

Hospital Practices and Research

Are Concepts About Constipation and Dietary Fiber Changing?



Shahram Manoochehry¹, Hamid Reza Rasouli^{1*}

¹Trauma Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran

*Corresponding Author: Hamid Reza Rasouli, M.Sc., Trauma Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran. Tel/Fax: +98-21-88053766, Email: hr.rasouli64@gmail.com

Received February 4, 2017; Accepted April 5, 2017; Online Published May 24, 2017

Dear Editor,

After reading in detail the valuable review article by Korgh et al¹ regarding chronic constipation management, we would like to mention some new points about chronic constipation which were not considered in this review.

A high fiber diet was mentioned as a component of lifestyle modification and a main part of slow transit constipation therapy.² Recently, a new concept has suggested that a high fiber diet is an aggravator of not only constipation, but also other colorectal disorders such as diverticulosis. It has been reported that reducing or eliminating fiber from one's diet can alleviate chronic constipation and its associated symptoms.^{3,4} The oral consumption of probiotics is reported to reduce chronic constipation severity.⁵

As there are 2 opposing ideas about the role of dietary fiber in chronic constipation therapy, it seems there is no absolute conclusion regarding it. There may be 2 types of chronic constipation patients: responders to a high fiber diet and non-responders to it. A person's response to high fiber therapy may be relevant to large bowel microbial flora or to the gas formation of this flora (flatulence), as it is reported that probiotics play a positive role in constipation treatment. Thus, the effects of colonic microflora (and its associated flatulence) in chronic constipation patients and their response to dietary fiber supplements seems a good and challenging subject for chronic constipation research.

Authors' Contributions

All authors contributed equally to this study.

Conflict of Interest Disclosures

The authors declare that they have no conflicts of interest.

Ethical Approval

Not applicable.

Acknowledgments

We are grateful to the Clinical Research Development Unit of Baqiyatallah Hospital for their kind collaboration.

References

- Krogh K, Chiarioni G, Whitehead W. Management of chronic constipation in adults. United European Gastroenterol J. 2016. doi:10.1177/2050640616663439.
- Lacy B, Hussain Z, Mearin F. Treatment for constipation: new and old pharmacological strategies. Neurogastroenterol Motil. 2014;26(6):749-763. doi:10.1111/nmo.12335.
- Ho K-S, Tan CYM, Daud MAM, Seow-Choen F. Stopping or reducing dietary fiber intake reduces constipation and its associated symptoms. World J Gastroenterol. 2012;18(33):4593-4596. doi:10.3748/wjg.v18.i33.4593.
- Tan K-Y, Seow-Choen F. Fiber and colorectal diseases: separating fact from fiction. World J Gastroenterol. 2007;13(31):4161-4167
- Koebnick C, Wagner I, Leitzmann P, Stern U, Zunft H. Probiotic beverage containing *Lactobacillus casei* Shirota improves gastrointestinal symptoms in patients with chronic constipation. Can J Gastroenterol. 2003;17(11):655-659.