



# Constipation & faecal impaction

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## Introduction

This information sheet is aimed at people with dementia and their partners and families. Non-specialist care professionals may also find it useful.

Most of us will experience constipation at some point in our lives but usually treat it ourselves at home using an over-the-counter medicine. We tend not to be comfortable discussing our bowel habits publicly and many people carry on treating their constipation with laxatives over long periods without speaking to their GP.

Rare or infrequent episodes of constipation are usually nothing to worry about but constipation can be a symptom of a number of different conditions, so it is important to seek advice from your doctor if you start to get constipated regularly, or if the symptoms are long-lasting or severe and not helped by laxatives, or if other symptoms develop like unexplained weight loss or blood in any stools you pass.

Left untreated, constipation can lead to more serious and painful conditions such as haemorrhoids, fissures and faecal impaction. Faecal impaction is where the bowel is overloaded with a large mass of faeces which the person is unable to pass.

This information sheet explains what constipation is, what can cause it and how it can be prevented. It examines how partners and families can identify when someone with dementia may be suffering from constipation and explains how faecal impaction can occur, particularly following a stay in hospital.

## What is constipation?

Normal bowel function varies from person to person. For some people, having three bowel movements a day would be considered normal; for others, a bowel movement every two to three days is normal.

Someone can be said to be constipated if they are passing hard stools infrequently and with difficulty (straining). It is the change in bowel function or pattern that is important, therefore it is important to establish what is normal for that person.

Constipation causes some or all of the following:

- Stools (faeces) become hard and difficult or painful to pass
- Bloating in the abdomen
- Feelings of nausea
- Sometimes pain low down in the abdomen
- Bad breath
- Bad taste in the mouth

- Reduced appetite
- Lethargy
- Restlessness
- Confusion
- General inability to function normally.
- Faecal incontinence
- Retention of urine
- Incontinence of urine
- Problems with catheter drainage.

People with constipation may also feel that there is “more to come” even after they have produced faeces.

### Causes of constipation

The most common causes of constipation are:

- **Lack of fibre (roughage) in the diet.** Dietary fibre gives bulk to help speed the passage of waste products through the bowel.
- **Lack of fluids.** Fluids help to soften the stools and make them easier to pass. Dry, hard stools are more difficult to pass.
- **Lack of exercise or reduced mobility.** Activity helps stimulate the muscle contractions needed to keep the waste moving through your system.

Constipation can also be one of the side effects of some types of medicines or combinations of medicines. Pain killers are particularly prone to cause constipation.

Some say it is the **number** of medicines that are the problem, rather than any particular medication. One study <sup>1</sup>suggests that people taking 5 or more medicines are more at risk of constipation – not uncommon among older people who may be taking medication for several conditions.

As people get older they may start to develop problems with their bowels as the relevant muscles age and deteriorate. They are also

likely to be less active, may reduce their fluid intake (perhaps because of worries about bladder control and/or incontinence) and may have a reduced appetite or difficulty eating sufficient dietary fibre to keep “regular”.

People with neurological conditions such as Multiple Sclerosis, Parkinson’s Disease and Stroke are also more prone to constipation. This may be due to the effect of these conditions on the relevant muscles and nerves as well as the reduction in physical activity, swallowing problems, medication and possible psychological impact, when going to the toilet can seem like too much of a struggle.

### Functional constipation or primary constipation

In spite of having a good diet, drinking a lot of fluid, being active, without any disease or taking any medication that can cause constipation, some people still become constipated. Their bowels are said to be underactive. This is sometimes called functional constipation or primary constipation. Most cases occur in women and the condition tends to start at a young age and persists into later life.

### Constipation and dementia

The ageing process, lifestyle and treatment for other medical conditions may pre-dispose some people with dementia to develop constipation. But the effect of dementia itself may also lead a person to become constipated.

In order to control our bowel, we have to be aware of the need empty our bowel, or ‘call to stool’. This awareness happens when the faeces move into the rectum, causing it to expand and send messages to the brain via the sensory pathways that the bowel needs emptied. At this stage, the finely tuned nerve endings are able to differentiate between whether the stool is solid, liquid or wind so we can react accordingly.

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<sup>1</sup> Potter JM, Norton C, Cottenden A (2002) Bowel Care in Older People: Research and Practice. London: Royal College of Physicians.

In the early and mid stages of dementia, this may not be a problem but as the illness progresses, there is increased damage to the brain and, as the person's confusion increases, he or she may start to ignore (or be less aware of) the sensation of stool in the rectum, leading to constipation.

People with severe cognitive problems may become less concerned or less aware about their bowel habits. If they depend on other people for their care or if they cannot easily find or access the toilet, this can also affect their bowel habits.

Constipation in people with dementia can lead to a worsening of their confusion, as well as symptoms of irritability or aggression. This is thought to be due to the pain and discomfort of the constipation; but if constipation is not diagnosed it can be assumed that these symptoms are just part of the person's ongoing dementia. This can lead not only to the person not receiving treatment for constipation but also to him or her being prescribed an antipsychotic medication for the aggression or irritability. Some anti-psychotic medicines can cause constipation, so the problem is made worse.

### Preventing constipation

There are various things we can do to help keep our bowels healthy:

- eat more high-fibre foods such as wholegrain bread, wholegrain breakfast cereals, fruit and vegetables. Note: if increasing fibre intake, you should also make sure your fluid intake is adequate to avoid constipation.
- drink lots of fluids to keep the stools moist - at least 6-8 water based drinks a day (approx 1.5 to 2 litres). Introducing soft jellies, ice cream and soups may help.
- increase your physical activity as this helps to increase bowel activity. For frail elderly and immobile people, seated exercises, walking short

distances, or standing up from a chair may help

- pay attention to bowel signals, and don't ignore them - if you feel the urge, go as soon as possible
- know your own bowel habits – each of us will have times when our bowels are at their most active, particularly a certain time after meals. When we eat we stimulate activity throughout our digestive system, helping to move stool through the gut ready to be pushed out. This is especially so after breakfast. By attempting to open your bowels after a meal the gastrocolic reflex can help you to empty your bowel more easily. Timing your bowel care or toileting after a meal may make it more effective.
- sit on the toilet properly. Sitting up straight makes it easier to push stools out without straining. You may need to use a footstool in front of the toilet to help with this. **See the diagram at the end of this information sheet of the ideal position to sit on the toilet.**

People with dementia are likely to need support to keep up a healthy bowel regime as their condition progresses. Establishing a regular toilet routine may be needed if the person is ignoring the urge to go to the toilet.

### What if you suspect someone is constipated?

#### At home

Partners and family members should be alert for any changes which could signal that the person is constipated so it can be treated as early as possible. Knowing the person's habits and routine can help greatly.

It may be useful to keep a diary of the person's bowel movements and dietary and fluid intake as well as any changes you observe as this could help the doctor make a diagnosis.

Simple measures like increasing the person's fluids and dietary fibre might help to begin with, but if that does not work, then a laxative may work. Speak to the person's GP or the pharmacist in case there is any reason why a laxative should not be given.

### **In hospital**

If the person with dementia is in hospital or has just returned home from a spell in hospital, you should be particularly alert to the possibility of constipation.

A change of diet and routine, combined with inactivity lying in a hospital bed, and the possible impact of medical or surgical treatment, leads to many people suffering constipation while in hospital or on return from hospital. This is even worse for people with dementia who may need encouragement to eat and drink and support at the right time to go to the toilet.

Hospital staff may not realise that a person who does not drink much may need prompted to drink, may have a preferred drink or may be unable to recognise the drink container. The person may lose their appetite or be unable to feed themselves. Partners and family members should remind staff that the person may need help to eat and drink.

Agitation, increased confusion and restlessness can be common in people with dementia who are admitted to hospital because of the change of environment and the lack of familiar people, sights and sounds. If they have been admitted for treatment for a medical condition or because of a traumatic incident such as a broken hip, this can make matters worse, as can any pain the person is experiencing.

### **Treatment for constipation**

There is a risk that every behaviour or symptom shown by a person with dementia is assumed to be caused by their dementia. This can lead to treatable symptoms like

constipation being missed and untreated. Without treatment, constipation which lasts over days or even weeks can lead to a much serious condition called faecal impaction.

### **Faecal impaction**

Faecal impaction is less well recognised than constipation but it is estimated<sup>2</sup> that 40% of hospitalised older patients in the UK experience it. In this condition, dried hard stools collect in the rectum, obstructing it and preventing the person from passing the stools naturally. As the mass of stools becomes bigger and more impacted, the rectum is stretched and enlarged, so the muscles within it don't work so well to push stools out.

Ironically, faecal impaction can also involve loose stools from above being squeezed around the blockage and the person having no control over their bowels. Watery stools can leak around the impacted stool mass, and out of the anus, causing bowel incontinence, often referred to as overflow. Unfortunately, this can lead to the person being wrongly diagnosed as suffering from diarrhoea and given treatment to prevent it, which only makes the faecal impaction worse.

Most people with faecal impaction will be able to describe the effects and seek help. But people with dementia in the later stages of the illness may be unable to describe the pain they are experiencing due to the mass of impacted stools developing in their bowel. As many people in the late stages of dementia also go on to experience bowel incontinence, the symptoms may be put down to their dementia rather than a physical cause.

Faecal impaction is also linked to acute states of confusion and delirium in the elderly hospital population; if someone has dementia, faecal impaction is likely to make their dementia symptoms worse.

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<sup>2</sup> Gallagher P, O'Mahony D. Constipation in old age. *Best Pract Res Clin Gastroenterol.* 2009; 23(6): 875–887.

### Case study

Mrs T spent three months in hospital where she was prescribed anti-psychotic medication before and after her admission to hospital to control the behavioural symptoms she was showing. She was also prescribed laxatives over a long period.

Some time after Mrs T's return from hospital, her family asked a manager from Alzheimer Scotland to visit. Mrs T was found to be writhing in pain, screaming, sweating profusely and passing excessive amounts of urine on a frequent basis, all of which led our manager to suspect that Mrs T was impacted. She was now confined to bed 24 hours a day and had lost a significant amount of weight. Information from the family about Mrs T's recent bowel movements added to the picture.

This information was discussed with Mrs T's GP who had initially thought that her symptoms could be caused by the progression of dementia. As a result, Mrs T's medication was reviewed, advice taken from a palliative care nurse, and steps taken to evacuate Mrs T's bowels.

### Treatment for faecal impaction

**Laxatives** – macrogol (polyethylene glycol '3350') is a type of medicine known as an osmotic laxative. It passes through the gut without being absorbed into the body. It relieves constipation because it causes the water it is mixed with to be retained in the bowel instead of being absorbed into the body. This increases the water content and volume of the stools in the bowel, making them softer and easier to pass.

Laxatives of this kind also include substances known as electrolytes to help ensure that the laxative works without causing the body to gain or lose significant amounts of sodium, potassium or water. Brand names for this kind of laxative include Movicol, Molaxole, and Laxido Orange.

**Suppositories** - this type of medicine is inserted into your anus. The suppository gradually dissolves at body temperature and irritates the lining of the rectum, promoting a bowel movement. The irritant effect promotes the bowel to contract.

**Enema** - this is when a medicine in fluid form is inserted through your anus and into your large bowel. Some elderly people will not be able to retain suppositories or enemas.

**Digital removal of faeces** – if the rectum is very full, the faeces may need to be removed by the nurse inserting a finger into the anus.

Temporarily, symptoms of diarrhoea and incontinence may worsen, but it is important to keep up with treatment, to clear the blockage. After the large mass of stool is cleared, laxatives are often needed for a while (or perhaps even long-term or intermittently), to prevent the problem recurring. If faecal impaction not treated this can lead to serious bowel problems.

### Long-term management of constipation

#### Where to get help

Your GP and pharmacist can discuss suitable treatments and ways of preventing the problem happening again. If medication is causing constipation, there may be another brand or form of drug which will not have this side effect.

Your local NHS Board will have Continence nurses or a Continence advisory service who can help with managing, treating and preventing constipation or faecal impaction and help with any bowel incontinence problems. Ask your GP how to get in touch with this service.

The Bladder and Bowel Foundation is a charity which provides help, information and support for all types of bladder and bowel related

problems. They provide confidential advice and support from their helpline on 0845 345 0165. For specific information on constipation, visit their website at:

[www.bladderandbowelfoundation.org/bowel/bowel-problems/constipation](http://www.bladderandbowelfoundation.org/bowel/bowel-problems/constipation)

### **Dietary fibre**

These are the sorts of foodstuffs which can help prevent constipation:

Wholemeal, granary, seeded, high-fibre white bread or brown bread

Wholegrain crackers and biscuits

Cereals – All Bran, Bran flakes, Muesli, porridge, Shredded Wheat, Weetabix or similar whole wheat cereal

Brown rice or pasta

Pulses – butter beans, baked beans, kidney beans, lentils, peas

Nuts – peanuts, peanut butter

Prunes

Linseed (available from health food shops if not supermarket)

Fruit and vegetables in all forms eg fresh, frozen, tinned, pureed, smoothies and soups.

background, with the word "Toilet" on it may help.

- A picture of a toilet on the inside of the toilet door may help to remind the person where they are
- A newspaper or magazine to read or flick through may encourage the person to sit longer
- A toilet with a contrasting coloured seat may help the person locate and recognise where they are supposed to "go"
- Try to maintain a routine for mealtimes, snacks and visits to the toilet in line with the person's bowel habits
- Consider the gastrocolic reflex and enabling the opportunity to visit the toilet appropriately.

### **Acknowledgements**

With thanks to the Continence Nursing Team at NHS Lothian for commenting on the draft of this information sheet and their very useful suggestions for improvements.

Note: a high fibre intake should be avoided in immobile elderly people and in patients with faecal impaction. Loose bran should be avoided as it absorbs too much liquid and could make constipation worse.

### **Tips and hints**

Here are some suggestions for supporting someone with dementia who needs a bit of help with going to the toilet.

- Put a toilet sign on the outside of the toilet/bathroom door. You may need to experiment to find out what type, colour and size of sign works best for the person you are caring for. A picture of a toilet on a contrasting

# Correct position for opening your bowels

## Step one



Knees higher than hips

## Step two



Lean forwards and put elbows on your knees

## Step three



Bulge out your abdomen  
Straighten your spine

## Correct position



Knees higher than hips  
Lean forwards and put elbows on your knees  
Bulge out your abdomen  
Straighten your spine

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**Dementia** Alzheimer Scotland  
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