic criteria for IBS not being met.

The second category is Constipation Dominant IBS, which requires:
1. Recurrent abdominal pain or discomfort for 3 or more days, that is associated with 2 or more of the following:
- Improvement with defecation
- Onset associated with fewer stools
- Onset associated with harder stools

2. Lumpy or hard stools for ≥ 25% of defecations.

For either to apply, they must be fulfilled for the past 3 months.

These definitions are helpful for research purposes and the medical community being able to give a label to a person.

The detail around things like percentages of stool numbers or criteria met don't make much difference to how we think about constipation for our clients. However, the symptoms listed such as straining, incomplete evacuation and stool form are really helpful for us and the numbers can sometimes help us track improvements over time.

For example, if a client is straining with 100% of bowel motions initially and then after a few months of working together is reporting straining with less than 20% of bowel motions then we know we're on the right track with their healing. But we're not going to get stuck on numbers to determine whether someone is constipated or not.

The next criteria we draw from is the Bristol Stool Form Scale.

Many of you may have obviously seen this chart before and it's helpful for describing what your bowel motions look like.

This is the adult version and there is also a children's version with some cute names about what each stool type is and I often use them with my clients in clinical practice so I'll mention them today.

Basically the Bristol Stool Form Scale lists stool type based off transit time. So basically slow transit through to rapid transit. Type 1 and Type 2 is generally what we consider to be more of a constipation type bowel motion, and that is because they are associated with a slower transit time.

Type 1 is separate or hard lumps like nuts, or with the children we would call it rabbit droppings.

Type 2 is a bit different, it's like those little hard rabbit droppings are all stuck together so it's very lumpy and more like a bunch of grapes.

Type 3, in clinical practice, I often still consider this to be trending towards constipation. So it's like a sausage with cracks on the surface so I would call this corn on the cob.

Type 4 is what we are aiming for with our clients. It's a sausage or a snake, it's well formed, it's really smooth, it's a complete bowel motion.

Type 5 we start heading towards more of a rapid transit time. Type 5 bowel motions are very soft blobs with clear-cut edges so we would call this chicken nuggets.

Type 6 is fluffy pieces with ragged edges, it's a really mushy stool and we would call this porridge.

Type 7 is a completely watery stool so there is no solid pieces, and we call this gravy when we're speaking with children.

We think of Type 1 and Type 2 as 'constipation'. Type 3 is also not ideal and can indicate slow transit so I'll often include this for constipation as well.

For our clients what we're typically aiming for is a type 4 bowel motion as a goal.

So how do we define constipation, practically both in our clinic and for the purposes of this masterclass?

If you are regularly experiencing any or a combination of the following, then we would consider you to be constipated. How constipated you are or where you sit on the constipation spectrum depends on the combination of the following and how often you experience them.

Stool Form - lumpy or hard stools that are type 1, 2 or even 3 on the Bristol Stool Form Scale we would consider as constipation.

Stool Frequency - while the standard definitions use 3 times per week, in our clinical experience we're looking for a minimum of one bowel motion per day. If they are passing less than one bowel motion per day than we would consider you to be constipated.

The next is Pain - if you experience pain or discomfort when going to the toilet, this is a further clue that you could be constipated.

Sensation - a feeling of incomplete evacuation is one of the most common symptoms reported by our clients who have constipation.

Next is Straining - straining is another clue that transit time is way too slow and is often accompanied by pain and stool forms that are type 1 or 2 on the Bristol Stool Form Scale.

Laxatives - this is an easy one. If you need a laxative or a motility agent to aid your bowel motions, it's a good sign that you are constipated. Also, just to note that when we assess all of the above criteria, we're talking about your regular experience in the absence of laxatives.

Not everyone's constipation looks the same. You can have different combinations of these symptoms, so here are 2 examples:

- Person A could be a person who passes one bowel motion every 3 days, the bowel motion is hard and painful, it's typically a type 2 or 3 on the Bristol Stool Form Scale. If they use laxatives they have a more normal looking bowel motion.
- Where as Person B: this person passes maybe 1 bowel motion per day, it's still really hard or a type 1 and it's incomplete, and they need to strain for up to 10 minutes to get this incomplete bowel motion to pass.

Both of these people are what we consider constipated, whether they meet the definitions outlined on the Rome 3 Criteria or not.

Now we have a clearer idea of what constipation means to us, let's just touch on why it matters.

In many people, particularly when constipation exists for a long period, so for example years or even decades, it can be the root cause of other symptoms and conditions.

Constipation can wreak havoc with your insides, typically because of one of the following 5 issues:

1. Toxin reabsorption in the colon. If you're not eliminating waste from the body appropriately, then it's possible you are reabsorbing toxins such as excess hormones like estrogens, back into the body

2. Imbalance of intestinal flora or what we call a microbiome dysbiosis. To grow a healthy garden in your gut you need a continuous movement of the bad or overgrown bacteria out of the system via the stool. Basically, we need regular motility to avoid stagnation and opportunistic species having the chance to take over in our microbiome.

3. Structural and physical effects of large hard stools and the straining that commonly accompanies them.

4. Mental or emotional stress related to being constipated can cause it's own problems. We know that prolonged periods of stress negatively impact the body and our immune system for example.

5. As a blocking factor to addressing other imbalances, things like small intestine bacterial overgrowth, or SIBO which we will talk about again later, often can't be properly eradicated

until constipation has been addressed. This is more of an indirect effect. Which means chronic conditions can hang around for way too long.

Basically, constipation creates the breeding ground for chronic disease.

In the literature, we've found links between constipation and things like fatigue, fat loss resistance, skin issues, poor immunity, estrogen dominance, structural issues like bowel obstructions, hemorrhoids and fecal impaction, as well as anxiety and depression and others.

Almost every system of the body can be impacted when our elimination system isn't working properly.

Overall, this is how we define constipation and why it matters. From here on, we're going to start delving into what to do about it. We're going to begin with our constipation framework in the next video.