What is Chronic Idiopathic Constipation?

Constipation is one of the most frequent GI complaints in the United States and one of the most common reasons for a physician visit. Constipation is defined as reduced stool frequency (less than 3/week), difficulty passing stools, or both. Difficult stool passage includes straining, incomplete bowel movements (incomplete evacuation), hard/lumpy stools, prolonged time between bowel movements, or the need for manual removal of stool.

Chronic Idiopathic Constipation (CIC) is defined as the chronic presence of these symptoms. The term “idiopathic” means the cause of the constipation is unknown and not due to an underlying illness or medication.

In a survey, CIC sufferers indicated that they often experience multiple symptoms. The most frequent symptoms of CIC include:

- Straining when having a bowel movement
- Constipation
- Hard/Lumpy Stool
- Incomplete Evacuation
- Gas Pain
- Abdominal Discomfort
- Bloating
- Abdominal Discomfort
- Bloating

Among these frequent symptoms, sufferers reported the most bothersome to be constipation, gas pain, bloating, and straining when having a bowel movement.

What Causes Chronic Idiopathic Constipation?

Although CIC is by definition a disorder without an identifiable cause (idiopathic = unknown cause), several factors may contribute to its development, including changes in water balance and motility in the colon. Motility includes contractility (the rate at which the muscles in the colon contract to help pass through the stool) and transit (movement of stool through the GI system). Disturbances in both water balance and motility can affect stool consistency and frequency.

If the colon absorbs too much water, the consistency of stools can be hard, dry, and difficult to pass. In addition, these hard, dry stools may be small and lack the bulk to stimulate the urge to defecate, resulting in infrequent bowel movements.

When motility is slowed, movement of stool through the colon may be delayed, resulting in infrequent defecation. This slowed movement may also result in too much water absorption, leading the stool to become hard and dry.

Although not well established, visceral sensory abnormalities may also contribute to the symptoms of CIC. In some patients, visceral hypersensitivity may contribute to abdominal discomfort. Also, visceral hyposensitivity (diminished rectal sensation) may result in a decreased urge to defecate.

Prevalence in the U.S.

Though estimates vary, as many as 35 million adults may suffer from CIC. In a study, CIC was shown to be more common in:

- Women (56%)
- Adults aged 35 and older (84%)
- Caucasians (82%)
A survey found that, of those suffering from CIC, only 12% have been medically diagnosed. Yet, more than 40% of all CIC sufferers are actively seeking treatment.

**Impact on the Medical System and Burden of Disease**

Individuals with CIC consume a disproportionate amount of healthcare resources. According to retrospective studies:

- CIC patients incur more than 3x higher unadjusted all-cause healthcare costs compared to controls ($11,991 vs. $3,278)
- CIC patients in a state Medicaid plan with evidence of treatment failure incurred an average of $3,688 more per year in total healthcare charges compared to those without evidence of treatment failure, an increase of 25%
- CIC patients account for 8 million non-hospitalized visits annually over a 3-year period
  - 1.6 million visits to hospital outpatient departments
  - 6.4 million visits to physicians’ offices

Individuals with CIC compared to matched controls may experience:

- Impairment in daily activities (47% vs 34%)
- Impairment at work (34% vs 22%)
- Reduced productivity (30% vs 19%)
- Missed work (9% vs 5%)

Compared to individuals without the condition, those with CIC have poorer physical functioning, vitality, social functioning, mental health, and perception of health.

**Diagnosis**

Individuals with symptoms such as bloating, hard, infrequent stools, and straining when having a bowel movement that are chronically present may have CIC. To diagnose, a healthcare provider will usually take the individual’s medical history and conduct a physical examination to rule out other causes of GI symptoms such as illnesses, medications, or GI tract conditions. Diagnostic testing is not routinely performed unless there are “red flags,” signs or symptoms suggesting the possibility of potentially more serious conditions other than CIC. These red flags may include blood in the stool, onset of symptoms after age 50, family history of colon cancer and inflammatory bowel disease, fever, low blood count, severe constipation not responsive to treatment, and weight loss.

Individuals who do not have any red flags but are experiencing CIC symptoms may be diagnosed with the condition without further testing.

**Treatment**

Treatment strategies are based on the nature and severity of symptoms. Individuals with symptoms of CIC should speak with their physician for education, reassurance, and treatment. It is important that individuals tell their healthcare provider what treatments have or have not worked for them in the past.

In some cases, dietary and lifestyle changes (eg, increasing fiber and water intake, engaging in daily exercise) will help relieve symptoms and help prevent them from recurring. A symptom diary may help identify triggers that exacerbate symptoms.
There are 2 prescription medications approved by the Food and Drug Administration (FDA) and currently available to doctors and their patients for the treatment of CIC.

Other products approved for short-term treatment of occasional constipation (over-the-counter laxatives and stool softeners) and for patients with a history of chronic constipation are often used in patients with CIC.

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