

Managing chronic constipation in long-term care with a focus of myths and facts

Common and potentially dangerous (yet lacking a universal definition), chronic constipation (CC) among nursing home residents is challenging for both sufferers and their caregivers. And while the scientific literature increasingly encourages patient-centred approaches that rely on a good understanding of gut physiology, contributing factors and evidence-based interventions, the literature also reveals some “myths” associated with the management of CC. But before summarizing these, three **Fast Facts**. The Prevalence of chronic constipation...

- Increases after age 70,
- Affects more women than men, and
- Varies within nursing homes, with some studies citing anywhere from 10 and 72 per cent of residents, and others demonstrating 50 per cent or more.

Of course, there are multiple contributing factors for CC. These are sometimes referred to as the “Ds” of CC, including:

- **D**rugs (side effects)
- **D**efecatory dysfunction
- **D**egenerative disease
- **D**ecreased dietary intake
- **D**ementia
- **D**ehydration
- **D**epression, and so forth.

Dangers associated with CC can include fecal impaction, bowel obstruction, bowel perforation and more. In fact, even problems categorized as “less serious,” greatly impact quality of life. Hemorrhoids, fecal incontinence, fissures and rectal prolapse all cause suffering, and syncope (associated with straining) can cause serious, life-changing falls.

Some of the management myths outlined by Dr. Eric G. Tangalos, a Professor of Medicine at the Mayo Clinic, are published in the *Annals of Long-Term Care*, under the title: **Managing Chronic constipation in long-term care settings**.

Please note while reviewing the myths that (and as caregivers know) it is very easy for some patients to become dehydrated, so liquids should be offered on a regular basis. Also, some individuals may not realize they're thirsty, and others may fail to ask for something to drink.

Some Myths and Facts about treatment of CC

Myth: All sufferers will benefit from increased fluid intake

Fact: There is no evidence that excess fluid improves constipation in individuals who are adequately hydrated

Discussion: Overly fixating on hydration can increase risks for frail patients who will have to make more trips to the bathroom, resulting in a greater chance they may slip and fall. Overhydrating can also cause "water intoxication" where sufferers experience electrolyte imbalance characterized by confusion, listlessness and apathy

Myth: All sufferers should have increased dietary fiber

Fact: For patients with severe constipation, adding fiber can make symptoms worse

Discussion: Natural fiber can sit in the gut, ferment and create more gas formation, cramping and flatulence

Myth: Laxatives that contain two or more ingredients are better than single-ingredient laxatives

Fact: There is no proven evidence for this

Discussion: Beyond there being no studies, with combination products, one can never be sure what may be working and what might be causing more problems

Myth: Exercise is good for the bowel

Fact: Formal trials of moderate-intensity exercise training in long-term care residents failed to provide any particular benefit for patients with constipation

Discussion: While it is well accepted that when people are immobile, their bowels slow down and constipation gets worse, study participants in the control group fared better than those in the exercise group

In a more extensive evidence-based review - published in the Journal Of The American Board of Family Medicine and authored by a group of researchers from **Queen's University in Kingston, Ontario**- there's an excellent flow diagram that deals with the management of chronic constipation on page 442, as well as a list of randomized controlled trials (RCTs), with an A-B-C grading of recommendations and comments and references on page 443. <http://www.jabfm.org/content/24/4/436.full.pdf+html>

Finally, a perspective from antiquity to today, as described by Canadian pharmacist, Scott Gavura, a regular contributor to the publication **Science Based Medicine**.

*“Colonic dysfunction as constipation has been described as a cause of disease since at least the **16th Century BC**. It’s been a recurring medical motif as long as medicine has existed, starting with ideas of internal putrefaction, and later, once germ theory arrived, became a worry about autointoxication. This theory proposed that unnamed “toxins” were being absorbed from the bowel and causing systemic disease. Now discredited in science-based medicine, these ideas continue to manifest today, largely in the realm of (alternative medicine) with its warnings to “detox”, irrigate our colon, and indulge in other ritualistic “cleansing” practices. So today the colon continues to be blamed for all manner of illness, including eczema, cancer, high blood pressure, allergies, and more. There’s no evidence to substantiate these claims.”*

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