

# Constipation and faecal impaction

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. We tend not to be comfortable discussing our bowel habits publicly, but most of us will experience constipation at some point.

## What is constipation?

Constipation is a change in a person's bowel pattern or function. Someone can be said to be constipated if they are passing hard stools infrequently and with difficulty.

Symptoms of constipation include:

- 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
- overflow diarrhoea

Infrequent episodes of constipation are usually nothing to worry about. However, constipation can be a symptom of several different conditions, so it is important to seek advice from your doctor if you start to get constipated regularly, 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.

## Causes of constipation

The most common causes of constipation are:

- 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 fibre in the diet – dietary fibre gives bulk to help speed the passage of waste products through the bowel.
- Lack of exercise or reduced mobility – activity helps stimulate the muscle contractions needed to keep the waste moving through your system.
- Side effect of medication – constipation is a common side effect of many medicines or combinations of medicines. Pain killers are particularly prone to cause constipation.

As people get older they may start to develop problems with their bowels as the relevant muscles age and deteriorate. They may also be less active, reduce their fluid intake, have a reduced appetite or difficulty eating sufficient dietary fibre.

People with neurological conditions such as Multiple Sclerosis, Parkinson's disease and strokes are also more prone to constipation. This may be the effect these conditions have on the relevant muscles and nerves as well as the reduction in physical activity, swallowing problems, medication and possible psychological impact.

### Functional constipation or primary constipation

Some people may have underactive bowels, which can lead to them experiencing 'functional' or 'primary' constipation. Despite having a good diet, drinking a lot of fluid and being active, without any disease or taking any medication, some people still become constipated. Most cases occur in women and the condition tends to start at an early age and persist into later life.

### Constipation and dementia

The ageing process, lifestyle and treatment for other medical conditions may predispose some people with dementia to develop constipation. Dementia itself may also lead a person to become constipated.

To control our bowel, we must be aware of the need to empty our bowel. This awareness happens when the faeces move into the rectum, causing it to expand and send messages to the brain that the bowel needs to be emptied.

In the early and mid stages of dementia, this may not be a problem. However, as the illness progresses, there is increased

damage to the brain, so the person may be less aware of the sensation of stool in the rectum, leading to constipation.

People with severe cognitive problems may become less aware of their bowel habits and 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 causing irritability. This is thought to be due to the pain and discomfort of the constipation; but if constipation is not diagnosed it may be assumed that these symptoms are just part of the person's dementia. This can lead to the person not receiving treatment for constipation.

### Preventing constipation

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

- Drink adequate amounts of fluids to keep the stools soft - at least 6-8 water based drinks a day (approx 1.5 to 2 litres). Introducing soft jellies, ice cream and soups may help.
- Eat more high-fibre foods such as wholegrain bread, wholegrain breakfast cereals, fruit and vegetables. However, be aware that you must also increase your fluid intake in line with your fibre intake.
- 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.

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 diet 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, speak to the person's GP and ask for a review of any medications and possible treatment.

#### 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 and the possible impact of treatment, leads to many people experiencing 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.

If a person with dementia is being admitted to hospital, ensure they take a 'Getting to know me' form with them to help doctors and nurses make their stay more comfortable. Call the Dementia Helpline (details at the end of this information sheet) for more information.

### Faecal impaction

Faecal impaction is less well recognised than constipation. 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.

Faecal impaction can also cause faecal incontinence. This happens when loose stools from above is squeezed around the blockage and the person having no control over their bowels.

People with dementia, particularly 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, which can lead to them being wrongly diagnosed.

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.

## Treatment for constipation

**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. Brand names for this kind of laxative include Movicol, and Laxido Orange.

## Treatment for faecal impaction

**Suppositories** – this type of medicine is inserted via your anus. The suppository gradually dissolves at body temperature and irritates the lining of the rectum, promoting a bowel movement.

**Micro-enema** – this is when a medicine in fluid form is inserted via your anus and into your rectum promoting a bowel movement.

**Removal of faeces** – if the rectum is very full, the faeces may need to be removed by a 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 amount of stool is cleared, laxatives are

often needed for a while, to prevent the problem recurring. If faecal impaction is not treated this can lead to serious bowel problems e.g. a bowel obstruction.

## Preventing constipation in the future

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 GP can refer you to the community nurses or bladder and bowel nursing service who can help with assessing, treating or managing your constipation or faecal impaction and help with any bowel incontinence problems.

## Further information

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)



The logo for the Alzheimer Scotland Dementia Helpline is a purple rectangle with a pink bar at the top. The pink bar contains the text '24 HOUR' in white. Below the bar, the word 'Dementia' is written in white, followed by the Alzheimer Scotland logo (a stylized head profile) and the text 'Alzheimer Scotland Action on Dementia'. The word 'Helpline' is written in large white letters across the bottom of the purple area. A pink bar at the very bottom contains the text 'Freephone 0808 808 3000' and 'Email helpline@alzscot.org' in white.

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