



## ELDERCARE PROGRAMME

# CHRONIC CONSTIPATION

Chronic (long-term) constipation is very often experienced by the elderly. If left untreated, it can have a negative effect on one's general wellbeing and quality of life.

**The symptoms of chronic constipation include:**  
infrequent bowel movement, hard and dry stools, pain or difficulty when passing stools (straining), a sense of incomplete emptying of the bowels, and, in severe cases, feeling bloated and sick.

# NEWSLETTER

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*This sheet is for your general information and is not a substitute for medical advice. You should contact your physician or other healthcare provider with any questions about your health, treatment or care.*

Research shows that the prevalence of chronic constipation increases with age. 26% of women and 16% of men aged 65 years and older think they suffer from constipation. In men and women over 84 years of age, this increases to 34% and 26% respectively.

## What are the causes of chronic constipation?

Constipation is commonly caused by a disorder of the bowel rather than a structural problem. Chronic constipation in elderly people may be caused by lack of activity, having more than one medical condition, and taking chronic medications that, as a side effect, cause constipation.

**OTHER COMMON CAUSES OF  
CONSTIPATION INCLUDE THE  
FOLLOWING:**

- » Insufficient fibre in the diet
- » Not enough fluid intake (less fluid intake hardens the stool and makes it difficult to pass)
- » Resisting the urge to have a bowel movement (this is sometimes the result of pain from haemorrhoids, or when people prefer to have bowel movements only at home).
- » Excessive use of laxatives (overusing certain laxatives can cause your body to depend on them, resulting in decreased bowel function).
- » Certain medical conditions such as Parkinson's disease, depression or diabetes.
- » Structural abnormalities that affect the lower digestive system e.g. colon stricture (narrowing of the colon), colon cancer or rectal prolapse (when the rectum protrudes through the anus to the exterior of the body).

## Management of chronic constipation

» **Depending on the cause, constipation can be managed effectively by introducing lifestyle changes such as:**

- Improving your diet. Eating wholemeal or whole-wheat bread, fruit and vegetables (eat at least five portions of a variety of fruit and vegetables per day); wholegrain breakfast cereals such as All-Bran®, Weetabix® or muesli; brown rice and wholemeal pasta or spaghetti.
- Increasing your fluid intake. Drink at least two litres (8-10 cups) of water per day.
- Improving your toilet routine. Do not suppress or ignore the need to go to the toilet and allow yourself enough time to empty your bowel. A regular and unhurried toilet routine, with privacy, is recommended. A squatting position is the best position in which to pass a stool.

- Exercising regularly. Keeping the body active helps to keep the colon moving. Disabled people or bed-bound people are more likely to become constipated.

» **If all of the above-mentioned methods fail, medication such as mild laxative therapy may be considered. There are four main groups of laxatives that work in different ways:**

- Bulk-forming laxatives, e.g. Fybogel or Normacol. These increase stool volume in a similar way to fibre and are considered safe provided they are taken with sufficient water.
- Stimulant laxatives, e.g. Senokot or Dulcolax. These work by stimulating the nerves in the large bowel to produce colonic contractions.
- Osmotic laxatives, e.g. Lactulose or Macrogols. These work by

retaining fluid in the large bowel by osmosis (less fluid is absorbed into the bloodstream from the large bowel).

- Faecal softeners, e.g. liquid paraffin. These act by wetting and softening the stool.

» **Non-pharmacological intervention (therapy that does not involve medication) can also be used to manage constipation. Biofeedback therapy training is used to improve normal co-ordination and function of the anal sphincter and pelvic floor muscles. It is basically the combination of exercise and behavioural technique.**

» **In cases where the constipation is caused by structural problems, surgery may be necessary to correct the abnormalities.**

### CONCLUSION



#### REFERENCES

- HSIEH, Christine MD. 1 December 2005. Treatment of constipation in older adults. American Family Physician. 72(11) 2277-2284. Website. <http://www.aafp.org/afp/2005/1201/p2277.html> (Accessed 05 January 2015).
- MARPLES, G. 2011. Diagnosing and management of slow transit constipation in adults. Nursing Standard. 26(8) 41-48.
- PATIENT.CO.UK. Constipation in adults. Website. <http://www.patient.co.uk/health/constipation-in-adults-leaflet> (Accessed 05 January 2015).
- WALD, A. 2009. Bowel problems associated with neurologic diseases. Website. [www.iffgd.org](http://www.iffgd.org)
- WebMD. Constipation. Website. <http://www.webmd.com/digestive-disorders/digestive-diseases-constipation> (Accessed 05 January 2015).

Chronic constipation may cause significant illness if not managed properly. Understanding the causes can assist in easing the anxiety and distress associated with the condition. If you suffer from constipation, don't despair. Consult your healthcare professional as many patients can be treated effectively.