

# Constipation

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**This Infosheet explains what constipation is, what causes it in AL amyloidosis patients, the signs and symptoms, how it is treated and tips for self-management/prevention.**

## What is constipation?

Constipation is usually diagnosed when your bowels are moving less than three times a week. When you are constipated your bowel movements may be dry, hard and painful.

It is important to know what your normal bowel pattern is, as constipation can mean different things to different people. Some people move their bowels two or three times a day whereas

for others, it may be normal to only have three or four bowel movements per week.

It is worth remembering that, in the majority of people, the digestive system slows down with age. As you get older, you may notice that you need to move your bowels less often. Sometimes constipation can be acute (lasting only for a short time) but for some it can be chronic and persist for long periods.

If you do become constipated it is important to deal with it straight away; any change in your regular bowel pattern which lasts longer than a few days should be reported to your doctor or nurse. Though you may feel uncomfortable or embarrassed talking about your bowels, try to remember that your doctor and nurse are there to help prevent and manage these problems, and will be used to talking about them.

### What are the signs and symptoms of constipation?

These can include:

- Less than three bowel movements per week
- Pain or discomfort when opening your bowels
- Passing small hard faeces
- Feeling bloated and tired
- A feeling that you have not completely emptied your bowels

If constipation is not treated it can cause more severe symptoms including:

- Swollen, painful stomach often accompanied by stomach cramps
- Loss of appetite

- Feeling or being sick
- Excessively runny diarrhoea – this may occur if your bowel is blocked with hard faeces
- Headache and thirst

### What are the causes of constipation in AL amyloidosis?

It is important to know what has caused your constipation, as this will help both you and your doctor or nurse treat it effectively and prevent it from recurring.

AL amyloidosis itself can cause constipation. Amyloid deposits in the gastrointestinal (GI) tract can interfere with the function and motility of the gut resulting in constipation. Also, a condition called autonomic neuropathy (damage to the nerves that supply the internal organs) can be caused by AL amyloidosis and this can interfere with bowel habits.

### Side-effects of treatment

Some of the treatments used in AL amyloidosis may cause constipation as they can increase the time it takes for stools to pass through the bowel. When this happens, more water is removed from the stools than normal – resulting in dry, hard bowel movements.

Treatment and medications that may cause constipation include:

- Thalidomide, Revlimid® (lenalidomide) and Velcade® (bortezomib)
- Anti-sickness medications (e.g. granisetron, ondansetron)
- Some chemotherapy drugs (e.g. vincristine)
- Most strong pain-killers (e.g. codeine, tramadol, oramorph®)
- Some anti-depressants (e.g. amitriptyline)

Constipation can also be a side-effect of many over-the-counter medications, so always check with your local high street pharmacist before buying any medications.

### **Poor diet/loss of appetite**

If your diet is lacking in essential nutrients, especially fibre, then you are more likely to become constipated.

Fibre helps to keep your bowels healthy and active. It also helps to keep your faeces soft and it increases the speed with which your food is digested.

### **Dehydration**

Your body needs a lot of fluid to help move food through

your intestines and also to keep your faeces soft. If you are not drinking enough fluid, and you become dehydrated, then your stools will become hard and you may have difficulty opening your bowels.

### **Lack of exercise/poor mobility**

If you are unable to exercise or it is hard for you to get around then you may lose muscle tone in your stomach area and in your intestines. As these muscles are needed to help move food through your stomach and bowels, the decrease in muscle tone can contribute to constipation.

The effects of gravity can help to move food through your intestines. Therefore prolonged sitting can also lead to constipation.

### **Stress, anxiety and depression**

Emotional disturbances such as periods of prolonged stress, anxiety or depression can sometimes alter your normal bowel pattern. This may be because of interference in the messages from your brain to the nerves and muscles in the large bowel. When this happens you may notice that your bowels are more sluggish than normal.

## Change in routine

Many people become constipated as a result of a change in their daily routine – this can sometimes happen during a stay in hospital when your normal diet may be disrupted or if you are travelling long distances to appointments.

## How is constipation treated?

If your constipation is caused by AL amyloidosis, treatment to stop the production of the abnormal amyloid protein may help. If the production of amyloid can be stopped the amyloid deposits may be broken down and this may improve the function of the GI tract. If your constipation is a side-effect of AL amyloidosis treatment, your doctor may adjust your treatment schedule and/or reduce the dose or temporarily stop treatment until it improves.

In addition to the prescribed medications that are available for relieving constipation there are many effective natural and non-prescription remedies which you can buy over-the-counter.

When you initially develop constipation you may benefit from first approaching your local pharmacist for practical advice

on self-management and an over-the-counter remedy. However, if your constipation persists then it will be necessary to consult your doctor.

Before recommending or prescribing any treatment for your constipation your pharmacist or doctor will want to find out some more information which will help in assessing what treatment is right for you.

## Some tips for self-management/prevention

Constipation is much simpler to prevent than to treat so it is important to consider what you can do to prevent constipation in the first place. There are many things that you can do to try to decrease the chances of constipation becoming a serious problem. These include:

- Increasing the amount of fibre that you eat on a daily basis. Foods that are high in fibre include bran-based cereals, fruit, vegetables, beans, pulses (e.g. lentils) and wholegrain bread
- If your appetite is poor then eating small amounts of fibre rich foods, spread throughout the day might help – homemade vegetable soups are ideal

- Try to reduce the amount of refined foods that you eat e.g. white bread, cakes and sugar
- Ensure that you are well hydrated. Hot drinks, such as coffee, tea or hot water with a slice of lemon may all help to stimulate a bowel movement – especially if taken with your breakfast
- Prunes, dried fruit and fruit juices can help relieve constipation
- If possible, try to incorporate regular gentle exercise (e.g. walking or swimming) into your day. If you have problems walking, exercising your muscles and limbs, even whilst sitting, may help
- Try to minimise the impact that stress has on your life. Relaxation exercises can often help as can talking over your worries
- Aim to have a regular time when you go to the toilet e.g. shortly after your breakfast. If possible try not to hurry and avoid straining when trying to open your bowels
- Always be honest with your doctor or nurse about the impact that constipation is having on your life and report it as early as possible – they are there to help you

## Natural treatments

There are many natural remedies available to treat constipation, most of which can be bought without a prescription. These include:

- Fibre supplements e.g. bran or psyllium husks – these must be taken with at least one glass of water
- Flaxseed (or linseed) oil or seeds – these must also be taken with at least one glass of water
- Syrup of figs – this is a natural fruit remedy which can be effective in treating constipation

Sometimes natural treatments can interact with other medications that you may be taking, so it is important to inform your doctor about any natural remedies that you wish to try.

## Laxatives

If your doctor decides that you need a prescription treatment for your constipation then it is likely that you will be prescribed a laxative. Laxatives are a group of oral medications used to relieve constipation. They are available as tablets, liquids and powders.

If you are taking any treatments that are known to cause constipation (e.g. strong pain-killers) then it may be worth checking with your doctor to see if you need to take a mild laxative regularly to prevent constipation.

The table on page 7 outlines the different types of laxatives that are commonly available and their possible side-effects.

### **Other treatments**

If your constipation is not relieved by oral laxatives then you may need to have a suppository or an enema.

These are treatments given directly into your back passage and, though uncomfortable, they can be extremely effective in emptying your bowel and relieving acute constipation. It is important, however, that you only use suppositories and enemas under the advice and supervision of your doctor or nurse; this is because they should not be used regularly, and could cause bleeding from your back passage if your platelet count is low.

### **In summary**

It is widely recognised that constipation can be a serious problem and, if left untreated, it can have a huge impact on your quality of life. In order to prevent constipation becoming a long-term problem it is important to understand the potential causes of constipation in AL amyloidosis and to adopt some of the self-management strategies outlined in this Infosheet.

### **About this Infosheet**

The information in this Infosheet is not meant to replace the advice of your medical team. They are the people to ask if you have questions about your individual situation. All Myeloma UK publications are extensively reviewed by patients and healthcare professionals prior to publication.

## Type: Bulk forming laxatives

Examples	How they work	Side-effects	Notes
<b>Fybogel</b> <b>Celevac</b> <b>Normacol</b>	<ul style="list-style-type: none"><li>■ Supplement dietary fibre</li><li>■ Increase weight and softness of faeces</li><li>■ Can take several days to work</li></ul>	Bloating and swollen stomach, wind	<ul style="list-style-type: none"><li>■ Not suitable for immediate relief</li><li>■ Must be taken with at least one glass of water</li></ul>

## Type: Stimulant laxatives

Examples	How they work	Side-effects	Notes
<b>Senna</b> <b>Bisacodyl</b> <b>Co-danthramer</b>	<ul style="list-style-type: none"><li>■ Cause the muscles in the bowel to contract</li><li>■ Take between 6 - 12 hours to work</li></ul>	Stomach cramps and swelling, wind	<ul style="list-style-type: none"><li>■ To be taken at night</li></ul>

## Type: Osmotic laxatives

Examples	How they work	Side-effects	Notes
<b>Lactulose</b> <b>Lactitol</b> <b>Magnesium salts</b>	<ul style="list-style-type: none"><li>■ Increase the amount of water retained in the intestines, therefore making the faeces softer</li><li>■ Can take up to 3 days to work</li></ul>	Stomach cramps and swelling, wind, colic type pain	<ul style="list-style-type: none"><li>■ Must be taken under medical supervision</li></ul>

## Other information available from Myeloma UK

Myeloma UK provides a wide range of information covering all aspects of the treatment and management of AL amyloidosis.

For a full publication list visit [www.myeloma.org.uk/publications](http://www.myeloma.org.uk/publications)

To order your free copies contact Myeloma UK. Our information is also available to download at [www.myeloma.org.uk](http://www.myeloma.org.uk)

To talk to one of our Myeloma Information Specialists about any aspect of AL amyloidosis, call the Myeloma Infoline on **0800 980 3332** or **1800 937 773** from Ireland.

Information and support about AL amyloidosis is also available around the clock at [www.myeloma.org.uk/amyloidosis](http://www.myeloma.org.uk/amyloidosis)

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**Myeloma Awareness Week 21 - 28 June**