



Expert consensus on defining and managing occasional constipation

A comparative analysis

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Abstract: Occasional constipation (OC) is prevalent but under-recognized and needs clearer guidance on evaluation and treatment. This review compares two recent expert perspectives on OC, proposing a unified, patient-centered definition. Integrating patient self-assessment and expert consensus will help pharmacists in recommending effective over-the-counter therapies, thus improving patient self-management.

Introduction

Defining occasional constipation (OC) is essential for effective management, especially for patients and pharmacists relying on over-the-counter (OTC) treatments. While chronic constipation is widely studied, OC remains both underdefined and underrecognized, limiting health care practitioners and pharmacists from confidently recommending appropriate OTC therapies. This review compares the perspectives of two recent expert consensus articles (Rao et al. (2022) [1], Brenner et al. (2024) [2]), focusing on diagnostic criteria, treatment recommendations, and gaps in existing OC definitions, in order to propose a unified approach for better management.

Evaluating methodologies, clarifying definitions, and treatment recommendations

The consensus articles used two distinct methodologies to define OC. Brenner et al. (2024) followed a structured, Delphi-based approach with 100% expert consensus, emphasizing evidence-based data, while Rao et al. (2022) prioritized patient-reported outcomes and real-world perceptions, capturing OC's self-management patterns.

Both consensus articles highlight the unique, intermittent nature of OC, which is distinct from chronic constipation (CC). Brenner and colleagues (2024) defined OC as “individuals having the presence of at least one functional constipation symptom (decreased frequency of bowel movements, straining, lumpy/hard stools, sensation of incomplete evacuation, sensation of anorectal obstruction/blockage), in the absence of alarm signs or symptoms, occurring at irregular and infrequent intervals, which is bothersome enough to induce a patient to seek management.”

In contrast, Rao and colleagues (2022) defined OC as “intermittent or occasional symptomatic alterations in bowel habits, including a bothersome reduction of bowel movements frequency and/or difficulty with passage of stools without alarming features, lasting for a few days or weeks.” The distinction of OC from CC is critical for pharmacists, as it provides a framework to determine when OTC treatment is appropriate for symptoms that may be self-managed rather than requiring prescription therapies.

Treatment recommendations differ slightly between the two papers. Brenner (2024) recommend polyethylene glycol (PEG) and stimulant laxatives including bisacodyl as primary OTC options for OC, highlighting their rapid onset of action. They further suggested magnesium-based compounds for patients unresponsive to PEG or stimulants, emphasizing the need for quick relief, which is important for patients with intermittent symptoms. Rao (2022) also highlighted the patient's need for an immediate solution like PEG and stimulant laxatives and suggested a more gradual approach with fibre supplementation although they acknowledged the limited evidence supporting its short-term relief.

Both consensus statements agreed that prescription medications should be avoided for OC and reserved for chronic cases. Both also highlighted the role of lifestyle modifications, such as dietary adjustments and physical activity, but acknowledged that these are often secondary to OTC interventions for immediate symptom relief. This alignment reinforces that most OC cases can be managed effectively with accessible OTC treatments, avoiding the need for more intensive interventions. **Figure 1** illustrates

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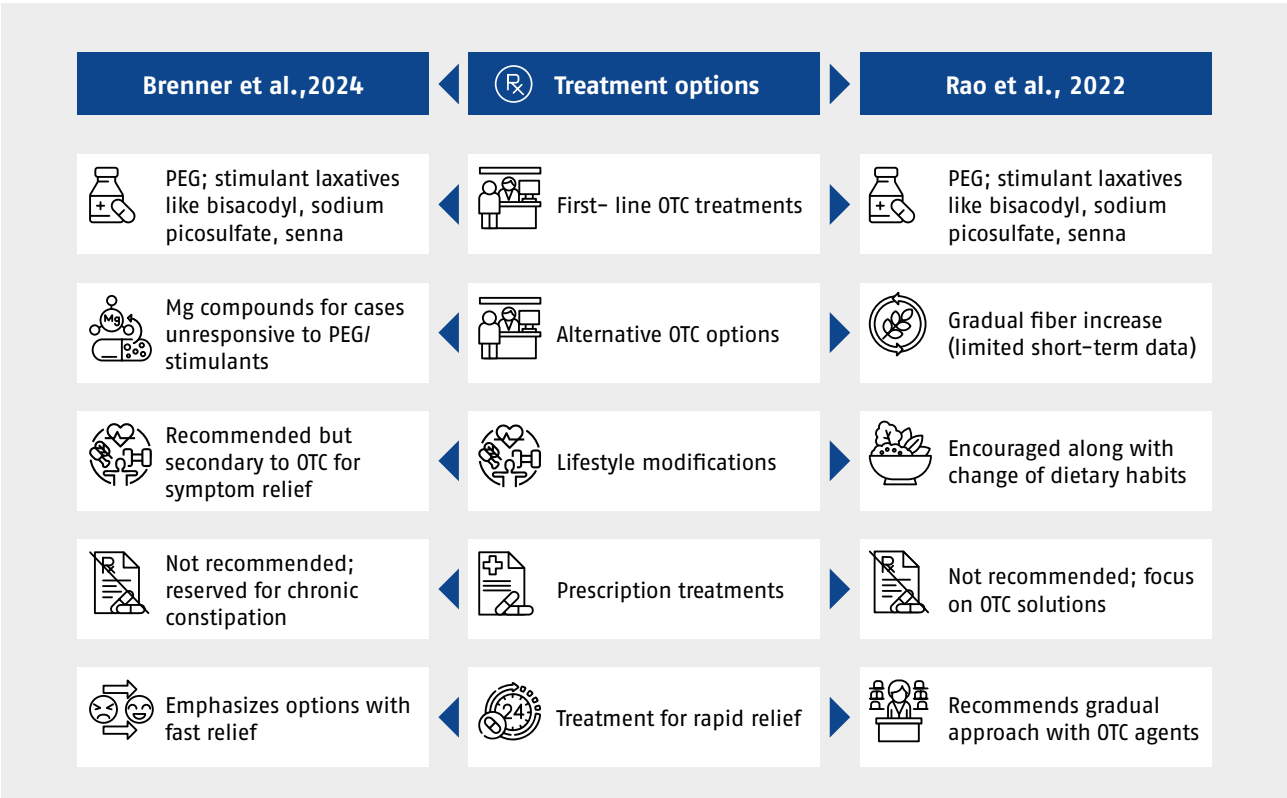


Fig. 1. Comparison of treatment recommendations for occasional constipation

treatment options for an effective, evidence-based management OTC therapeutic approach.

Conclusion

A unified understanding of OC can improve pharmacist-patient interactions and patient self-management. This review suggests a combined approach, synthesizing evidence-based criteria with patient-centered insights to form a practical and flexible definition. Clearer OTC guidance could support patients in managing OC more effectively, enhancing overall clinical outcomes.

Literature

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