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Summary

Q&A: Chronic constipation: How to diagnose and treat this frequent condition in clinical practice

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Neurogastroenterology & Motility | Surgery | Primary Care | Small Intestine & Nutrition

October 17, 2026

This Q&A session addressed practical management questions about constipation, covering biofeedback therapy patient selection, transanal irrigation techniques, colonic transit testing utility, and medication dosing strategies.

KEY POINTS

- The speaker stated that biofeedback is more effective in patients with abnormal physiology and defecatory-type symptoms, and has not been shown effective for other constipation groups.
- The speaker reported using transanal irrigation in dyssynergia patients when biofeedback access is limited, noting patients are frequently satisfied; the procedure uses a specific catheter with pressure-controlled water insertion starting at 400-500 mls.
- The speaker stated that colonic transit time does not predict treatment response and is only ordered when considering surgical intervention, as no studies show it predicts response to specific laxatives.
- The speaker recommended Macrogol starting at 10g daily, titrating up to 40-50g before changing therapy, noting studies show it is better than Lactulose but Lactulose can worsen abdominal symptoms in IBS-C.
- The speaker stated the Atlantis trial found amitriptyline effective in IBS at dosages up to 30mg, with the IBS-C subgroup responding better, and uses it at low doses in constipation as evidence does not support it induces constipation at these levels.
- The speaker uses prucalopride at a maximum of 2mg as studied, rarely allowing 4mg in individual cases where patients report better response, though 4mg dosing is not confirmed in literature.

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