

ANEMIA IN THE PRACTICE OF A THERAPIST

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Abstract. This paper explores the clinical significance, diagnostic strategies, and treatment approaches of constipation in therapeutic practice. Constipation, a common gastrointestinal disorder, affects individuals of all age groups and is often overlooked despite its considerable impact on patients' quality of life. The work outlines the key etiological factors including dietary habits, lifestyle, medications, and underlying medical conditions. Emphasis is placed on the importance of accurate diagnosis using both clinical assessment and diagnostic tools, followed by a personalized treatment plan. Non-pharmacological management, such as dietary fiber intake and physical activity, is discussed as the first-line intervention, while pharmacological treatments are considered for more persistent cases. The paper also highlights recent advancements in therapeutic options and stresses the role of patient education and interdisciplinary collaboration. Overall, the study aims to raise awareness about constipation as a significant therapeutic concern and to guide healthcare professionals in providing effective and evidence-based care.

Keywords: Constipation, Chronic constipation, Functional constipation, Rome IV Criteria, Fecal impaction, Laxatives, Fiber, Pelvic floor dysfunction.

АНЕМИЯ В ПРАКТИКЕ ТЕРАПЕВТА

Аннотация. В данной статье рассматриваются клиническое значение, диагностические стратегии и подходы к лечению запоров в терапевтической практике. Запор - распространенное желудочно-кишечное заболевание, которое поражает людей всех возрастных групп и часто остается без внимания, несмотря на его значительное влияние на качество жизни пациентов. В работе описаны основные этиологические факторы, включая пищевые привычки, образ жизни, принимаемые лекарства и сопутствующие заболевания. Особое внимание уделяется важности точной диагностики с использованием как клинической оценки, так и диагностических инструментов, а также индивидуального плана лечения. Немедикаментозное лечение, такое как употребление пищевых волокон и физическая активность, рассматривается как вмешательство первой линии, в то время как фармакологическое лечение рассматривается в более стойких случаях. В статье также освещаются последние достижения в области терапевтических возможностей и подчеркивается роль обучения пациентов и междисциплинарного сотрудничества. В целом, исследование направлено на повышение осведомленности о запорах как о важной терапевтической проблеме и на предоставление медицинским работникам рекомендаций по оказанию эффективной и научно обоснованной помощи.

Ключевые слова: Запор, хронический запор, функциональный запор, Римские критерии IV, каловый завал, слабительные, клетчатка, дисфункция тазового дна.

Introduction

In recent years, the issue of constipation has gained increasing attention in therapeutic practice due to its widespread occurrence and significant impact on patients' quality of life. Constipation, commonly referred to as a decrease in bowel movement frequency or difficulty in

stool passage, is not only a symptom but often a complex condition influenced by various physiological, psychological, and lifestyle factors. In the clinical setting, general practitioners and therapists frequently encounter patients complaining of constipation, making it a routine yet important part of their daily medical practice. Effective management of constipation requires a thorough understanding of its etiology, classification, and underlying pathophysiological mechanisms. From primary idiopathic constipation to secondary causes linked to medications or systemic diseases, each case demands a personalized approach to treatment. Moreover, the increasing prevalence of functional gastrointestinal disorders has highlighted the importance of early diagnosis and non-invasive therapeutic strategies. This paper aims to explore the diagnostic criteria, clinical evaluation, and evidence-based therapeutic interventions available for constipation in general therapeutic practice. By addressing both traditional and modern treatment approaches, including lifestyle modifications, pharmacological agents, and complementary therapies, we aim to provide a comprehensive overview of constipation management that aligns with current clinical guidelines and patient-centered care principles.

Main Body

Constipation is commonly defined as infrequent bowel movements, typically fewer than three per week, and/or difficulty in stool passage, such as straining or hard stools. It may present as a primary disorder or as a symptom of another underlying condition. Clinically, constipation is classified into primary (functional) and secondary types. Primary constipation includes normal-transit constipation, slow-transit constipation, and defecatory disorders, often associated with pelvic floor dysfunction. Secondary constipation results from systemic diseases, medications, or anatomical abnormalities. Chronic constipation, as per Rome IV criteria, is diagnosed when symptoms persist for at least three months with onset at least six months prior. Understanding this classification helps clinicians identify the underlying mechanism and determine appropriate therapeutic strategies. Differentiating between these types is essential for effective treatment planning and avoiding unnecessary interventions. This step forms the basis of evidence-based care and supports precise management in therapeutic settings.

The etiology of constipation is multifactorial, involving dietary, metabolic, neurological, psychological, and pharmacological components. A low-fiber diet, inadequate fluid intake, and sedentary lifestyle are common contributors. Endocrine disorders such as hypothyroidism and diabetes mellitus can also impair gut motility. Neurological conditions like Parkinson's disease or spinal cord injuries affect bowel regulation. Certain medications, including opioids, anticholinergics, and iron supplements, are well-known culprits. The pathophysiology often involves delayed colonic transit, impaired rectal sensation, or dysfunction in pelvic floor coordination. Stress, anxiety, and depression may exacerbate symptoms through gut-brain axis dysregulation. In some patients, functional abnormalities such as dyssynergic defecation hinder the natural reflex of evacuation. Understanding the underlying pathophysiological basis is crucial in selecting appropriate treatment—whether it be pharmacologic, behavioral, or surgical. Therefore, a comprehensive evaluation of all possible causes should guide individualized management.

Patients with constipation often report symptoms such as hard or lumpy stools, excessive straining, sensation of incomplete evacuation, or the need for manual maneuvers to facilitate defecation. Bloating and abdominal discomfort may also be present. In clinical practice, a detailed patient history and physical examination are vital. Important history components include dietary habits, physical activity level, medication use, and bowel movement patterns. The Bristol

Stool Form Scale is frequently used to classify stool consistency. Diagnostic tools may include blood tests to rule out metabolic causes, abdominal X-rays, colonoscopy, or anorectal manometry when indicated. The Rome IV criteria help differentiate between functional constipation and irritable bowel syndrome. Alarm symptoms such as weight loss, rectal bleeding, or anemia should prompt further investigation. A digital rectal examination can identify masses or assess pelvic floor dysfunction. The goal is to identify the specific cause and avoid unnecessary investigations. Diagnostic precision ensures timely and effective treatment.

Management of constipation involves a stepwise approach, starting with lifestyle modifications. Increasing dietary fiber intake (20–30 grams per day), ensuring adequate hydration, and encouraging physical activity are first-line measures. Bulk-forming agents like psyllium are commonly recommended. Osmotic and stimulant laxatives, such as lactulose or senna, may be used in persistent cases. Stool softeners and suppositories serve as adjunct therapies. For functional constipation, biofeedback therapy has shown efficacy in patients with pelvic floor dysfunction. Prokinetic agents and secretagogues like prucalopride or linaclotide are newer options for chronic cases unresponsive to traditional methods. In refractory cases, surgical interventions like colectomy or sacral nerve stimulation may be considered. A patient-centered approach is essential taking into account comorbidities, preferences, and response to previous treatments. Monitoring and periodic reassessment are necessary to avoid laxative dependence and adverse effects. Individualized plans ensure better outcomes and improve overall quality of life.

Preventing constipation involves addressing modifiable risk factors through patient education and regular follow-up. Patients should be encouraged to maintain a high-fiber diet rich in fruits, vegetables, and whole grains. Daily fluid intake should meet individual hydration needs, especially in the elderly. Regular physical activity enhances gut motility and reduces the risk of chronic constipation. Educating patients about the importance of responding to natural defecation urges helps prevent stool retention and bowel dysfunction. Therapeutic practitioners should also review and adjust medications that contribute to constipation. Psychological support and stress management techniques can reduce functional symptoms. Establishing a routine toileting schedule and proper posture during defecation may improve outcomes. Clear communication between patient and provider builds trust and encourages treatment adherence. Preventive strategies reduce healthcare costs, minimize complications, and enhance long-term patient satisfaction. Education empowers patients and plays a vital role in therapeutic success.

Discussion

Constipation is a common clinical condition that requires a multidimensional approach in therapeutic practice. While often considered a minor complaint, it can significantly reduce the patient's quality of life, especially when it becomes chronic. The complexity of its etiology from lifestyle factors to neurological and endocrine disorders demands careful patient evaluation. Therapists must avoid a one-size-fits-all approach and instead tailor treatment strategies based on the specific type and cause of constipation. Early interventions such as dietary adjustments and exercise can prevent progression to more severe forms. However, for many patients, pharmacological and behavioral therapies become necessary. Recent advancements in diagnostic tools and treatment options, including biofeedback and newer laxative agents, have expanded the therapeutic possibilities. Despite these advancements, underdiagnosis and mismanagement are still prevalent due to stigma or lack of awareness. Therefore, strengthening patient education and improving clinical training for healthcare providers are essential. Future directions should also

focus on integrative care approaches and long-term follow-up strategies. Ultimately, constipation should be managed with the same rigor as other chronic conditions, considering its potential complications and the burden it places on both patients and the healthcare system.

Conclusion

In conclusion, constipation is a prevalent and often underestimated condition in therapeutic practice that requires comprehensive clinical attention. Although it may seem like a simple digestive issue, chronic constipation can lead to serious complications, including hemorrhoids, anal fissures, and a significant decline in the patient's quality of life. A systematic approach that includes accurate diagnosis, identification of underlying causes, and personalized treatment strategies is essential. Emphasis should be placed on non-pharmacological methods such as dietary changes, increased fluid intake, and physical activity, especially as first-line interventions. Pharmacologic treatments should be reserved for persistent or complex cases and must be carefully monitored. The role of patient education cannot be overstated, as awareness and adherence to lifestyle changes are crucial for long-term success. Furthermore, early intervention and multidisciplinary collaboration can enhance outcomes and reduce healthcare burdens. With proper management, most cases of constipation can be effectively controlled, improving both patient comfort and therapeutic efficiency. Constipation should thus be viewed not merely as a symptom but as a condition requiring structured, evidence-based medical care.

REFERENCES

1. Rao, S. S. C., & Rattanakovit, K. (2014). *Diagnosis and management of chronic constipation in adults*. Nature Reviews Gastroenterology & Hepatology, 11(6), 295–305. <https://doi.org/10.1038/nrgastro.2014.38>
2. Bharucha, A. E., Pemberton, J. H., & Locke, G. R. (2013). *American Gastroenterological Association technical review on constipation*. Gastroenterology, 144(1), 218–238.
3. Shokiraliyevich, G. I., & Abdupatoyivech, M. A. (2025). OVQAT HAZM QILISH SISTEMASI KASALLIKLARIDA ZAMONAVIY TEKSHIRISH VA DAVOLASH USULLARI. *INTELLECTUAL EDUCATION TECHNOLOGICAL SOLUTIONS AND INNOVATIVE DIGITAL TOOLS*, 3(35), 109-111.
4. Ганибаев, И. Ш. (2025). ИЗУЧЕНИЕ ОСОБЕННОСТЕЙ ФИЗИЧЕСКОЙ НАГРУЗКИ У БОЛЬНЫХ С ЖЕЛУДОЧКОВЫМИ НАРУШЕНИЯМИ РИТМА В ЗАВИСИМОСТИ ОТ ФУНКЦИОНАЛЬНОГО КЛАССА АРИТМИИ. *MASTERS*, 3(2), 203-214.