

## **Women and Constipation : a cry from the self**

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Constipation is the most common digestive complaint among the U.S. population .The exact prevalence is variable depending on the definition of constipation and the geography of the patient. However, studies estimate the prevalence to be between 15% and 20 % of the community .It leads to about 2.5 million doctor visits a year.

Constipation is defined by a low frequency of defecation ,less than 3 per week .This may express a slow transit of the colon. More often patients characterize constipation with the following criteria : unsatisfactory defecation with a sensation of incomplete emptying , a sensation of anal blockage , hard or lumpy stool and a need to strain in order to open the bowel. Frequently patients have to use assistive measures to evacuate their rectum such as rectal or vaginal digitation. In these cases the constipation is a manifestation of a pelvic floor dysfunction. As time goes by , if the constipation persists, patients may experience abdominal pain, bloating , discomfort, their bowel becoming irritable. Generally, they become anxious and complain about a diminished quality of life. Deep in their minds patients begin to fear a more serious pathology.

Constipation has many causes , such as endocrine, diabetes, neurological, gastrointestinal diseases, the use of certain drugs like opiates, antidepressants, poor life style, depression ... All these diseases represent less than 10 % of the cases of patients suffering from constipation, while 90% of the cases of constipation have a functional origin. However, a new onset of constipation is always a preoccupation and the patient will be evaluated by his physician. A colonoscopy will be performed at the age of 50 or in case of associated rectal bleeding or unexplained weight loss .

Defecation is a complex set of programs learned up to the age of 4. After eating the gut begins to contract in order to propel its content all along the intestines. As stool enters the rectum, the resultant distension generates a sensation of urge to defecate and a relaxation of the internal anal sphincter. Instinctively we are able to differentiate the content of the rectum as gas or solid stool by a automatic sampling of the anus. When we decide to sit on the toilet, we relax the external sphincter of the anus and push with the abdominal muscles to expel the rectal content .

Defecation is a complex process involving conscious and unconscious mechanisms through respectively the autonomic and the central nervous systems. The bowel must sense the presence of fibers residues,

the gut motility is activated, there is an autonomic activation of the rectum and the anus. In due time, when the sensation of urge is important, there is a voluntary relaxation of anal sphincters and the pelvic floor muscles. This last phase is conscious and volitional. However, if defecation is not convenient or undesired, the person will squeeze the pelvic floor and the external anal sphincter deferring defecation.

This may occur if a person feels unsafe in the toilets, or if the place is non hygienic. He does not relax or even contract his anus and he will not expel the stool. The water in the stool is then reabsorbed and the consistence is harder and dryer. Because of this change, the next defecation may be painful. This will boost his retentive habit in order to avoid the pain sensation. So a normal defecation implies a proper alimentation, a normal body physiology, an adapted environment and a non stressful period.

Constipation is a symptom. As such, it is a subjective sensation related to the patient's physiology, life conditions, personality, experience, beliefs and gender. Women have different genes, biological determinants, physiology, sexual attributes, different personalities, and different roles. Women are supposed to be accommodating and nurturing. They tend to be more sensitive, warm and apprehensive, influenced by emotions.

Women are more than twice as likely to suffer from constipation than men. They also report constipation to their doctors more frequently.

Women are generally more concerned about their weight and body image. They may modify their alimentation, eat more fast food and a low amount of fibers especially in low income classes. Alimentation may be irregular, alternating between diet and binges. They may drink less fluids especially when they are concerned by urinary frequencies or incontinence. This will influence the load of the gut and its unconscious activation.

The intestinal transit of women is affected by the sex hormonal status, estrogens and especially progesterone. There is an association between constipation and sex hormonal status, particularly during pregnancy, since patients will often have a further prescription of iron. Elevated progesterone levels in pregnancy contribute to slow intestine motility. The secretion of motilin, a peptide hormone which stimulates smooth muscle motility, is inhibited by the rise in the level of serum progesterone. Constipation affects up to 38% of pregnancies mainly in the 2 first trimesters. There is an increase in renal and gut water reabsorption, as well, related to higher aldosterone level. So, for these reasons the stool is harder. For similar reasons constipation occurs during menopause.

Women have more frequently than men a non-relaxing pelvic floor to defecate. About 50% of women examined for constipation in specialized centers have a retentive type of defecation. There are very different reasons to explain this difference linked to the female gender. Little girls learning to be clean are more responsive to their environment than boys. In case they feel tense by a sense of failure not to defecate according to their parents' will, they may contract their anus in an attitude of stress. Later at school they may be concerned by poor conditions in the toilets, or by a risk of being bullied in school. Being an adolescent she may, for reasons of body shape or seduction, abuse laxatives and spoil her own physiology. Later, being a mother her mornings are busy in helping her children to get dressed and to prepare their food, sometimes having to drive them to the kindergarten or school.

So there is little time left for her own comfort. Either she postpones her urge to defecate and differ for later, or strains a lot in the toilet to activate her body in order to accommodate the lack of time. All these habits are anti-physiological and with time completely perturbate the normal process of defecation.

This could lead to other sufferings, such as fecal impaction or later in life a weak pelvic floor due to repetitive efforts to defecate, with a pelvic organ prolapse since she might have been pregnant or had obstetric injuries. Sometimes, this will cause an incontinence for gas, stool or urine which is perceived as fearful and depressing. All these habits may generate pelvic pain at defecation or during intercourse, due to tense and overactive pelvic muscles which become spastic and contracted at rest. Women may suffer from hemorrhoids anal fissure. This hypertonic pelvic floor will affect the function of the genital and the urinary tracts as well. Micturition which becomes frequent and urgent, inducing urinary tract infections, urge and incontinence or pain later, related to this continuing dysfunction. The quality of life of these patients is often extremely reduced.

We have to realize that the pelvic floor is a sensitive anatomical area in which the gastrointestinal tract is coregulated with the reproductive and the urological tracts and all these organs are working together with the pelvic muscles to allow all the pelvic functions to be normal. So once the synchronization is affected each tract is also affected on its own and this perturbations will interfere with the functioning of the other tract. This is the reason why constipation will induce IBS or acid reflux, which are dysfunctions of the GI tract. This is also why IBS may generate urinary or genital dysfunctions such as frequency and urgency to pass urine or deep dyspareunia. Anxiety is more often seen among women suffering from IBS constipation type ( IBS-C), About 20% of these patients will present eating disorders related to anxiety.

The development of a woman's personality is essential for her balance and well-being. The relation with the external world is under the control of the brain, where are concentrated, analyzed the sensory functions used to relate to the external world, such as vision, audition, smell, voice recognition etc. They are evaluated on real time, integrated in terms of their influence on survival, motivation or quality of life in the brain. On the other extremity of the body, the intimate functions of continence, evacuation, intercourse are all concentrated in the pelvis, hidden inside the body, automatic, and developed by emotional learning at proper age and in proper conditions. Their perturbation may occur without the woman's understanding and generate organ and affective dysfunctions all along her life. Constipation is one of them.

Nobody escapes his own history, genetics and beliefs. All of them define a normal function of the body under the synchronization of the brain and the nervous system. It integrates at any time information from the internal body and from the surrounding environment. This balance generates a behavior for the best of interest of the patient in life. It is not always adapted.

Constipation is the cause and the consequence of body dysfunctions. Very often it generates a chronic disorganization of essential body functions. These dysfunctions spread to other body systems diminishing the well-being but with time these disorders will induce organ pathology. Since it is not understood it will be misdiagnosed or inadeptly treated.

At every stage it may be treated and the complication related to constipation may be stopped. Constipation is a symptom of a patient's inadaptation to her life which could be understood,

approached and treated with an integrative mind. Due to their physiology and to their development, women are more often at risk .

Let's be attentive, open and ready to help!

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