

Primary Health Care Initiatives (PHCI) Project
Contract No. 278-C-00-99-00059-00
Abt. Associates Inc.

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 projector
- 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
- Rectal bleeding
- Abdominal pain
- Physical examination
 - Any obvious signs of systemic illness
 - Abdominal mass
 - Rectal examination
- Diagnostic procedures
 - Laboratory – glucose, thyroid studies, Hgb., calcium
 - Flexible sigmoidoscopy and a barium enema

Treatment

- Goals
 - Correcting the underlying abnormality
 - Discussion of the broad range of normal stooling function
 - Identifying misconception and providing information to patient about stooling pattern
 - Identify patient expectation for treatment
- Bowel Retraining
 - Schedule fixed time for bowel movement every day
 - Aid of suppositories or enema
 - Dietary approach
 - Bran in the diet with at least 2 liters of fluid/day
 - 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