



**National  
Multiple Sclerosis  
Society**

**MS Learn Online  
Feature Presentation  
Managing Symptoms: Bowel Dysfunction  
Nancy Holland, Ed.D, RN, MSCN**

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**Tracey>>** Hi, I'm Tracey Kimball

**Tom>>** And I'm Tom Kimball. Welcome to MS Learn Online. Many people with MS experience bowel dysfunction and often they find it difficult to talk to others or even their doctors about it.

**Tracey>>** Medical correspondent Rick Somers speaks with Dr. Nancy Holland with the National MS Society about this difficult issue.

**>>Interviewer:** We move to an area now that is uncomfortable for a lot of people to talk about. I know we've talked about bladder dysfunction, but let's talk about bowel dysfunction and how it gets incorporated into the whole MS equation.

**>>Nancy Holland:** Okay. Well, you've made a very important point, that people have trouble talking about this, and not just people with MS, but their doctors, too. So, we really need to educate both people with MS to be forward and be sure to bring problems with bowel to their physician. And we need to educate the physician and this is one of a number of very important areas to people with MS.

More than half of the people with MS experience constipation, which is the main bowel problem, and constipation can be pretty uncomfortable. It can cause bloating and cramps, and just a general feeling of not doing well. And this is a symptom that can be managed when people are aware of it and aware of what needs to be done. And there are two approaches. One is from above, which has to do with keeping the stool soft, and the other is from below, which is assisting with evacuation, to make sure the stool can get out in a comfortable way.

Probably the most important thing people need to do is to drink enough fluid. If the person isn't drinking the eight glasses of fluid a day, they will almost certainly have problems.

>> **Rick Somers:** And by fluid, you mean water, generally?

>> **Nancy Holland:** Mostly water, but other fluids also can help, tea --

>> **Rick Somers:** Juices.

>> **Nancy Holland:** -- tea, juices, yes. And so fluid is the first thing. And the other is diet high in fiber, and fiber tends to be fruits and vegetables and grains. Most people have a diet that has about 10 grams of fiber, and when constipation is an issue, you need to have 25 to 30 grams of fiber. And there are charts available that will tell you how much fiber there is in various food products.

So, people with MS who are having constipation really need to get a hold of a chart, take a look at it, and be aware of their diet. And if for whatever reason they're not able to take 25, 30 grams in the normal diet, there are supplements that can be taken generally as powder that get mixed with fluid. But however it's done, there needs to be sufficient fiber and fluid in the diet so that the stool remains soft and is able to pass easily through the intestine.

The other issue is that in MS, the intestine is sometimes sluggish, and so it's not pushing food along as normally it would in someone who is not having this kind of problem. So, to compensate for that, sometimes there need to be ways to assist with evacuation. Not always, for most people fluid and fiber will do the trick, but if there is a serious problem and those measures are not sufficient, then there are other measures that can be taken. Probably the most effective one and the one used by most people is the -- it's called a mini enema. It actually is about the size of a suppository, but just installation of that little bit of fluid can very often be -- just do the trick, to help the person be able to evacuate comfortably.

>> **Rick Somers:** You're talking about one side of the coin, meaning the constipation side. How about from the other side, of not being able to control the bowel?

>> **Nancy Holland:** Okay. The incontinence of the bowel is much less frequently encountered than constipation, and most often when it does occur it's actually because of constipation. Because if hardened stool is in the lower intestine and not moving, then the fluid in the intestine, instead of forming into stool will go around it, and that stool that's kind of stuck in the intestine is called an impaction. And so the fluid, the incontinence is most often from loose stool that's gone around an impaction, in which case the impaction needs to be cleared. Now, in that case it may be a regular enema that's needed, a Fleet enema, which is the plastic bottle, to move that out. And then follow a regular regimen to get the bowel back into a routine.

In even rarer cases the incontinence is caused by the intestine, the lower intestine being hyperactive, in which case the same kind of medication that are used in bladder hyperactivity, those anticholinergic medications, can control it. The trick is to be sure that there is coordination between management of the bladder and bowel, so that both are functioning properly.

>> **Rick Somers:** Let's talk a little bit about the psychosocial aspect of having a bowel problem and how that plays into somebody's life.

>> **Nancy Holland:** Well, it goes along -- there are a lot of topics that are hard to talk about. Bowel is one of them, bladder, particularly someone who is having bladder accidents is often embarrassed and has trouble talking about it, and sexual issues are difficult. And those three very often –

>> **Rick Somers:** Work together?

>> **Nancy Holland:** Yeah, are experienced at the same time, because they're pretty much the same section of the spinal cord. But the psychosocial, this -- well, people are embarrassed to be having a problem. I think for many it feels like going back to childhood.

>> **Rick Somers:** This was the point I was going to make.

>> **Nancy Holland:** Yes, that's what it feels like, I'm sure, because this is what people have told me. They feel like they're not mature adults when this happens, because they should be in control of their bowels, and yet at this point in their life they're not in control in the same way they used to be. And so it's -- it can have very significant psychological impact.

>> **Rick Somers:** And force people into isolation in some way, because they're afraid to take those steps to make plans or to go and do. What are some tips or some hints, little advice that you might have?

>> **Nancy Holland:** Okay. The bowel actually can be trained, to some extent. Someone who follows a bowel regimen so far as adequate fluid, diet with high fiber, perhaps an assist like the mini enema or for some, suppositories. In some cases, if it's a very severe problem, laxatives occasionally may be needed.

But once a person figures out what routine works best so that there's a bowel movement every day, every two days, every three days, and the evacuation is comfortable. Once that is figured out -- and people have to be patient, because it can take a while for that to actually be established -- the bowel tends to respond in a pretty much routine way so that it becomes less of an issue for people to be as conscious about it, thinking about it. They take the -- they have their dietary measures. If they need any kind of assist, like a laxative periodically, they can do that privately.

>> **Rick Somers:** Dr. Holland, thank you so much for talking about a particularly difficult subject for so many people.

**Tom>>** It really is important to be discussing all of your symptoms with your doctor.

**Tracey>>** Indeed. Thanks to Dr. Nancy Holland for this informative discussion on managing bowel dysfunction in MS. If you haven't seen the episode where Dr. Holland talks about bladder dysfunction be sure to check it out.

**Tom>>** We look forward to having you join us again on MS Learn Online.