OASIS · AT A GLANCE

Constipation as a Medical Emergency: The GI Crisis Hiding in Plain Sight

For a Level 2 or 3 adult, chronic untreated constipation is one of the most common causes of behavioral crisis, ER visits, and in rare cases, genuinely life-threatening impaction. It rarely gets treated with that level of seriousness until it's already an emergency.

BY JIM PALASTY · 10 MIN READ · THE MOST UNDERTREATED CONDITION IN THIS ENTIRE FIELD

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PERCENT OF AUTISTIC ADULTS AFFECTED BY CHRONIC CONSTIPATION, AT MINIMUM

Estimates range from 30 to 50 percent, driven higher by common medications and restricted diets. It is arguably the single most undertreated medical condition in this population.

How it works

THREE STEPS

STEP 1

The scope is larger than most families realize

Chronic constipation affects a substantial share of autistic adults, worsened by common medications and restricted diets that limit fiber.

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STEP 2

It presents as behavior, not a stomach complaint

A nonverbal or minimally verbal adult in significant GI discomfort often shows it through aggression, self-injury, or sudden withdrawal, not a verbal report.

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STEP 3

Untreated, it can genuinely escalate to a medical emergency

Severe, prolonged impaction is a real, documented, life-threatening risk that deserves the same seriousness as any other medical crisis.

Behavioral signs worth investigating for GI cause

New or increased aggression	Especially without an obvious external trigger
Sudden self-injury	Particularly around the abdomen or with unclear cause
Appetite changes	Reduced eating or specific food avoidance
Posture and guarding	Bent posture, abdominal guarding, visible discomfort
Sleep disruption	New difficulty sleeping without another clear cause

THE AGGRESSION THAT RESOLVED WITH A BOWEL REGIMEN

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Terrence's son had three weeks of escalating aggression that two providers attributed to a behavioral regression requiring a formal intervention plan. A third provider asked one specific question: when was his last bowel movement, tracked with actual dates, not a general impression. Nobody had been tracking it. A significant constipation issue, once identified and treated with a proper bowel regimen, resolved the aggression within days.

THREE WEEKS OF ASSUMED BEHAVIORAL REGRESSION TURNED OUT TO BE A TREATABLE GI PROBLEM NOBODY HAD THOUGHT TO ASK ABOUT DIRECTLY.

What matters, at a glance

The scope is genuinely large

Estimates place chronic constipation prevalence at 30 to 50 percent among autistic adults, driven by medication side effects and restrictive diets.

Medications are a common contributor

Several commonly prescribed psychiatric medications have constipation as a known side effect, worth reviewing specifically with a prescriber.

The behavioral presentation gets missed constantly

Aggression, self-injury, and sudden withdrawal are common presentations of significant GI discomfort in adults who can't easily report it verbally.

A real management protocol exists

Dietary adjustment, appropriate medication review, and, when needed, specific medical intervention all have a real, evidence-based role.

Escalation to genuine emergency is rare but real

Severe impaction is a documented, serious medical risk that deserves the same urgency as any other potential emergency, not delayed attention.

The medication review angle matters

A comprehensive review of current medications for constipation-related side effects is a concrete, actionable step most families haven't taken.

BRING THESE · CHECK AS YOU GO

- [ ] A tracking log for bowel movements, even a simple one
- [ ] A current medication list for a constipation-focused side effect review
- [ ] Awareness of severe symptoms (significant distension, severe pain) that warrant immediate care
- [ ] A specific request for GI evaluation, named directly to your provider
- [ ] Notes on current diet, fiber intake, and fluid intake

YOUR MOVE

When behavior changes and you suspect a GI cause, here is what to do

1. Start tracking bowel movements directly, not as a general impression.
2. Ask your provider for a specific GI evaluation, not just a general checkup.
3. Request a full medication review for constipation-related side effects.
4. Review current diet for fiber and fluid intake specifically.
5. Treat behavioral changes as a possible GI symptom, not just a behavior to manage.
6. Seek immediate medical attention if severe abdominal pain or distension develops.

This is arguably the single most undertreated condition in this entire field. Ask the specific question before assuming behavior is the whole story.

GI HEALTH RESOURCES

The American College of Gastroenterology (gi.org) publishes clinical guidance on chronic constipation management applicable to patients with communication differences.

Request a full medication review with your prescriber specifically focused on constipation-related side effects of current psychiatric and other medications.

Informational only. Not legal or medical advice. Verify current program rules before acting.

ABOUT THE AUTHOR

JP

Jim Palasty

Jim Palasty is the founder of OASIS for Autism and a single father of an adult autistic daughter in Michigan.