

Constipation in People with Disabilities

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Objectives

- Recognition
- Prevention
- Treatment
- Identification of bowel obstruction
- Role of colonoscopy?

Definition of Constipation

- Fewer than three bowel movements per week
- Straining
- Lumpy or hard stools
- Sensation of incomplete evacuation
- Sensation of blockade
- Using manual maneuvers to facilitate defecations

Assessment of Risk Factors

– Primary

- Abnormal motility (slow transit)
- Hypotonia
- Structural anomalies
- Neuromuscular anomalies
- Metabolic/toxic or allergic abnormalities
- Lack of urge to defecate
- Syndrome specific

– Secondary

- Diet (poor fluid and fiber intake)
- Immobility
- Surgical scars

Medication Review

Reduce Polypharmacy!!

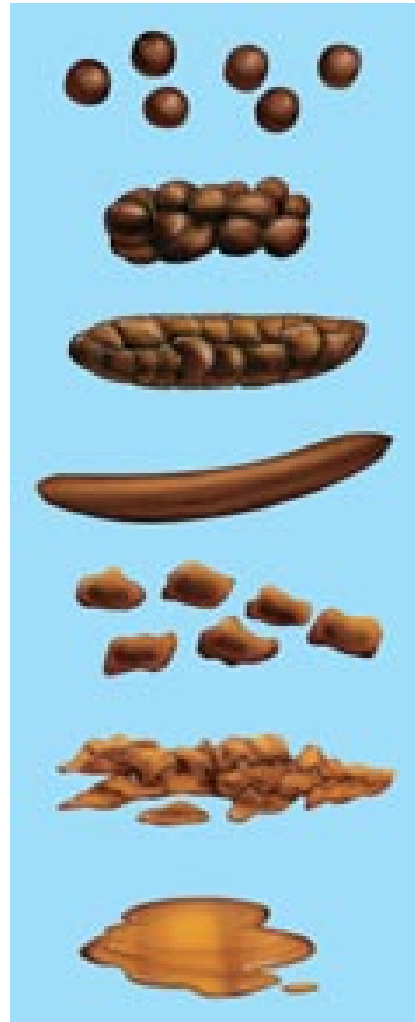
- Analgesics
- Antacids containing calcium or aluminum
- Anticholinergics
- Anticonvulsants
- Antidepressants
- Antihistamines
- Bismuth
- Calcium Channel blockers
- Clonidine
- Diuretics
- Iron
- Psychotropics

Detecting Constipation

- Train caregivers
 - 7 day logs of stools, type and amount
 - Bristol Stool Scale
 - Food/exercise diary
- Signs and Symptoms
 - Abdominal pain
 - **Behavior change**
 - Gas
 - Early satiety
 - Poor feeding
 - Vomiting

Bristol Stool Scale

- Type 1
- Type 2
- **Type 3**
- **Type 4**
- Type 5
- Type 6
- Type 7



Physical Exam

- Digital rectal exam (with anoscopy)
 - Rule out impaction
 - Rule out strictures
 - Look for fissures/hemorrhoids
 - Anal wink and tone
 - Rule out prolapse/rectocele/rectal mass
- Abdominal exam
 - Bowel sounds
 - Distension
 - Tenderness
 - Masses

Characterize Nature and Severity

- Radiological evaluation warranted for:
 - Constipation that continues despite bowel stimulants
 - Decreased or high pitched bowel sounds
 - Distended abdomen
 - Palpable mass
 - Change in vital signs
- Screen for endocrine/metabolic causes
 - Diabetes
 - Hypothyroid
 - Hypocalcaemia
 - Hyperparathyroidism
 - Uremia

Prevention of Constipation

- Increase fluid (1500-2000 ml per day)
- Increase fiber slowly (25-30 gm per day)
- Increase exercise
- Safeguard visual and auditory privacy
- Bowel Training (after waking or meals)
 - Squat position or
 - Left side lying while bending knees and moving legs toward the abdomen

Exercise Prescription

- For fully mobile
 - 15-20 minutes walking twice per day, five times per week
- For Limited mobility
 - 50 feet twice per day
- For immobile
 - Pelvic tilt, low trunk rotation and single leg lifts

Strategy for Treating Constipation

- Step 1
 - Determine where the impaction is located
 - Rectum
 - Higher than the rectum
- Step 2
 - Evacuate accumulated stool
- Step 3
 - Maintain regular soft bowel movements

Evacuating Rectum

- Enemas
 - Normal saline enema
 - Mineral oil enema
 - Avoid repeated phosphate enema which can cause hyperphosphatemia
 - Avoid soap suds or tap water enemas
- Suppositories
- Manual disimpaction

Evacuating Higher Stool

- Bisacodyl
- Milk of Magnesia
- Magnesium citrate
- Large dose polyethylene glycol with electrolytes (via G-tube or NG tube)

Maintenance therapy

- Preferred
 - Bulking agents
 - Psyllium
 - Methylcellulose
 - Polycarbophil
 - Softening agents
 - Docusate sodium
 - Docusate calcium
 - Lubricating agents
 - Glycerine suppository

Osmotic Laxatives

- **Polyethylene glycol***
- Lactulose
- Milk of Magnesia
- Magnesium citrate
- Sodium biphosphate
- Sorbitol

* **Best evidence; more effective and less flatulence than lactulose**

Stimulant Laxatives (PRN)*

- Bisacodyl
- Castor oil
- Senna

*Avoid if suspect intestinal obstruction

Bowel Obstruction

- Presentation
 - Constipation
 - high pitched or decreased bowel sounds
 - Pain
 - Bloating
 - Vomiting
 - Diarrhea

Bowel Obstruction

Treatment

- Bowel rest in the hospital
- NG decompression
- Surgery for bowel ischemia, volvulus, perforation

Surgical treatment of constipation

- Conduit for antegrade enemas
- Colectomy with ileorectal anastomosis
- Correction of pelvic floor dysfunction and total abdominal colectomy with ileorectal anastomosis

Cautions

- Cautions:
 - Mineral oil and castor oil cause severe pneumonitis if aspirated, caution in those with swallow problems
 - Increasing fluids can exacerbate SIADH

Colonoscopy for Constipation

- Rectal bleeding
- Heme-positive stool
- Iron deficiency anemia
- Weight loss
- Obstructive symptoms
- Recent onset of constipation
- Rectal prolapse
- Change in stool caliber

» Qureshi W et. Al. ASGE Guideline 2005

Role of Colonoscopy

- Exclude obstruction from cancer
- Diagnose and treat stricture
- Evaluate extrinsic compression
- Screening??

Team Work

- Bother the doctor or nurse practitioner!

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OFFICE OF DEVELOPMENTAL PRIMARY CARE



*Improving outcomes for people
with developmental disabilities*

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