



DIARRHOEA AND CONSTIPATION

INTRODUCTION

Diarrhoea is one of the main symptoms of Inflammatory Bowel Disease (IBD), which includes Crohn's Disease and Ulcerative Colitis (UC). Microscopic Colitis, another form of IBD, can also cause diarrhoea.

IBD treatment aims to control the symptoms and keep you in remission. Yet some people with IBD continue to have diarrhoea. This leaflet looks at why this might happen and includes some suggestions about ways to help reduce and manage diarrhoea.

Some people with IBD may experience constipation. This leaflet also looks at the causes of constipation, and how you may be able to alleviate it.

WHAT IS DIARRHOEA?

Diarrhoea is generally defined as passing loose watery stools (faeces, poo) at least 3 times a day. There is often a feeling of 'urgency', a need to rush to the toilet. Sometimes the diarrhoea can be explosive. It may also lead to bowel incontinence with a leakage of faeces.

If the diarrhoea lasts less than four weeks, it is usually referred to as 'acute diarrhoea'. If it lasts for four weeks or more, it is generally thought of as 'chronic' (ongoing) diarrhoea.

Diarrhoea happens when the colon (large intestine or large bowel) cannot absorb all the fluid produced during the digestive process.

As shown in the diagram on the next page, the gastrointestinal (digestive) tract is a long tube that starts at the mouth and ends at the anus.

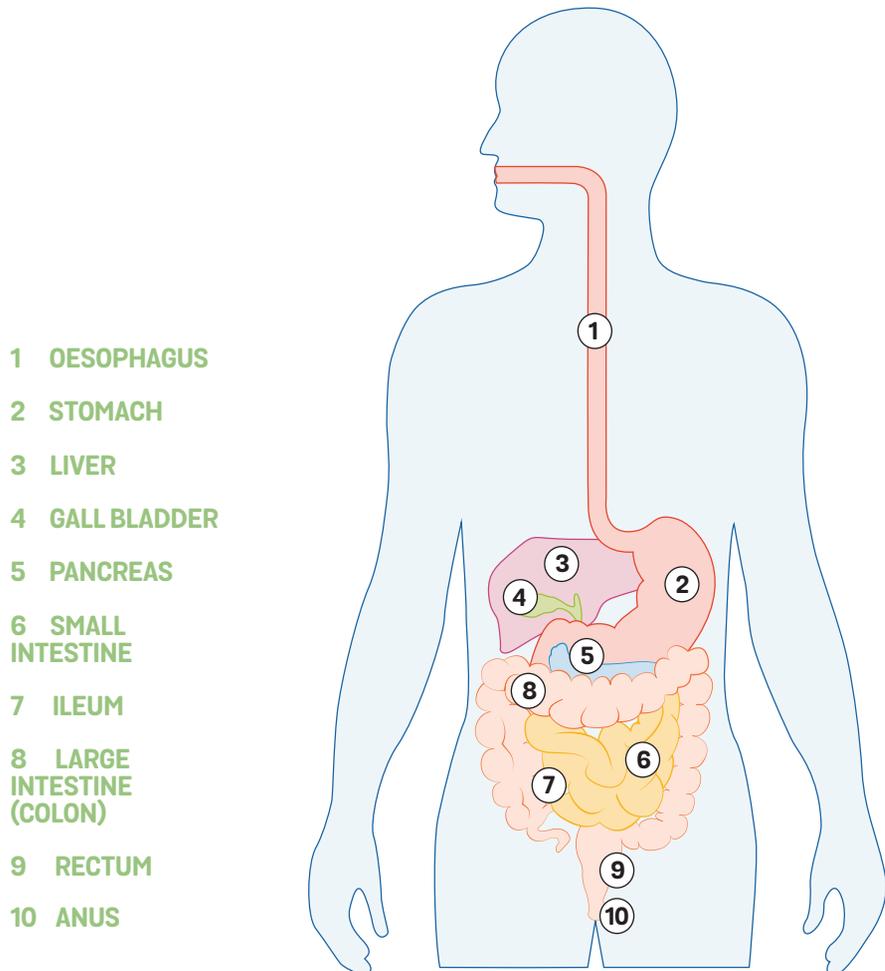
The partly digested food then moves into the small intestine where most of the nutrients are absorbed.

The waste, now a watery slurry, passes into the colon. It is here that most of the water is normally absorbed so the waste can form solid stools (faeces). These collect in the last part of the colon and the rectum and are passed out of the body in a bowel movement.

Diarrhoea is a common symptom of IBD affecting the large bowel. During a flare-up, the cells in the lining of the colon become inflamed and do not work properly. The colon cannot absorb all the fluid and the stools remain loose and watery, or even entirely liquid – and this is experienced as diarrhoea.

The looser faeces can also move more rapidly through the colon, causing more frequent bowel movements.

THE DIGESTIVE SYSTEM – AND THE AREAS IBD CAN AFFECT



WHAT CAUSES DIARRHOEA?

If you have IBD, your diarrhoea may be due to a flare-up of your disease - although there are also some other factors which may be causing the diarrhoea or making it worse.

- **Side effects of drugs for IBD** - One of the rare side effects of 5-ASAs such as mesalazine and sulphasalazine, is watery diarrhoea. You may be able to reduce this side effect by taking the tablets with or after food. Some of the immunosuppressants, such as azathioprine and methotrexate, can also cause diarrhoea especially during the early weeks of treatment. Talk to your doctor or IBD team about ways to manage this, or see our Drug Treatment leaflets: **Azathioprine and Mercaptopurine** and **Methotrexate** for further information.

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- **Side effects of other drugs** - You may also find it helpful to check whether diarrhoea is a side effect of any other medications you are taking. Antibiotics and acid-lowering treatments, such as omeprazole and lansoprazole, can also cause diarrhoea.
- **Colectomy and ileo-rectal anastomosis** - In this operation the colon is removed and the ileum (the lower part of the small intestine) is joined directly to the rectum. After this procedure, your faeces will tend to be much more liquid because you no longer have a colon to absorb the water.
- **Small bowel surgery for Crohn's Disease** - If you have had the end of the ileum (the lower part of the small intestine) removed, you may have bile salt diarrhoea. Bile salts are produced in the liver and are usually reabsorbed in the ileum, so that only very small amounts enter the colon. However, if part of the ileum is lost, much higher levels of bile salts can drain into the colon. This can irritate the colon causing watery diarrhoea. Inflammation of the end of the ileum can also lead to bile salt diarrhoea.
- **Malabsorption of fats** - If you have Crohn's in the small intestine, you may have difficulty absorbing fats. This can lead to urgency and to pale and bad smelling, poorly formed faeces that are difficult to flush away.
- **Iron Supplements** - You may be prescribed iron supplements for anaemia caused by your IBD. A change in bowel habit is a common side effect of iron supplements and while some people get constipation, others get diarrhoea.
- **Irritable Bowel Syndrome (IBS)** - IBS is sometimes confused with Inflammatory Bowel Disease, but is a separate and different condition. Some of the typical symptoms of IBS, such as diarrhoea and colicky pain, can be very similar to those of IBD, but IBS does not cause inflammation or bleeding. However, it is possible that some people with Ulcerative Colitis or Crohn's Disease may have irritable bowel symptoms as well as IBD – probably because the inflammation has temporarily affected the nerve endings in the bowel. So they may, for example, continue to experience diarrhoea following an IBD flare-up, even when the inflammation has died down.
- **Diet and food sensitivities** - Some people are sensitive to particular foods, such as milk and wheat. Too much fibre, spicy food, chocolate, caffeine (in coffee, tea and cola drinks), alcohol, fructose (a sugar in fruit) and artificial sweeteners (sorbitol) can all have a laxative effect, stimulating and loosening the bowels. Intolerance to lactose, a natural sugar found in milk, can cause diarrhoea. If you are concerned about diet and food sensitivities, ask your IBD team to refer you to a dietitian. See our booklet **Food and IBD** for further information about diet and food sensitivities.
- **Infections** - In people without IBD, diarrhoea can often be a sign of:
 - **Gastroenteritis** – an infection of the bowel, commonly caused by a virus or bacteria or,
 - **Clostridium difficile (also known as C. diff)** – a type of bacterial infection that can affect the digestive system.

These infections can also affect people with IBD and your doctor or IBD team may carry out tests to make sure your diarrhoea is not at least partly due to such infections.



WHAT TREATMENT CAN I TAKE?

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If I have plans to go out for the day, I contact my IBD team ahead of time to check that it is OK for me to take antidiarrhoeal drugs, just in case. If they say I can take them, it gives me a bit of extra confidence while I'm out and not always close to a toilet.

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Karen, age 55
diagnosed with Crohn's Disease in 1990

- **Drugs used to treat active IBD** – A range of drugs are used to treat IBD and then to help maintain remission once it is under control. If you are on such medication, you should find your diarrhoea lessens as the drugs prescribed for your IBD take effect. Some drugs, such as 5-ASAs and steroids, tend to act quickly while others, such as azathioprine and methotrexate, take much longer to work. As mentioned earlier, some people may get diarrhoea as a side effect of these medications. If you do continue to have a flare-up or to experience troublesome diarrhoea, you may need to change your medication. Talk to your specialist about this.
- **Antidiarrhoeal drugs** - Antidiarrhoeals work by slowing down the contractions (muscle movements) of the gut, so that the food takes longer to pass through your system. This allows more time for the water to be reabsorbed and for the stools to become firmer and less urgent. However, before taking antidiarrhoeal drugs, it is important that your doctor or IBD team check that you are not having a flare-up or suffering an infection, because antidiarrhoeal drugs can make these conditions worse. Loperamide (Imodium, Arret) is a commonly used and effective antidiarrhoeal drug. It is long-acting and usually only needs to be taken once or twice a day, although it can be taken more often if needed. Other antidiarrhoeals such as diphenoxylate (Lomotil) and codeine may need to be taken three or four times a day. The patient information leaflets that come with all antidiarrhoeals advise against taking them if you have IBD, particularly if you are having a flare-up of UC. So do not take antidiarrhoeal drugs without first checking with your doctor or IBD team.
- **Antispasmodic drugs** - These work by relaxing the intestinal muscles to slow down bowel movements in a way that not only helps to relieve diarrhoea, but also the cramping pain often accompanying diarrhoea. Brands include Buscopan and Colofac. They are usually safe to take, but check with your doctor first.
- **Bile salt drugs** - These include colestyramine (Questran) and colestipol (Colestid) which come in powder or granule form, and a newer drug, colesevelam, which comes as tablets. These bile salt drugs absorb the overflow bile salts, preventing them reaching the colon and causing diarrhoea. They can affect the absorption of other drugs. If you are taking other drugs, it is worth checking with your IBD team whether they will be affected by the bile salt drugs, and if so, how you can manage taking both. There is also an alternative 'lite' version of colestyramine available, but this can affect the absorption of other drugs too. If you are taking colestyramine and have experienced side effects, it may be worth asking if you can try the lite version as in some people this causes fewer side effects.
- **Bulking agents** - Bulking agents or 'bulk formers' are made from a type of plant fibre (usually ispaghula or sterculia). Popular brands include Fybogel and Isogel. These come as granules which, when taken with plenty of water, swell up inside the bowel, thickening liquid stools or softening hard stools and so providing the bulk needed for the bowel to work more normally.

Bulking agents can be useful for both diarrhoea and constipation.

They are generally safe for people with IBD, although they may cause bloating and wind, but should be avoided if you have a stricture (narrowing) of the bowel, as sometimes happens with Crohn's Disease.

You can find further information on drugs in our individual **drug treatment information sheets**.

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CAN CHANGING WHAT I EAT AND DRINK HELP?

You may find that you have diarrhoea whatever you eat or drink, but some people find altering their diet helps to reduce diarrhoea. Everyone is different and what works for others may not work for you. However, the following suggestions might help.

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I eat smaller meals at regular intervals and I find that this helps control the symptoms of my Crohn's.

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—
Katie, age 29
diagnosed with Crohn's Disease in 2011

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I can't have overly spicy foods, and very rich foods are a no-go for me.

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—
Mathew, age 32
diagnosed with Crohn's Disease in 2000

Eating

- Eat small, frequent meals.
- Keep a food diary and note down any foods that seem to upset you, so you can avoid them. However, it is not advisable to cut out too many food groups, and if you find you are avoiding many different types of food, it may be helpful to consult a dietitian to help you balance your diet. Some sensitivities might be only temporary and you may be able to re-introduce that food at a later date. If your diarrhoea is worse after you have eaten foods containing gluten (a protein found in wheat, barley and rye) it may be due to an intolerance to gluten. But it could also be a sign of coeliac disease. This is a condition in which the immune system mistakes substances found inside gluten as a threat to the body and attacks them. This damages the surface of the small bowel (intestines) disrupting the body's ability to absorb nutrients from food. There are tests to diagnose coeliac disease. If you are concerned that foods containing gluten are affecting you, speak to your IBD team to see if they can refer you to a dietitian.
- For many people, foods rich in fibre tend to make diarrhoea worse. Don't give up all fruit and vegetables, but try cutting down on high fibre foods such as bran cereal, pulses (peas and beans) and the type of fruits or vegetables usually eaten with the skins, pips and seeds. Onions can be particularly troublesome.
- Avoid hot or spicy foods, if they don't agree with you.
- If milk makes your diarrhoea worse, try using a lactose free milk and avoiding foods made with milk such as custards and sauces. Some medicines also contain lactose, but do not stop taking any prescribed medication without checking with your IBD team.
- Chicken and rice soup is a traditional remedy for diarrhoea, which some people have found useful. Carrot soup is also said to be soothing for the gut, and is rich in beta-carotene which may promote healing.
- Some people find the BRAT diet (bananas, rice, applesauce and toast – or tea) helpful as a way of reducing acute diarrhoea. But this does not contain enough nutrients to be a healthy long term option.

Other 'special diets' may also reduce diarrhoea. However, in order to make sure that you are still getting a balanced and nutritious intake, these are best used only with the advice of a qualified dietitian. For more information on healthy eating with IBD see our booklet: **Food and IBD**.

Drinking

- Many people are sensitive to caffeine, so try opting for decaffeinated coffee, tea, and cola drinks.
- Reduce your consumption of alcohol, particularly beer and lager, as this is known to have a laxative effect.
- Drinks made with artificial sweeteners can also cause diarrhoea.



WHAT SHOULD I DO ABOUT THE OTHER SYMPTOMS WHICH MAY COME WITH DIARRHOEA?

If you have diarrhoea, you will lose more water than usual with your stools. It is therefore especially important if you have IBD that you drink plenty of fluids. You may also need to replace the salts and sugars lost with the diarrhoea. One way to do this is to drink a commercial rehydration solution such as Dioralyte, Electrolade or Rehydrit.

For more serious dehydration your doctor may recommend drinking an Oral Rehydration Solution (ORS) with a higher sodium (salt) level. For more details on this and how to avoid and manage dehydration, see our information sheet, **Dehydration**.

HOW CAN I MANAGE URGENCY?

When you are travelling you might find it helpful to look at the Great British Public Toilet Map (greatbritishpublictoiletmap.rca.ac.uk) and obtain a RADAR key, which gives you access to public toilets in many locations across Britain. The Crohn's and Colitis UK 'Can't Wait' card may be useful when you are out and about and need to use a loo in a hurry. See **Other Support from Crohn's and Colitis UK** for further information about the Can't Wait card.

HOW CAN I MANAGE BOWEL LEAKAGE?

If you are troubled by bowel leakage, see our information sheet: **Managing Bowel Incontinence in IBD**, for tips on how to manage it.

HOW CAN I TREAT SORE SKIN?

Frequent diarrhoea and wiping can irritate the skin around the anus, making it sore. The following tips may help.

- Use moist toilet paper, damp cotton wool, or moist toilet wipes. Many baby wipes contain alcohol and are best avoided, but some 'alcohol-free' brands are available.
- Whenever possible wash around the anus after a bowel movement. A bidet is ideal, but you could also use a shower attachment while sitting with your bottom over the edge of the bath. Or use a soft disposable cloth with warm water. Avoid flannels and sponges as they can be rough and are difficult to keep clean.
- Use non-scented soap or a special washing solution. There are products specifically developed for people with bowel problems. Ask your nurse about these or contact the Bladder and Bowel Foundation for more information. Avoid using antiseptics or disinfectants in washing water, as these can sting.
- Dry the area very gently, patting with soft toilet paper or soft towel. Do not rub. If you are very sore you could use a hairdryer on a low setting.

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- Use a barrier cream or ointment a little at a time and rub it in gently. Large amounts stop the skin from breathing and can make the area sweaty and uncomfortable. Make sure the old layer of cream is washed off before applying more. Choose a simple product such as zinc and castor oil. It is better to avoid creams containing lanolin, as some people are allergic to this. Other products you could try include Sudocrem, Cavilon, and Metanium.
- Some people have found alternative products helpful, including aloe vera gel, Kamillisan Baby Cream and Germoline.
- Try to allow the air to get to the anal area for at least part of every day.
- Try not to scratch the anal area, as this will make things worse. If you find you are scratching in your sleep, you could wear cotton gloves in bed (available from your chemist).
- If you use a pad for incontinence, make sure that the pad has a soft surface and that no plastic comes into contact with your skin.
- Wear cotton underwear to allow the skin to breathe. Avoid tight jeans and other clothes that might rub the area. If you wear tights, think about changing to stockings or crotchless tights.

If you continue to feel sore, or if your skin is broken, talk to your doctor, nurse, or IBD team. They may be able to prescribe more effective medications. If the soreness persists you might have an infection (such as thrush), which requires specific treatment.

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One of the main symptoms of Crohn's Disease for me is constipation.

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Katie, age 29
diagnosed with Crohn's Disease in 2011

WHAT IS CONSTIPATION?

Constipation can be defined as passing stools fewer than 3 times per week, needing to strain, or passing hard stools which are unusually large or small. You may find that a stool passing through an area of inflammation in the colon can be particularly painful.

WHAT CAUSES CONSTIPATION?

- **Proctitis** - You may be more likely to have constipation if you have proctitis (inflammation of the rectum).
- **IBS** - Some people with IBD experience IBS symptoms, which can be constipation and/or diarrhoea.
- **Low fibre diet** - Fibre helps stools pass through the gut, so if you have reduced your intake of fibre, you may find that you become constipated. But excess fibre should be avoided if you have a stricture of your intestine, as can occur in Crohn's Disease (see **How can I treat constipation?**)
- **Not enough fluids** - If you are not drinking enough, this can lead to constipation as the stools become hard, dry and difficult to pass.
- **Drugs** - As mentioned before, constipation can be a side effect of drugs, for example, anti-diarrhoeals or codeine, which is found in some pain killers.
- **Damage to the anal muscles** - A common cause of constipation in women following vaginal childbirth or pelvic surgery. A special test may be used to diagnose this.

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HOW CAN I TREAT CONSTIPATION?

You may find that drinking plenty of fluids might help form softer stools that are easier to pass. It may also help to increase the amount of fibre in your diet, although this is not advisable for people with strictures (narrowing of the bowel due to bowel wall thickening, inflammation or scarring). Some people may find that bulking agents, such as Fybogel or Isogel, can soften hard stools, but these supplements may also not be suitable if you have a stricture. If you can, increase the amount of exercise you do to speed the passage of stools through your colon and help your constipation.

Laxatives can help to relieve constipation. Osmotic laxatives, such as Movicol, are usually considered the best type of laxative for people with IBD. These increase the amount of water in the large bowel so that stools can be passed more easily. However, laxatives can also cause wind and stomach cramps, especially at the start of treatment.

If you are worried about constipation and how to treat it, speak to your IBD team or doctor.

WHAT OTHER SYMPTOMS MAY COME WITH CONSTIPATION?

Some people with constipation may develop associated conditions such as haemorrhoids (also known as 'piles'). Haemorrhoids are swellings that contain enlarged blood vessels that are found inside or around the rectum and anus. Symptoms can include:

- bleeding after passing a stool
- itchiness around the anus
- a lump hanging down outside of the anus, which may need to be pushed back in after passing a stool.

Initial treatments for haemorrhoids, if caused by constipation, are drinking plenty of fluids, and increasing the fibre in your diet. Although fibre may not be suitable for everyone, particularly those with strictures (see earlier **How can I treat constipation?**) If these steps don't work, you may need to be referred to a specialist for further treatment. If you are concerned that you may have haemorrhoids, speak to your IBD team.

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Sometimes it's easy to get a bit lost with having a condition like Crohn's Disease. But I find that just taking some time out and talking about it with family and friends can really help.

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Katie, age 29
diagnosed with Crohn's Disease in 2011

IMPACT OF HAVING DIARRHOEA AND CONSTIPATION ON EVERYDAY LIFE

Some people with IBD find it upsetting or embarrassing to have symptoms such as diarrhoea and constipation. If your symptoms are making you feel this way, you might find that talking about it helps. You may wish to talk to a professional counsellor (see our information sheet **Counselling and IBD**). Or you may want to speak to someone who understands what it's like to have IBD. Our confidential listening service, Crohn's and Colitis Support, is run by volunteers who have experience of IBD and are trained in giving emotional support (see **Help and Support from Crohn's and Colitis UK**).

You might also find it reassuring to speak to other people with IBD and share experiences through the Crohn's and Colitis UK Facebook Forum. See **Other Support from Crohn's and Colitis UK** for more details on the Forum.

HELP AND SUPPORT FROM CROHN'S AND COLITIS UK

All our information sheets and booklets are available to download from our website: www.crohnsandcolitis.org.uk. If you would like a printed copy, please contact our information line – details below.

Crohn's and Colitis UK Information Line: 0300 222 5700. Open Monday to Friday, 9 am to 5 pm, except Thursday open 9 am to 1 pm, and excluding English bank holidays. An answer phone and call back service operates outside these hours. You can also contact the service by email info@crohnsandcolitis.org.uk or letter (addressed to our St Albans office). Trained Information Officers provide callers with clear and balanced information on a wide range of issues relating to IBD.

Crohn's and Colitis Support: 0121 7379 931: Open Monday to Friday, 1 pm to 3.30 pm and 6.30 pm to 9 pm, excluding English bank holidays. This is a confidential, supportive listening service, which is provided by trained volunteers and available to anyone affected by IBD. These volunteers are skilled in providing emotional support to anyone who needs a safe place to talk about living with IBD.

OTHER SUPPORT FROM CROHN'S AND COLITIS UK

Crohn's and Colitis UK Forum

This closed-group community on Facebook is for everyone affected by IBD. You can share your experiences and receive support from others at: www.facebook.com/groups/CCUKforum

Can't Wait Card

If you become a member of Crohn's and Colitis UK, you will get benefits including a Can't Wait card. This card shows that you have a medical condition and you need access to the toilet quickly. See the Crohn's and Colitis UK website to join: www.crohnsandcolitis.org.uk. Or call the membership team on: 01727 734465.

OTHER ORGANISATIONS

Disability Rights UK

12 City Forum, 250 City Road, London, EC1V 8AF
Website: www.disabilityrightsuk.org

From this organisation, you can purchase RADAR keys which allow access to specially adapted toilets.

Irritable Bowel Syndrome Network (The IBS Network)

Unit 1.12 SOAR Works, 14 Knutton Road, Sheffield, S5 9NU
0114 272 3253

Email: info@theibsnetwork.org

Website: www.theibsnetwork.org

The IBS Network is an independent, self help organisation for people with Irritable Bowel Syndrome. The helpline is staffed by specialist IBS nurses.

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Diarrhoea and Constipation Edition 4a - Amended April 2016

Last full review: June 2015

Next planned review: 2017

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ABOUT CROHN'S & COLITIS UK

We are a **national** charity established in 1979. Our aim is to improve life for anyone affected by Inflammatory Bowel Diseases. We have over 28,000 members and 50 local groups throughout the UK. Membership costs start from £15 per year with concessionary rates for anyone experiencing financial hardship or on a low income.

This publication is available free of charge, but we would not be able to do this without our supporters and members. Please consider making a donation or becoming a member of Crohn's and Colitis UK. To find out how call **01727 734465** or visit www.crohnsandcolitis.org.uk

