Constipation in People with Disabilities

Clarissa Kripke, MD, FAAFP
Director, Office of Developmental Primary Care
University of California, San Francisco
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!
Clarissa Kripke, MD, FAAFP, Director
Pat Mejia, Program Coordinator

odpc@fcm.ucsf.edu
(415) 476-4641
500 Parnassus Ave, MU318, Box 0900
San Francisco, CA 94143