CONSTIPATION IN THE ELDERLY

LEARNING OBJECTIVES
• Define of constipation
• Review the causes of constipation
• Develop an elective treatment
• Understanding prevention
• Complications of constipation

TEACHING STRATEGIES
• Interactive lecture (Lecture discussion)

MATERIAL AND EQUIPMENT NEEDED
• Over head projecter
• White board and markers for summarizing major point
• Flip charts

LEARNING POINTS
• Definition
  ▪ Less than 3 bowel movements per week
• Causes
  ▪ Dietary
  ▪ Motility disturbance – slower bowel peristalsis associated with age
  ▪ Sedentary living
  ▪ Structural disorders – abnormally distended bowel
  ▪ Ano rectal disorders – pain on having bowel movement
  ▪ Endocrine / metabolic disorders - hypothyroidism
  ▪ Neurogenic disorder – weakness of abdominal muscles
  ▪ Medication – especially cardiac medications, anti-spasmodics, anti-hypertensives
  ▪ Psychogenic – associated with psychological problems, especially depression
• Complications of constipation
  ▪ General abdominal discomfort
  ▪ Secondary diarrhea
  ▪ Fecal impaction in the rectum
• Evaluation
  ▪ History
  ▪ Diet, activity, fluid intake
  ▪ Use of medication and over-counter preparations
  ▪ Acute or chronic
  ▪ Concomitant systemic symptoms
Asking about other symptoms
  o Rectal bleeding
  o Abdominal pain

- Physical examination
  o Any obvious signs of systemic illness
  o Abdominal mass
  o Rectal examination

- Diagnostic procedures
  o Laboratory – glucose, thyroid studies, Hgb., calcium
  o Flexible sigmoidoscopy and a barium enema

**Treatment**

- Goals
  o Correcting the underlying abnormality
  o Discussion of the broad range of normal stooling function
  o Identifying misconception and providing information to patient about stooling pattern
  o Identify patient expectation for treatment

- Bowel Retraining
  o Schedule fixed time for bowel movement every day
  o Aid of suppositories or enema
  o Dietary approach
    - Bran in the diet with at least 2 liters of fluid/day
  o Medication
    - Hyperosmolar laxative
      - e.g. lactulose
    - Saline laxative
      - E.g. magnesium sulfate
    - Stimulant laxative
      - E.g. castor oil
    - Emollient laxative
      - e.g. docosate salt

**Complications**

- Hemorrhoid
- Intestinal Obstruction
- Perforation of bowel, often at site of diverticulum

**CRITICAL ELEMENTS FOR REFERRAL**

- Absence of colonic motility
- Rectocele
- Rectal intussusception and prolapse

**PREVENTIVE MEASURES AND HEALTH EDUCATION MESSAGES**
- Proper diet, especially fiber products and foods
- Fluid intake – should be at least 2 liters/day
- Active mobility throughout day – regular walking and exercise
- Bowel training – scheduled time for bowel movement

**CRITICAL ELEMENTS FOR EVALUATION OF COMPETENCE**
- Appropriate patient education regarding constipation, life style modification
- Proper diagnosis and management according to underlying cause