

Change in Bowel Habit

A "change in bowel habit", usually refers to a persistent change in what is a normal pattern of bowel habit for you. Because everyone's "normal" is different— and this can range from passing bowel motions from three times a day to three times a week—a change is, therefore, what is unusual for you.

Change in bowel habit, especially if new and persistent, can be a key indicator of an underlying digestive health problem.

What constitutes a change?

A change in bowel habit typically involves a change in frequency, consistency or ease of passing bowel motions, especially if it lasts over several weeks.

This can include any of the following:

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- **Diarrhoea:** Looser, more watery, or more frequent motions.
- **Constipation:** Harder stools, straining, or a decrease in your usual frequency.
- **Urgency:** A sudden, pressing need to reach a toilet.
- **Tenesmus:** The constant feeling of needing to pass bowel motions, even when the bowel is empty.
- **Incomplete Evacuation:** The sensation that the bowel has not fully emptied after a movement.

What can cause a change in bowel habit?

While changes are often related to temporary factors like diet, stress, or medication, persistent changes may be linked to:

- **Irritable Bowel Syndrome (IBS):** A functional disorder marked by development of constipation or diarrhoea (or both), often in association with abdominal pain or discomfort.
- **Inflammatory Bowel Disease (IBD):** Conditions like Ulcerative Colitis or Crohn's Disease cause inflammation that leads to urgent, bloody diarrhoea and cramping.
- **Food Intolerances:** Sensitivities to gluten (Coeliac Disease), lactose, FODMAP diet can cause diarrhoea and bloating.
- **Polyps or Bowel Cancer:** Large polyps or tumours can partially obstruct the colon, changing the shape or frequency of stools. Patients may also report accompanying blood in bowel motions, or development of anaemia or iron deficiency.

When do I need to see a specialist?

A change in bowel habit that persists for more than four to six weeks should always be evaluated by your GP or be referred for specialist assessment.

Seek an urgent consultation if the change is accompanied by:

- Blood in the stool: Either bright red or dark/tarry.
- Unexplained weight loss or loss of appetite.
- Persistent abdominal pain or cramping.
- Anaemia (iron deficiency) or constant fatigue.

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