



Functional Motility Disorders

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Constipation

- ◆ Typically defined as <3 stools per week
- ◆ Varied definition based on stool caliber, density, ease of defecation
- ◆ Rome III criteria
 - ◆ 3 months of monitoring
 - ◆ Difficulty in >25% of bowel movements
 - ◆ Insufficient criteria to diagnose IBS
 - ◆ No loose stools without laxative use



Constipation Causes

- ◆ Neurogenic disorders
 - ◆ DM, Neuropathy, Hirschsprung, Pseudoobstruction, etc
- ◆ Non-neurogenic disorders
 - ◆ Hypothyroid, Hypokalemia, Anorexia, etc
- ◆ Idiopathic
- ◆ Drugs
 - ◆ Anticholinergics, Cation-containing compounds, Neural modifiers



Treatments for Constipating Symptoms

- ◆ Dietary modification
 - ◆ Addition of psyllium or methycellulose
 - ◆ Fluids
- ◆ Laxatives
 - ◆ Docusate sodium, Milk of magnesia (caution renal failure), Bisacodyl, Senna, Castor oil, Lactulose Polyethylene glycol
- ◆ Disimpaction
- ◆ Surgery



Pharmacologic Therapy for Constipation

- ◆ Prokinetics
 - ◆ Metoclopramide
 - ◆ Cisapride
- ◆ Lubiprostone – chloride channel activator
- ◆ Removal of offending medications



Diarrhea

- ◆ Increase in stool weight and decrease in consistency due to excess water
- ◆ The number of bowel movements per day does not define diarrhea



Diarrhea Causes

- ◆ Gastroenteritis
- ◆ Medications
 - ◆ Antibiotics –c. diff
 - ◆ NSAIDs
 - ◆ Anti-hypertensives
 - ◆ Anti-arrhythmics
- ◆ Neurologic
- ◆ IBS



Treatments for Diarrheal Symptoms

- ◆ Removal of offending agent
- ◆ Lactobacillus
- ◆ Fluid rehydration
- ◆ Vancomycin or Flagyl for c. diff
- ◆ Bulking agents



Irritable Bowel Syndrome

- ◆ Diarrhea and constipation for 12 weeks in a 1 year period
- ◆ Treated symptomatically for the the phase presenting at time of complaint
- ◆ No cure at this time
- ◆ Antispasmodics and antidepressants have shown some effect



Intestinal Pseudoobstruction

- ◆ Ogilvie's syndrome
- ◆ Diagnosis of exclusion
- ◆ Highly variable symptoms
- ◆ More common in elderly (age >60)



Intestinal Pseudoobstruction

Treatments

- ◆ Supportive Care
- ◆ Colonic decompression
- ◆ Enemas
- ◆ Surgery
 - ◆ Percutaneous endoscopic colostomy
- ◆ Pharmacologic Agents
 - ◆ Neostigmine – Ach inhibitor
 - ◆ Erythroycin



Case

- ◆ 91 year-old Caucasian female
- ◆ Admitted to SMH from nursing home for abdominal distension and pain
- ◆ GI Consult
- ◆ Treatment
- ◆ Transfer to Pines



Resources

- ◆ Hasler, William. Gas and Bloating. *Gastroenterology & Hepatology*. September 2006. Volume 2, Issue 9, Page 654-662.
- ◆ UpToDate.com
 - ◆ Abraczinskas, Diane and Goldfinger, Steven. Intestinal gas and bloating.
 - ◆ Camilleri, Michael. Acute colonic pseudoobstruction.
 - ◆ Frieling, Thomas. Diabetic autonomic neuropathy of the gastrointestinal tract.
 - ◆ Wald, Arnold. Treatment of constipation in adults
 - ◆ Wald, Arnold. Etiology and evaluation of chronic constipation in adults.