



Maintaining a healthy bowel

Many people suffer from digestive related problems at one time or another. One third of the population regularly suffer from digestive illnesses such as irritable bowel syndrome, constipation, diarrhoea, stomach-ache, nausea and sickness and 60% of British adults have experienced digestive problems when in stressful situations.

There are things that you can do to ease or avoid bowel problems such as;

- Eat a balanced diet
- Drink enough fluids
- Chew your food well
- Don't miss meals

The bacteria within your intestines are key to a good digestive health. It may help some people to maintain a favourable balance by taking a probiotic product each day (try a two week trial to see if they help). This tops up the 'good' bacteria you should already have in your large intestine.

Being overweight or obese can affect health in general and is especially the case with regards to our digestive system.

Risk factors for constipation

- Causes and risk factors associated with constipation include:-
- Lack or inadequacy of fibres and fluids in diet. Fibres are included in fruit, vegetables and cereals
- Avoiding or delaying urge to pass stools. Having limited privacy for passing stools and using a communal toilet could be a reason for exacerbation of constipation
- Certain medications may lead to constipation as a side effect. Some of the medications that may cause constipation as a side effect include aluminium containing antacids, antidepressants, antiepileptics, tranquillizers, opioids like codeine, morphine etc., antipsychotics used in schizophrenia and other mental health conditions, calcium and iron supplements, diuretics etc.
- Older people are five times more likely than younger adults to get constipated. This is due to slow bowel movements, use of multiple medications as well as a relatively sedentary life.
- Sedentary life and lack of exercise. Regular activity and physical fitness is important for normal bowel motions.
- Recent abdominal or pelvic surgery
- Terminally ill patients
- Being underweight or overweight is also a risk factor for constipation
- Anything which involves change in dietary habits may lead to constipation

Treating Constipation

Patients who have a normal bowel pattern usually move their bowels at the same time every day, suggesting that defecation is partly a conditioned reflex. Likewise, colonic motor activity increases after waking and after a meal (gastrocolonic reflex). These suggest that constipated patients may establish a regular pattern of defecation by ritualising a bowel habit that takes advantage of this normal physiologic stimulus. Using the same principle, timed toilet training consists of educating patients to attempt a bowel movement at least twice a day, usually 30 minutes after meals, and to strain no more than 5 minutes.

Diet and fibre

Previous studies have shown that a high fibre diet increases stool weight and decreases colon transit time, while low fibre diet leads to constipation.

Laxatives

In the elderly, use of laxatives must be individualised with special attention to patient's medical history (cardiac and renal co-morbid conditions), drug interactions, costs, and side effects. Laxatives most commonly used in clinical practice include milk of magnesia, lactulose, senna compounds, bisacodyl and polyethylene glycol (PEG) preparations.

Stool softeners, suppositories and enemas

Stool softeners have limited clinical efficacy. Suppositories may be used with obstructed defecation to help with rectal evacuation.

Similarly, enemas are used to prevent faecal impaction. Side effects such as electrolyte imbalances have been noted with phosphate enemas and rectal mucosal damage with soapsuds enema. When necessary, tap water enema is the safest one to use.

Bowel Management

Factsheet



- Abuse of Laxatives is a common cause of recurring constipation
- Constipation may also result due to gastrointestinal conditions like inflammatory bowel disease, irritable bowel syndrome, colon or rectal cancer and anal fissure.
- Diabetics, those with high blood calcium levels, underactive thyroid functions, muscular dystrophy, Parkinson's disease, Alzheimer's disease, multiple sclerosis or spinal cord injury may also develop constipation

Diagnosis of constipation in the elderly

It is important to ascertain the patient's complaint regarding what they mean by constipation. A careful medical history, noting medical conditions and medications that affect colonic transit should be conducted.

The history should include an assessment of stool frequency, stool consistency, stool size, degree of straining during defecation, and a history of ignoring a call to defecate. A dietary history should assess the amount of fibre and water intake, and the number of meals and when they are consumed. The history should also include the number, type and frequency of laxatives used. In the elderly, faecal seepage and incontinence may be presenting symptoms of faecal impaction.

A social history with emphasis on the patient's current living situation, such as living with family or alone; nursing home; or in hospice are important. Furthermore, information about a patient's activities of daily living, such as dressing and eating, and instrumental activities of daily living, such as grocery shopping and housework, can provide clues on the patient's functional capacity and level of cognition. Taking note of the patients' psychiatric co-morbidities and psychosocial stressors are especially important in dealing with IBS patients.

A thorough anorectal and digital rectal exam is essential. It should go beyond looking at skin erosions, skin tags, anal fissures, or haemorrhoids.

Bristol Stool chart

Type 1		Separate hard lumps
Type 2		Sausage shaped but lumpy
Type 3		Sausage shaped with cracks on the surface
Type 4		Sausage shaped but smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, mushy
Type 7		Entirely liquid, no solid pieces

Types 1–2 indicate constipation, with 3 and 4 being the ideal stools (especially the latter), as they are easy to defecate while not containing any excess liquid, and 5, 6 and 7 tending towards diarrhoea.