

Poo – what's normal?

Given how coy people are about their bowel habits, you'd think pooing was something most of us had never heard of. Yet it's a normal – and essential – bodily function. We all open our bowels, but there's a huge range in terms of how often we go and how hard or soft our poos are. So how often (or how infrequently) is normal, and when do you need to speak to a doctor?

Your bowel movements are affected by a huge range of factors. Some of these you can't influence – even if fed an identical diet, some people would open their bowels more often than others. And no matter how much we want to, we can't influence ageing. [Constipation](#) becomes more common with age: some of this is down to being less active or having a higher chance of taking medication that slows your bowels down. But with age, your gut may move digested food along less efficiently.

How many poos a day is normal?

Most people have a fairly regular pooing pattern. [Studies suggest](#) 98% of people go between three times a day and three times a week. Many people tend to go at about the same time every day.

Some medical conditions, such as [inflammatory bowel disease](#) ([Crohn's disease](#) and [ulcerative colitis](#)) or [diverticular disease](#), can lead to frequent, loose bowel motions. But if you don't have an underlying medical condition directly affecting your bowels, many of the factors that determine how often you open your bowels relate to your diet and lifestyle.

[Physical activity](#) helps stimulate peristalsis – co-ordinated movements of the rings of muscle around your bowels that propel food through your digestive system. So being physically active doesn't just strengthen your heart and lungs – it can help keep you regular too.

What consistency is normal?

Many medicines can cause looser stools or constipation as a side effect – common examples include:

- [Codeine](#)-based painkillers, sometimes called [opioids](#) – this includes combination painkillers such as [co-codamol](#) and [co-dydramol](#), as well as very strong painkillers such as [morphine](#).
- Some [antidepressants](#). Tricyclic antidepressants such as [amitriptyline](#) are more likely than other types to cause constipation – these are often prescribed not just for depression but for nerve pain, such as [trigeminal neuralgia](#) or [postherpetic](#) (post-shingles) nerve pain.
- [Iron tablets](#).
- Some medicines used for [overactive bladder](#).
- [Parkinson's disease](#) treatments.

If you're taking medication and you feel it might be linked to constipation, your pharmacist will be happy to advise.

Your poo is made up of a combination of food that hasn't been absorbed into your system, waste products, bacteria that live naturally in your gut and water. Changes to your diet and lifestyle can alter all of these.

[Fibre](#) in your diet – wholemeal and whole grain foods, vegetables, fruits, pulses, beans and lentils are all good sources – helps bulk out your stools, allowing you to go more regularly and with less straining.

If you're dehydrated, more water from your gut will be reabsorbed into your system. This makes poos smaller, harder and more difficult to pass.

How to get rid of constipation

Constipation is a common reason for patients to consult me as a GP. It's often a long-term problem, which can be helped by making changes to your level of physical activity as mentioned above. But if you're unwell for another reason, you may have a fever (which makes you lose more fluid), be less active, go off your food and take medicine such as strong painkillers, which can all lead to constipation.

Bowel movements and IBS

[Irritable bowel syndrome](#) (IBS) can cause bloating and tummy pain as well as constipation, diarrhoea or a combination of the two. It's a 'functional' bowel problem - there's no abnormality in the structure of any individual bit of your gut but the various parts don't work smoothly together.

Lifestyle changes and medication can help - you may need a referral to a dietician to help find foods that don't cause symptoms but still allow you to get all the nutrients you need. Never assume your symptoms are down to IBS if you've never had them before - speak to your doctor, who may arrange investigations to exclude other causes.

Causes of diarrhoea

[Tummy bugs](#) and [food poisoning](#) are the most common causes of [diarrhoea](#). Other symptoms which often go hand in hand with the diarrhoea include feeling (or being) sick, tummy cramps and sometimes fever. Most of these settle within a few days without complication.

However, a change in your bowel habit that doesn't settle, or that's accompanied by any 'red flag' symptoms, should always be checked out by your doctor. That's because it could be a warning sign of [cancer of the bowel](#). Symptoms to look out for include:

- Losing weight without meaning to.
- Being off your food.
- Severe or persistent tummy pain.
- Problems swallowing, or severe pain on swallowing.
- Persistent vomiting.
- Feeling very tired or looking pale.

In addition, you'll usually need to be referred straight for medical assessment at the hospital if you experience:

- Vomiting blood or black 'coffee grounds'.
- Passing blood in your poo or black, tarry poos.

The NHS offers two-yearly poo sample [bowel screening](#) for 60 to 74-year-olds (50-74 in Scotland) - take up the offer!

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