

Understanding Constipation in Prader-Willi Syndrome

A Family-Friendly Guide

Constipation is very common in people with PWS. It is also one of the most serious health problems that can happen if it is not treated early. Constipation means stool moves too slowly through the body or becomes hard and difficult to pass.



In PWS, constipation usually happens because several body systems work more slowly.

- Many people with PWS have **slow digestion**, which means food and stool move slowly through the stomach and intestines.
- **Low muscle tone** can also make it harder for the body to push stool out normally.
- Some **people with PWS may not feel thirsty often**, so they may not drink enough fluids. This can make stool dry and hard.

Other things can also make constipation worse, including:

- Low activity levels
- Eating patterns
- Medications
- Difficulty recognizing or talking about discomfort or pain.
- Some medications used for anxiety, behavior, seizures, or iron replacement can slow the bowels even more.

Constipation in PWS is more than just being uncomfortable. Severe constipation can become a medical emergency. It may cause bloating, stomach swelling, vomiting, trouble eating, behavior changes, urinary problems, or dangerous bowel blockages. Sometimes loose stool or diarrhea can actually be a sign of severe constipation because liquid stool may leak around a blockage.

Understanding Slow Bowels in PWS

In PWS, constipation is often a “whole gut” problem. This means the entire digestive system may move more slowly than normal. The stomach may empty slowly, food may move slowly through the intestines, and stool may stay in the bowel too long.

Some people with PWS may still have bowel movements every day but may not completely empty their bowels. Over time, stool can build up and cause worsening constipation.



Because people with PWS may not feel pain normally, serious constipation can sometimes go unnoticed until it becomes severe. Families and caregivers should watch closely for signs such as:



Behavior changes
or irritability



Bloated or
swollen belly



Low energy or
sleeping more



Vomiting



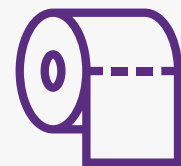
Loose stool
leakage



Less interest in
food



Refusing
activities

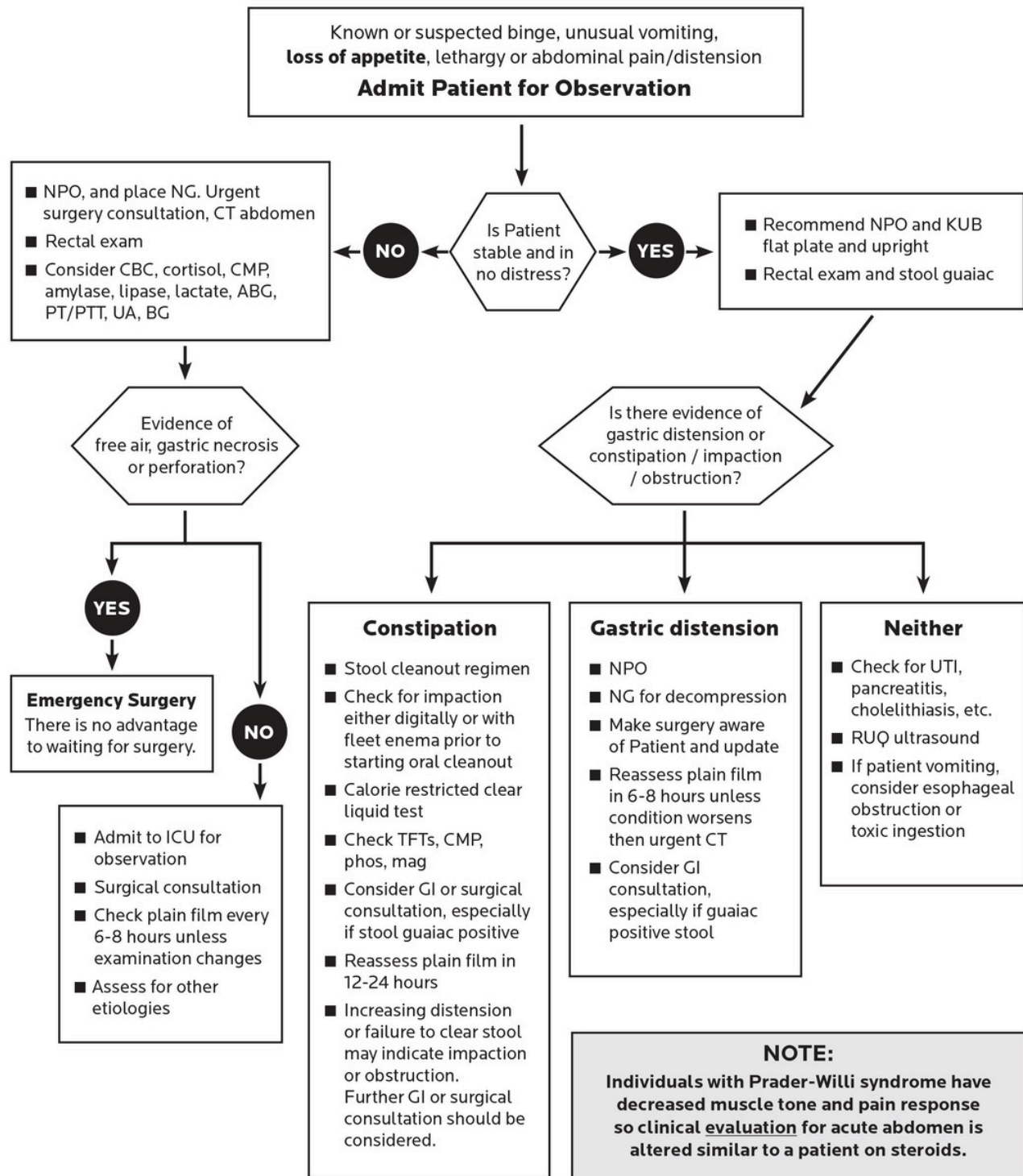


Sudden changes
in bathroom
habits

Types of Constipation Medications

Type of Medication	How it Works	Examples	Important PWS Considerations
Osmotic Laxatives	Pulls water into the stool to soften it	Polyethylene Glycol (Miralax), Lactulose	Often works best with good hydration
Stimulant Laxatives	Stimulates bowel muscles to move stool forward	Senna, Bisacodyl	Helpful when bowel motility is very slow
Stool Softeners	Helps mix water into stool	Docusate Sodium (Colace)	May not be strong enough alone
Bulk-Forming Laxatives	Adds fiber and bulk to stool	Psyllium (Metamucil)	Can worsen constipation if fluid intake is poor
Suppositories and Enemas	Works from the rectum upward	Glycerin suppositories, enemas	Usually used short-term for impaction
Prescription Motility Medications	Increases intestinal movement or fluid secretion	Linzess, Amitiza, Motegrity	Typically managed by GI or motility specialists



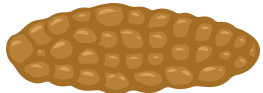




Evaluation of Individuals with Prader-Willi Syndrome with New GI Complaints



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Bristol Stool Chart

Types of Poop

Type 1		Hard lumps or small pebbles VERY CONSTIPATED
Type 2		Lumpy, hard, and sausage shaped SLIGHTLY CONSTIPATED
Type 3		Sausage shaped with cracks along the surface NORMAL
Type 4		Resembles a thin sausage or snake NORMAL
Type 5		Soft blobs with clear edges LACKING FIBER
Type 6		Mushy and fluffy with ragged edges INFLAMMATION
Type 7		Entirely liquid INFLAMMATION

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