Management of constipation in elderly

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KEC

Classification

- Normal transit - constipation
- Slow transit - constipation
- Obstructed defecation

Clinical presentation

Type	Clinical Presentation
Normal transit	-Hard stools that are difficult to eliminate -Less bowel movement
Slow transit	-Very infrequent bowel movement -infrequent urge to defecate -No response to fiber , fluid and laxatives
Obstructed defecation	-Difficulty to pass stool even stool is soft -Use of digital maneuvers to evacuate stool

Functional Constipation (Rome III Criteria)

Criteria fulfilled for the last 3 months with symptom onset at least 6months prior to diagnosis

+ Must include 2 or more of the following :
  -Straining during at least 25%of defecations
  -Lumpy or hard stool in at least 25%of defecation
  -Sensation of anorectal obstruction for at least 25%of defecation
  -Sensation of incomplete evacuation for at least 25% defecation
  -Manual maneuvers to facilitate at least 25%of defecation
  -Fewer than 3 defecation per week

+ Loose stools are rarely present without the use of laxatives

+ There are insufficient criteria for IBS

Prevalence of constipation

In the west

- Community-dwelling elderly people 30 – 60%
- Day-hospital 55%
- Long care residents 60 - 70%

Prevalence of Constipation

In Asia

- Community-dwelling elderly people (Singapore) 11.6%
- Community population (age 18) (DOH HK) 13%

Prevalence of constipation in the elderly attending Primary Care Clinic

- 400 subjects
- Over 65 years
- Five GOPCS
- AMT > 7
- Face to face interview
- Structured questionnaire

Result

- Self –reported constipation 16.7%
- Functional constipation 8.3%
  (Rome II Criteria)

(Chan 2006)

Self-reported constipation

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Functional constipation

Causes for constipation

- Drugs (Anticholingerics, Opiates,Fe,Ca,)
- Immobility
- Neurological :DM ,Parkinsonism ,Stroke
- Dehydration
- Low dietary fiber
- Metabolic :Hyperca. Hypothyroidism .hypok
- Mechanical obstruction
- Environment

Assessment

- Duration
- Living condition: toilet facilities/distance
- Toilet position
- History :Medical
  Surgery
- Medication
- Fluid intake
- Fiber intake
- Mobility
- Cognitive state
- Work /relaxation

Bowel function

+ Frequency
+ Consistency
+ Presence of fecal incontinence
+ Straining
+ PR bleeding
+ Manual maneuvers
+ Feeling of incomplete emptying
+ Ability to distinguish stool or flatus
+ voluntary

Bristol Stool Form Scale

Physical Examination

Mouth
Teeth
Limbs sensation
Abdomen -bowel sound
-distension
-hard faecal mass
PR -skin
-pile
-rectal prolapse
-anal fistula
-anal tone
-content of the rectum
-rectocele

Rectocele

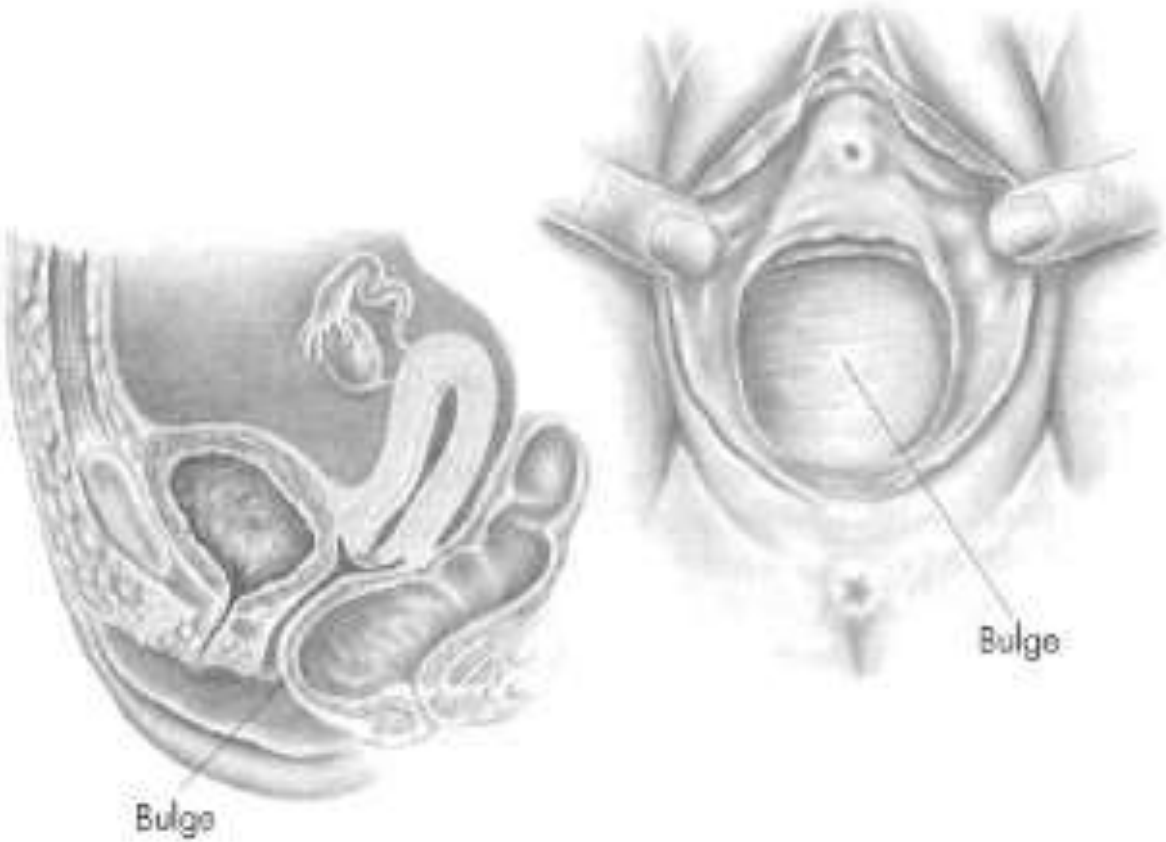
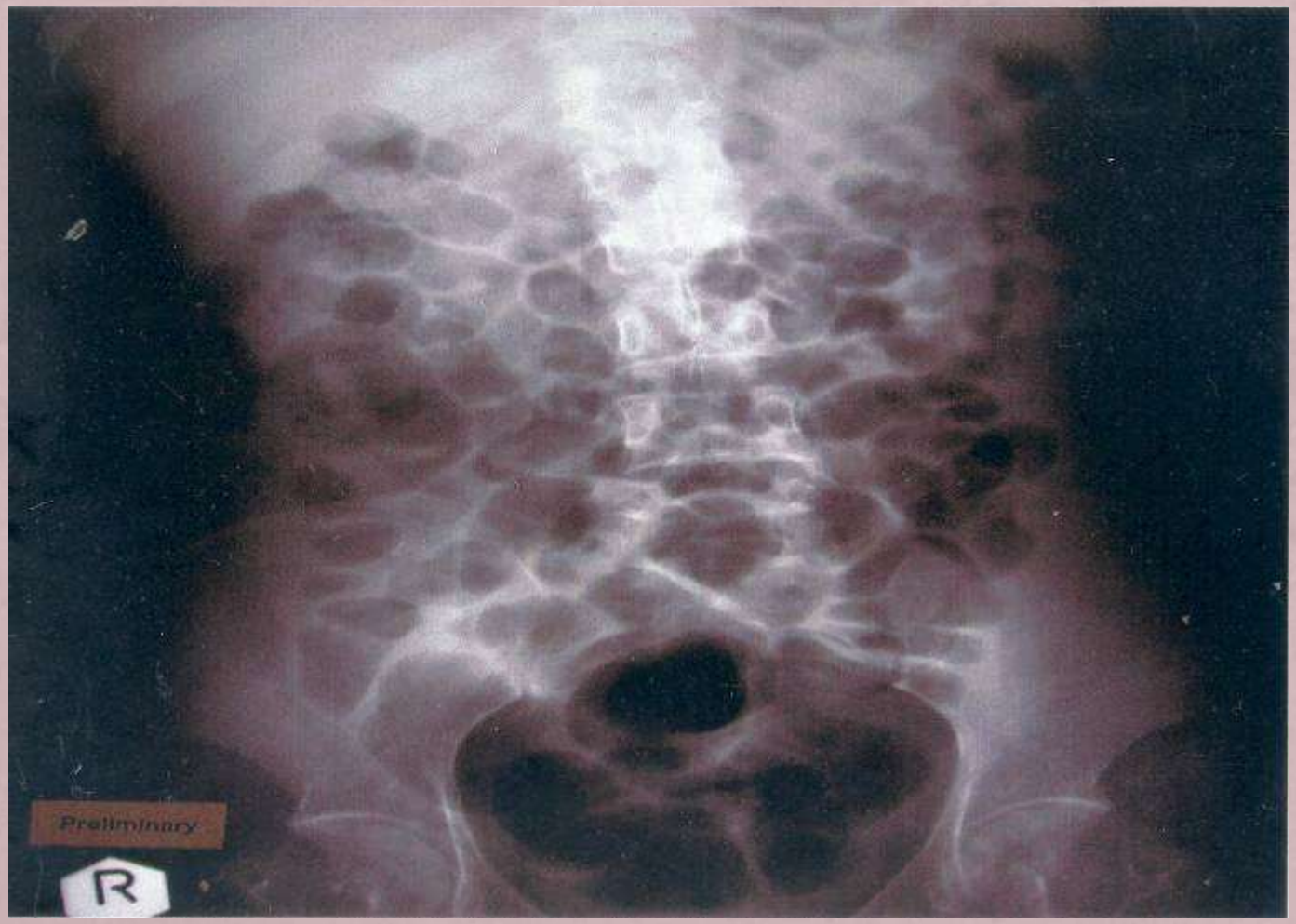


Fig. 14-3 Rectocele causing obstructed defecation. (From Seidel H, Ball JW, Dains JE, Benedict GW: *Mosby's guide to physical examination*, ed 4, St Louis, 1999, Mosby.)

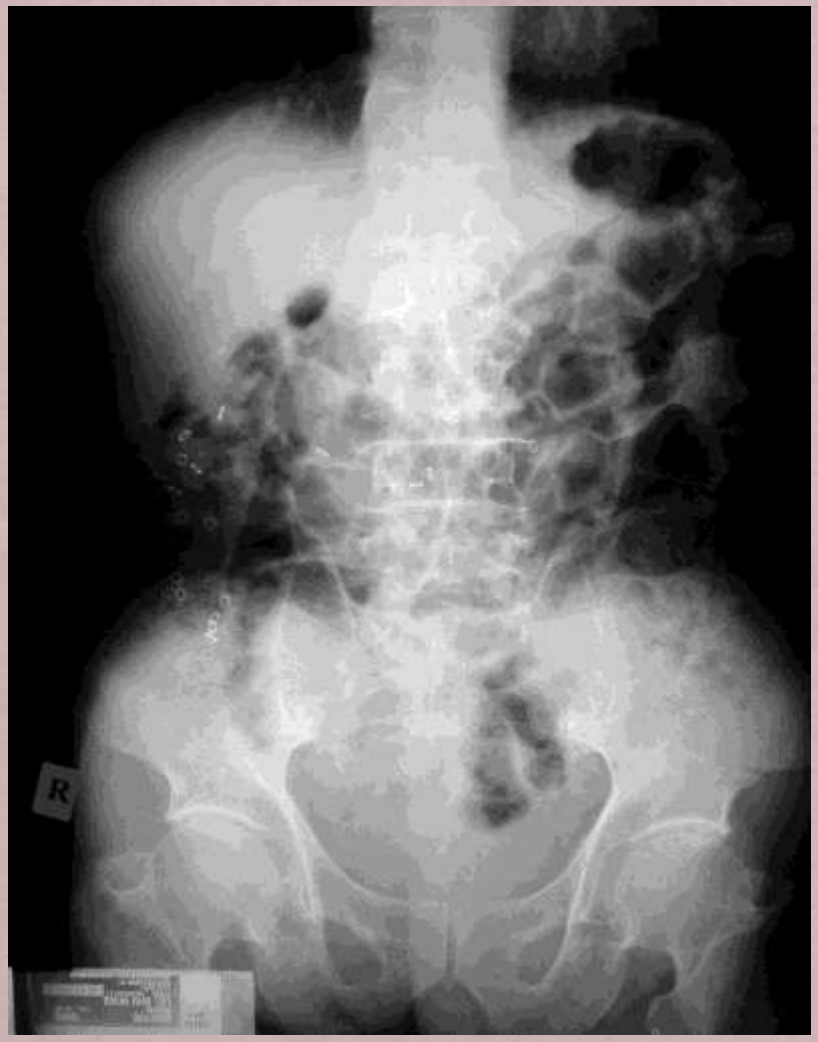
Investigation

- X-ray Abd
- Stool chart x 1 week
- Stool x Ova and Cyst, Culture
- Blood test :Thyroid Function Test, Calcium ,Glucose
- Colonic Transit Study
- Endoanal Ultrasonography
- Anorectal Manometry
- Pudendal nerve stimulation
- Defecation Protography
- Colonscopy

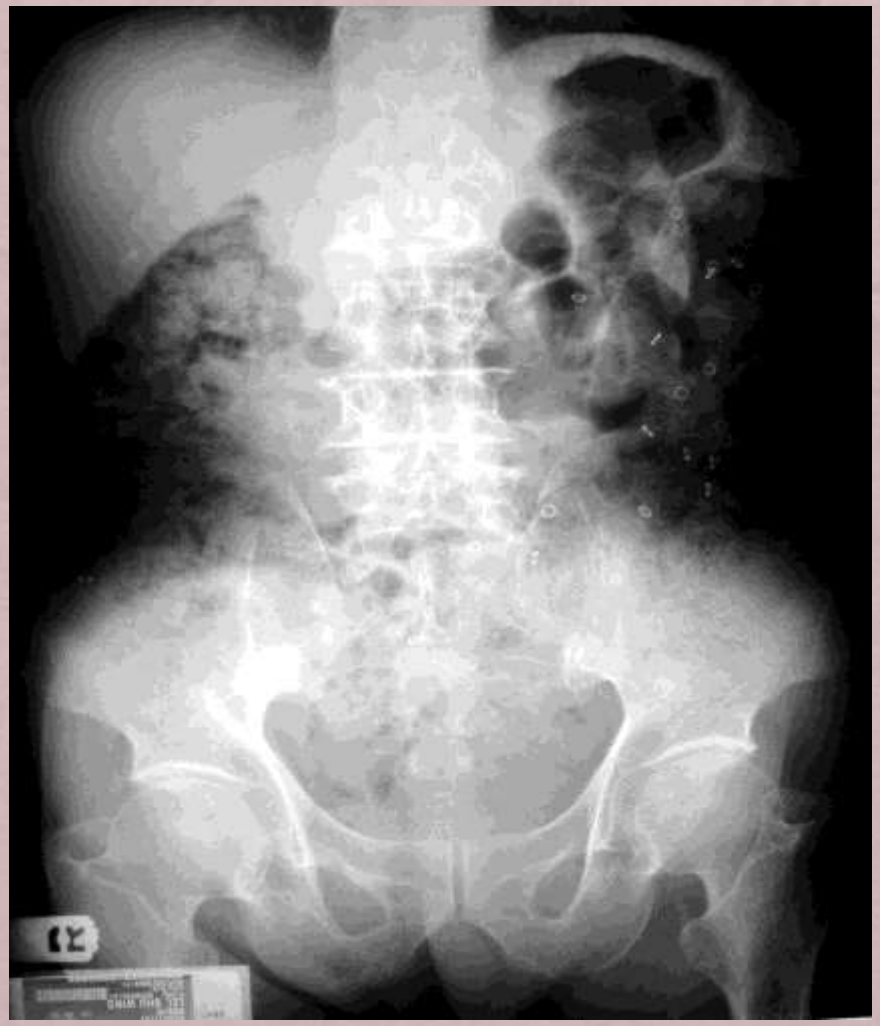
X- ray abdomen



Colonic transit study

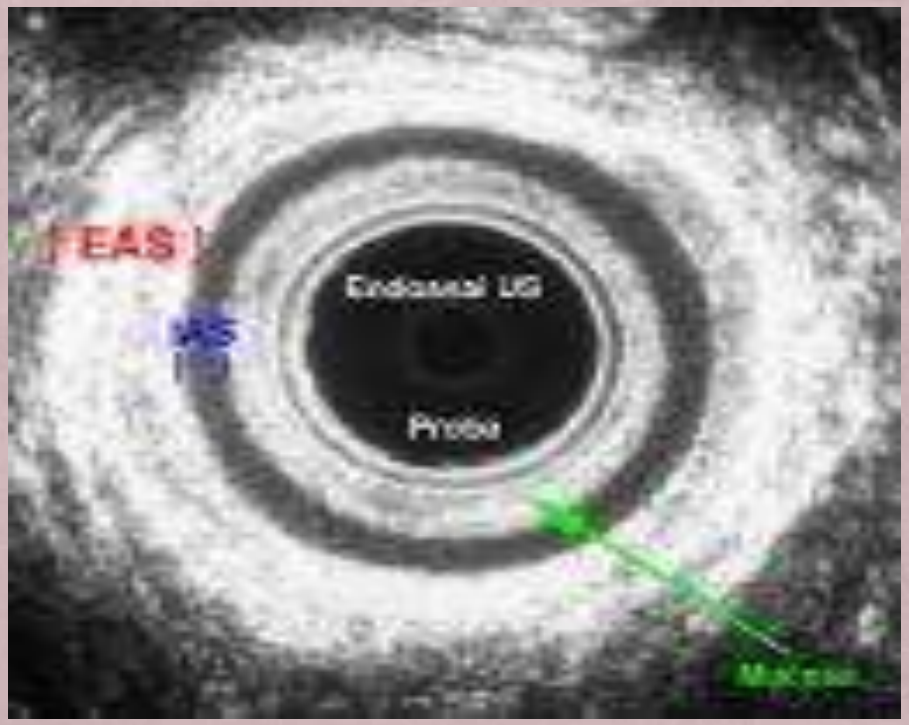


Day 1



Day 4

Endoanal ultrasound



Complication of Constipation

- Fecal impaction
- Intestinal obstruction
- Stercoral ulceration
- Mental disturbances
- Urinary retention
- Fecal incontinence with spurious diarrhoea

Management of functional constipation

+ Patient education

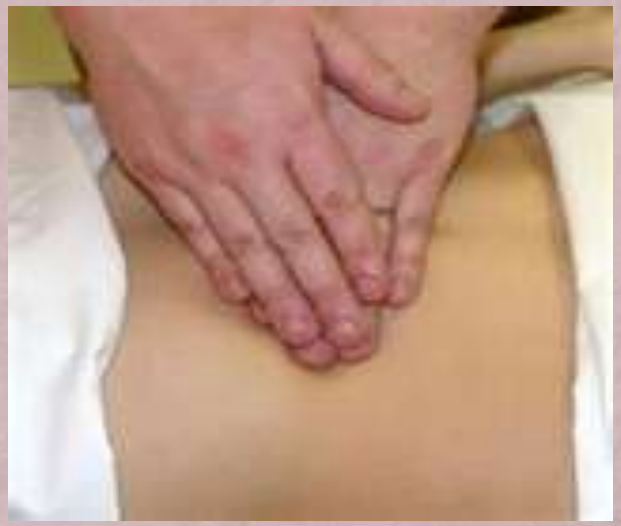
Adequate fluid intake

- 1.2-1.5l/day except heart disease , renal disease and pulmonary problem

High fibre intake

- WHO 16g/day
- 6-8 taels /day

Encourage exercise (active or passive)



Good dental hygiene

Ensure privacy

Toilet facilities

- height
- assistance with mobility as needed

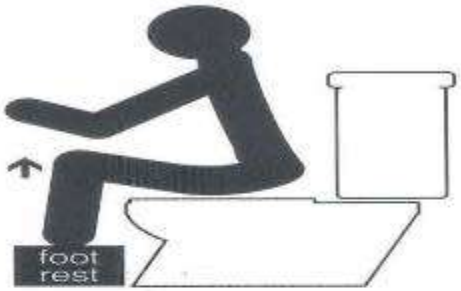
Figure 10.11. Toilet riser and toilet riser with grab bars.

Bowel training

- Use gastro-colic reflex
  - -Go to toilet at a regular time
  - -correct position
  - -Relax without interruption

Correct position for opening your bowels

Step one

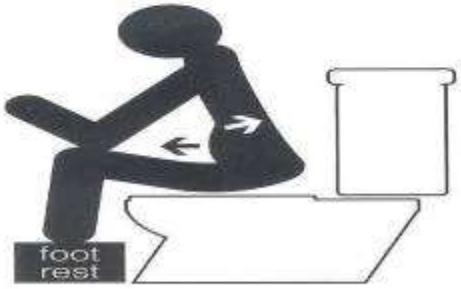


Knees higher than hips

Step two

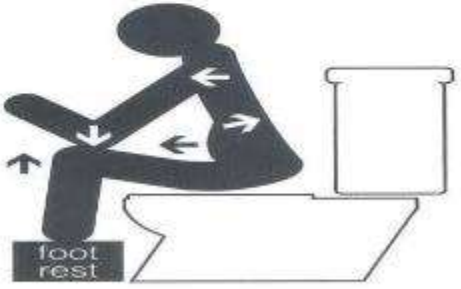
Lean forwards and put elbows on your knees

Step three



Bulge out your abdomen
Straighten your spine

Correct position



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Medication

- Allow enough time for defecation
- Reduce medication likely to cause constipation
- Use laxatives with care

24-72hrs

48-72hrs

12-24hrs

Laxatives

The Four “F”s’

- Fluid
- Fiber
- Fitness
- Feet

Management of slow transit constipation

- Fluids and fiber as tolerated
- Laxatives :osmotic laxatives on routine basis
  +stimulant laxative PRN
- Surgical intervention as the last resort

Management of obstructed defecation

- For rectocele :surgical repair or pessary
- For pelvic floor dyssynergia :biofeedback


Q & A