Bowel Obstruction and Constipation

Robert Baldor, MD
Department of Family Medicine & Community Health
UMass Medical School.

Welcome & Introduction

- Gail Grossman, Assistant Commissioner for Quality Management
- Please use the Q&A Box for questions.
- CDDER@umassmed.edu with problems/questions

Speaker Introduction

Robert Baldor, MD is the Vice Chair of the Department of Family Medicine and Community Health at the University of Massachusetts Medical School and Medical Director at the Center of Developmental Disabilities Evaluation and Research. He is past President of the Massachusetts Academy of Family Physicians.

Dr. Baldor has published and lectured on a wide variety of family medicine and educational topics. His special medical interests include skin diseases, managed care, evidenced based medicine and care of persons with intellectual disabilities.

Key Topics

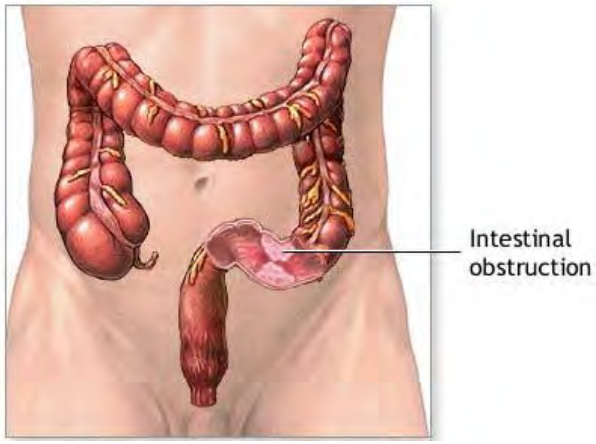
- Overview of Constipation/Bowel Obstructions
- Signs and Symptoms
- Treatment Options
- Strategies for managing the condition
- Case study
- Questions

What is Constipation?

- Constipation occurs when a client has trouble moving their bowels – either straining to go or not going daily.
- Constipation is the result of decreased time for food to pass through the intestines or for a problem pushing the stool out of the rectum.
- Constipation, if severe can result in hospitalization and/or death.

Bowel Obstructions

- Severe constipation can lead to obstruction in either the small or large intestines
- Food and fluids are prevented from moving through
- Symptoms: vomiting, bloating, constipation or diarrhea



Complications from Constipation

- Affects quality of life and behaviors
- Medication toxicity for medications not voided in the urine
- Intestinal ruptures from impaction
- Deaths from severe impactions

The DDS Population

Constipation is number 12 on the Top 15 diagnoses for Emergency Room visits*

ER Visits Top 15 Diagnoses[1]

Rank	Diagnosis	Oct 2011-Sept 2012 # Incidents	Oct 2011-Sept 2012 % of diagnoses
1.	**Physical injuries (non-burn)**	2129	31.0%
2.	**Seizures**	482	7.0%
3.	**Respiratory infections**	452	6.6%
4.	**Urinary Tract Infection**	365	5.3%
5.	**G/j-tube related**	243	3.5%
6.	**Skin Infections**	186	2.7%
7.	**Cardiovascular Symptoms**	179	2.6%
8.	**Infection (systemic)**	172	2.5%
9.	**Psychiatric**	144	2.1%
10.	**Gastroenteritis & Other Gastro**	141	2.1%
11.	**Dehydration**	127	1.8%
12.	**Constipation**	122	1.8%
13.	**Choking/Aspiration**	86	1.3%
14.	**Diabetes-related**	74	1.1%
15.	**Anxiety**	56	0.8%

* Adults receiving DDS services and whose incident information is recorded in HCSIS.

[1] 488 or 6.5% of ER visits in Oct. 2011 – Sept. 2012 did not have enough information to discern the reason for the visit.

The DDS Population

DDS health care records show that about 45% of adults served by DDS are either reported to have chronic or recurrent constipation, or have medications prescribed to prevent it.

But Why Constipation?

- Not enough fluid/fiber intake
- No regular exercise
  - Wheelchair use or limited mobility
- Conditions affecting muscle movements, and general weakness
- Ingestion of non-food items or Pica
- Prior history of constipation

Medications and Constipation

- Side effects of medications
  - Calcium supplements
  - Antidepressants
  - Antipsychotics like clozapine, thioridazine, olanzapine, and chlorpromazine
  - Anticonvulsants
- About 50% of adults supported by DDS regularly take medications that can result in constipation (Analysis of DDS Health Care Records, July 2012)

True or False?

- Once you have taken the individual to see a Primary Care Provider, and he or she says no problem, you are all set, and don't have to worry about constipation. **False**
- If the individual is on a bowel regimen, you are all set, and don't have to worry about constipation. **False**
- The most common complaint when we eventually discover severe constipation is loose stools or diarrhea. **True**

Symptoms of Constipation (including but not limited to…)

- Refusal to eat
- Irritable, aggressive behaviors
- New or ongoing Urinary Tract Infections (UTI)

Behavioral issues are frequently associated with constipation

Medical Diagnoses	N	Per Cent
Constipation	118	60%
GERD*	76	38%
Seizure D/O	50	25%
Hypothyroidism	38	19%
Hypertension	37	19%
Anemia	36	18%

Charlot, et al.; *J. of Intellectual Disability Research*, 2011

Signs of Constipation (including but not limited to…)

- Stomach bloating
- Hemorrhoids/blood with bowel movement
- Change in stools
  - Small stools
  - Loose stools

Prevention Options - Diet

- Drink enough fluids
  - Mornings are best to help stimulate a bowel movement
  - Consider offering a drink to people you support each time you take a drink
- Increase fiber (up to 20g/day)
  - High fiber foods (bean, fruits, veggies); limit foods high in fat or sugar
  - Metamucil or other fiber-acting agents

Did you know? 8 ounces of water is needed for every dose of Metamucil (about 2 Tablespoons)

Treatment Options: Medications -Laxatives

1. Stool softeners (Colace)
2. Osmotic agents (Miralax)
3. Stimulants (Senna)
4. Lubricants (Mineral Oil)
5. Others (Amitiza)

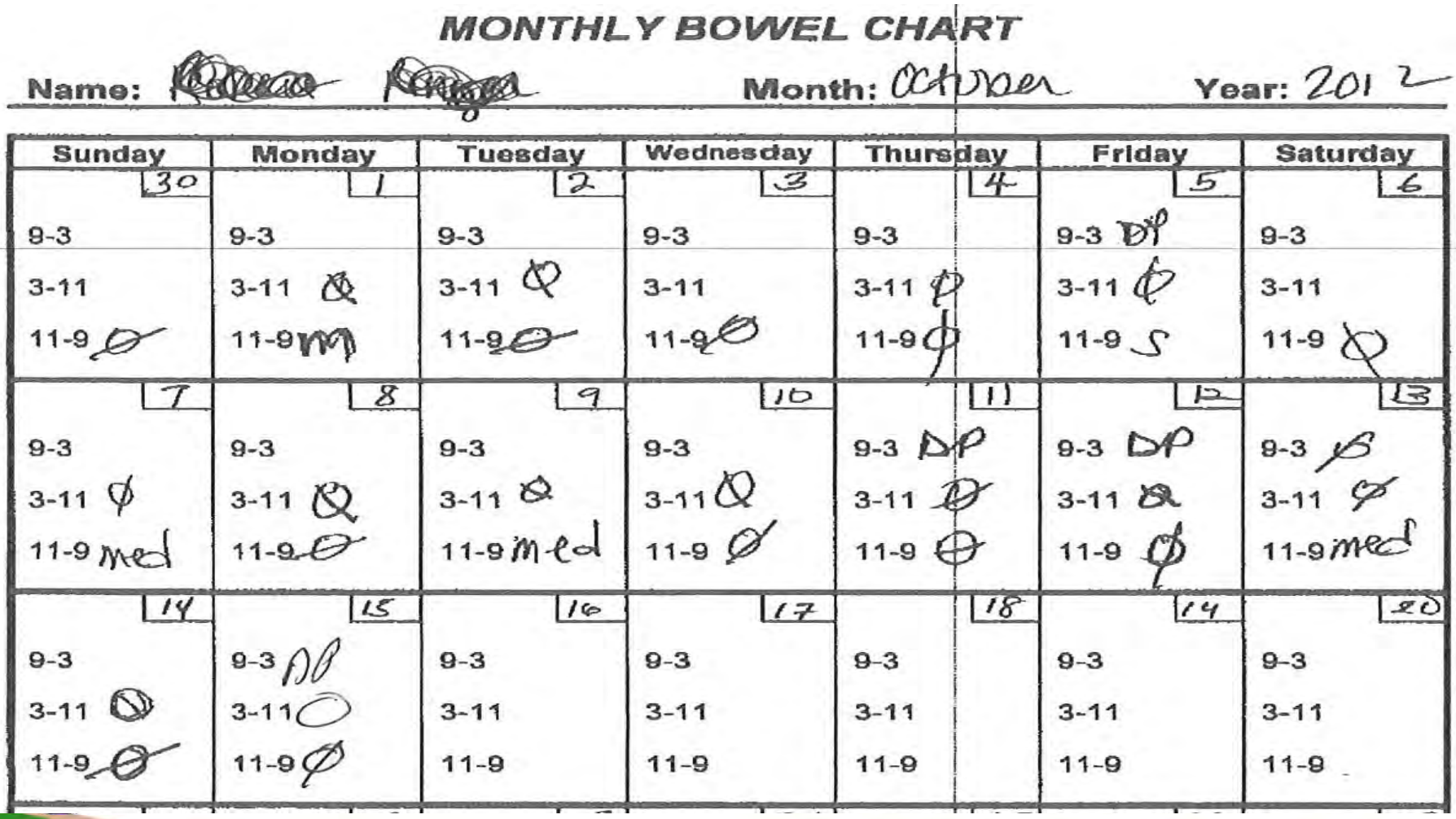
Bowel regimen adherence

- Establish a toileting routine with enough time in an upright position
- Daily use of laxatives
  - Safe for long-term use
- May need regular suppository or enemas

Support Strategies – Daily Bowel Charts

- This is crucial!
- Record daily bowel movements which may include:
  - Amount
  - Character
  - Associated blood
  - Discomfort

What's wrong with this picture???



MONTHLY BOWEL CHART

Name: [redacted] Month: October Year: 2012

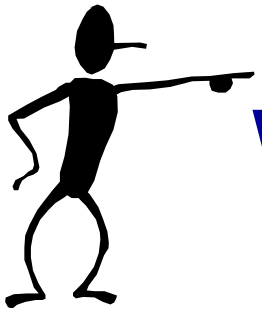
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1	2	3	4	5	6
9-3	9-3	9-3	9-3	9-3	9-3 DP	9-3
3-11	3-11	3-11	3-11	3-11	3-11	3-11
11-9	11-9	11-9	11-9	11-9	11-9 S	11-9
7	8	9	10	11	12	13
9-3	9-3	9-3	9-3	9-3 DP	9-3 DP	9-3
3-11	3-11	3-11	3-11	3-11	3-11	3-11
11-9 Med	11-9	11-9 Med	11-9	11-9	11-9	11-9 Med
14	15	16	17	18	19	20
9-3	9-3 DP	9-3	9-3	9-3	9-3	9-3
3-11	3-11	3-11	3-11	3-11	3-11	3-11
11-9	11-9	11-9	11-9	11-9	11-9	11-9

Education & Training

- Daily Stool Charting (Bristol Stool Chart)
  - Strategies for those who self-toilet
- Recognizing signs and symptoms
  - Stomach bloating or tenderness
  - Grunting or straining during bowel movements
  - Infrequent or irregular bowel movements (less than 3 per week with lumpy or hard stool that is difficult to pass)

Case Study

- Middle-aged man with mild intellectual disability
  - Exclusively uses a wheelchair (Cerebral Palsy)
- Complains of nausea, decreased oral intake for 3 days
  - Then vomiting and diarrhea
  - Sent to the Emergency Room
- Emergency Room evaluation
  - History of constipation
  - KUB x-ray of the abdomen showed ileus and stool impaction
- Hospital treatment
  - Fleets enema with large bowel movement
  - Admitted
  - Ileus resolved over next 2 days and discharged home

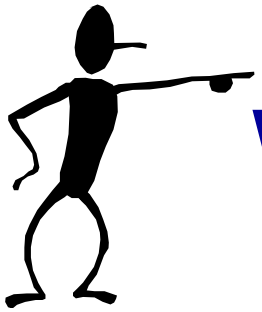


What should be done now???

- Aggressive bowel regimen
  - Miralax daily (osmotic laxative)
  - Senna (stimulant laxative)
  - Duclolax suppository every other day
  - Fleets enema if no bowel movement in 3 days
- Careful Bowel Charting

Case Study

- 34 year old with moderate intellectual disability and Seizure Disorder (well controlled)
  - Non-verbal; Self-injurious behaviors (treated with Risperdal)
- Began having more seizure activity over last few weeks
- Evaluated by Neurologist; meds adjusted
- Ongoing seizure activity and developed fever
- Admitted and found to have obstipation (severe constipation)
- Fleets enema in hospital with good result
  - Fever resolved, had UTI treated with antibiotics
  - Discharged home



What should be done now???

- New bowel regimen
- Careful Stool charting
- Seen in follow-up
- Daily BMs
- No more seizures!

In Conclusion

- Prevention is the best strategy
- Early recognition of signs and symptoms
- Daily bowel charting

For more information

- MA DDS fact sheets for observing signs & symptoms:

  http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/provider-support/health-promotion/developmental-services-hpci-signs-of-illness.html

- MA DDS Risk Management Guidelines:

  http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/provider-support/health-promotion/risk-management.html

Coming Soon…

Quality Is No Accident

Massachusetts DDS • Quality & Risk Management Brief • Dec 2013 Issue#10

Did You Know?

DDS health care records show that about 45% of adults served by DDS are either reported to have chronic or recurrent constipation, or have medications prescribed to prevent it.

An analysis of Emergency Room visits for DDS clients between Oct. 2011- Sept. 2012 revealed that urinary tract infections (UTIs), dehydration, and constipation accounted for 9% of ER admissions.

Constipation/Bowel Obstruction

Constipation is a preventable condition that can often be managed and treated in the community. Constipation occurs when a person has difficulty moving their bowels – either straining to go or not going daily. This is the result of increased time for food to pass through the intestines or a problem pushing the stool out from the rectum. Stools may be hard, dry, and often look like marbles. The frequency of bowel movements will differ from person to person, but should be regular and consistent. Bowel movements are considered normal as long as the feces, passed easily out of the bowel, are normal size and consistency (see p. 3).

What is the risk of constipation?

Constipation can significantly affect a person's quality of life. Constipation can cause pain, discomfort, and lead to increased hospitalizations and invasive testing. Severe constipation may cause intestinal ruptures from impaction, bowel obstruction, bowel perforation, and electrolyte disturbances. This can require surgery, and even lead to death. Chronic constipation can increase an individual's risk for colon and rectal cancer due to the buildup of toxins and harmful bacteria in the colon, as well as toxicity from certain medicines that are usually cleared from the body through bowel movements. Support staff, care providers, and health care providers play an important role in managing a person's risk for developing and managing constipation. Careful review of risk factors.

Coming in December, the next Quality Is No Accident (QINA) Brief focusing on Constipation and Bowel Obstruction.

Thank you!

- Questions and Answers