



Constipation

This ACE (Acute Care for the Elderly) Card on constipation was developed by Dr. Michael Malone and his colleagues at Aurora Health Care in Milwaukee, WI. The series of geriatric care reminder cards will be published in *ALC* as resources to help clinicians manage common conditions that plague elderly patients.

The complete series of cards can be ordered from Dr. Malone at Michael.Malone.md@aurora.org.

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AN 84-YEAR-OLD white woman is transferred from the hospital back to the assisted living (AL) facility after a prolonged stay for an acute hip fracture and surgical repair. During the hospitalization, she was bed bound and treated with significant pain medications. She continues to be on analgesic medications and osteoporosis treatments. During readmission to the AL facility, the staff find out that the resident has not have a bowel movement for over a week. The staff quickly review the ACE card for assistance.

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Preventing Constipation in Hospitalized Older Persons

Acute Care for the Elderly (ACE) Program
Aurora Sinai Medical Center/UW School of
Medicine & Public Health

Background:

Constipation has been defined as a stool frequency of less than three per week. Chronic constipation affects about 30% of adults aged 65 years or older, more commonly women.

Causes of Constipation in Hospitalized Older Persons:

- 1) *Medications:* Anticholinergic agents
Narcotics
Iron supplements
Calcium channel blockers
Aluminum-containing antacids
Diuretics
Calcium supplements
Non-steroidal anti-inflammatory agents
Fiber without water
- 2) *Other Causes:* Lack of privacy, immobility, dehydration, low intake fiber, not eating, change in diet, bedpans, having to wait for response to call light.
- 3) *Metabolic Condition:* Hypercalcemia, hypokalemia, hypothyroidism, fluid restriction.
- 4) *Neurologic Conditions:* Parkinson's disease, diabetes mellitus, stroke, dementia, depression.

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Ten Steps to Prevent Constipation in Hospitalized Older Persons:

1. Review the hospital record for documentation of daily bowel movements.
2. During the daily visit remember to ask the patient if they have had any problem with constipation.
3. Provide privacy for patient's use of the toilet.
4. Consider optimal timing of their toileting effort as 15-30 minutes after breakfast.
5. Ask patient about their home bowel pattern/use of laxatives.
6. Treat hemorrhoids and other anorectal conditions to avoid straining.
7. Provide "power pudding", 2 oz. cup of applesauce; prune juice; bran.
8. Assure adequate fluid intake.
9. Encourage a regular walking program, accounting for functional limitations.
10. Review carefully for medications that could contribute to constipation.

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Reference: Lembo A, Camilleri M. *N Engl J Med* 2003; 349:1360-8.
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