Defining Chronic Constipation

Chronic constipation is unsatisfactory defecation for a period of at least 3 months characterized by the presence of 2 or more of the following symptoms:

- Straining
- Lumpy/hard stools
- Sensation of incomplete evacuation
- Sensation of obstruction or blockage
- Manual maneuvers to facilitate evacuation
- 3 or fewer bowel moments per week

If untreated or undertreated, chronic constipation can lead to serious medical conditions, including:

- Hemorrhoids
- Anal fissures
- Rectal bleeding
- Fecal impaction, a sentinel event

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Monitoring Your Residents

RISK FACTORS TO RECOGNIZE

• Age: > 65 years
• Gender: Greater prevalence in females
• Diet
  – Poor intake of solid food
  – Dehydration
  – Low fiber intake
• Decreased mobility due to pain, deconditioning, etc.

INFORMATION TO NOTE AND RECORD

• What is the nature of bowel movements (size, consistency, frequency, straining, presence of blood)?
• How long has the resident had symptoms?
• Is the resident ingesting enough fiber? Fluids?
• Does the resident have to digitally manipulate to have a BM?
• Is the resident using constipation-causing medications?
• Is there any presence of alarm/warning signs that may indicate organic disease?

WARNING SIGNS TO REPORT

These warning signs along with constipation symptoms may indicate a more serious health problem. Note and report any of the following:

• Unintentional weight loss
• Acute onset of constipation
• Rectal pain or bleeding
• Anemia (low blood count)
• Vomiting
• Fever
• Family history of cancer, irritable bowel disorder, or celiac disease
Tips for Assessment

• Become familiar with risk factors/consequences
• Know the difference between occasional and chronic constipation
• Educate residents and their families, when possible, about reporting the signs and symptoms of constipation
• Monitor and accurately record bowel activity
  – Develop a consistent terminology with your colleagues to describe bowel activity; terms are highly subjective
  – Ensure bowel record is regularly reviewed

Tips for Management

• Communicate effectively within the nursing staff and across other disciplines
• Provide accurate medical information to physician
• Learn what medications your residents are taking
• Ensure pharmacist involvement when residents are on medications that cause constipation

Nonpharmacologic Interventions
(Limited evidence of significant efficacy)

• Assess toileting habits
  – Set time for defecation, morning or 30 minutes after meal
  – Comfortable, safe toilet or commode
  – Privacy
  – No more than 10 minutes of sitting on toilet
• Provide a program of regular exercise
  – May improve intestinal motility in older adults
• Provide adequate dietary fiber
  – Fiber-deficient diet may be a contributory factor rather than a cause of chronic constipation
  – Goal is 20-30 grams/day
• Provide adequate fluid intake
  – Offer residents fluids between meals
## Differentiating Between Occasional & Chronic Constipation

### Occasional Constipation

- Occurs infrequently
- Doesn’t last long
- Can be triggered by a change in behavior or diet, inadequate exercise/loss of mobility, illness/medical condition, or medication side effects
- Often relieved by improved diet, exercise, and use of OTC medications

### Chronic Constipation

- Has been present for at least 3 months, possibly years
- Long-term condition that often interferes with normal activities of daily living
- Not only related to changes in behavior or diet, inadequate exercise/loss of mobility, illness/medical condition, or medication side effects
- May require medical treatment and prescription medication

### References


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