

Constipation is a **very common** condition that affects people of all ages. It involves an individual not passing stools regularly or being unable to completely empty their bowels. Constipation may not be considered by many to be a particularly worrying health problem. However, chronic untreated constipation can be very serious and even fatal.

It is every staff member's responsibility to have awareness of the signs, causes and how to escalate serious cases of constipation.

Why this affects our work at Creative Support?

As we work with vulnerable adults we are often involved in supporting people and recording information about a range of health, diet and lifestyle issues. Service users affected by communication difficulties, brain disorders or learning disabilities are considered to be at increased risk of developing complications associated with chronic constipation. The reasons for this are explained throughout this fact sheet.

**The Move and Act campaign asks you to be:
Vigilant, Observant, Clear, Sensitive and Quick
to take action if constipation occurs**

All Creative Support staff must be vigilant to identify if constipation becomes a concern. Our responsibility ranges from contacting a GP through to advising on diet. Where we have more health responsibility, we should appropriately monitor the bowel management needs of vulnerable client groups to safeguard against potential health risks.

The main objectives of this internal constipation awareness campaign are:

1. Provide information and increase staff understanding and awareness of constipation, signs, symptoms and **potentially fatal** risk factors.
2. Discuss everyday factors that increase problems with constipation such as poor diet, lack of exercise, dehydration and certain medications.
3. Highlight the importance of effective communication, monitoring documentation and responsiveness when supporting service users affected by constipation, particularly where there are communication or mental capacity issues to consider.

4. Enhance staff awareness of their responsibilities to make reasonable adjustments for people with learning disabilities in the management of constipation.

‘Faecal Impaction’

Faecal impaction is often a consequence of chronic constipation. The lower bowel and rectum become so packed tight with faeces that the muscles of the bowel can no longer push it out.

Some individuals diagnosed with faecal impaction become seriously ill and even die. This is due to people not seeking appropriate medical support or mistaking overflow diarrhoea, and/or liquid stools that pass around the obstruction, as a sign that the constipation condition may be improving. Faecal impaction is very unlikely to resolve itself naturally without some type of intervention (see *Complications of Constipation*).

Common Symptoms of Constipation

- Passing fewer stools than ‘normal’ based on an individual’s usual routine e.g. Less than 3 stools per week
- Straining to have a bowel movement
- Having lumpy or hard stools
- Abdominal discomfort
- A feeling that the bowel has not completely emptied

Common Causes of Constipation

- Not eating enough daily fibre
- Dehydration – not drinking enough water and fluids. This is a very common cause of constipation. During the final stage of the digestive process food makes its way from the stomach to the large intestine (large bowel) where water is re-absorbed into the body before the final waste material is passed as a bowel movement. If the body is dehydrated this process will make stools even harder and more difficult to pass.
- Not taking regular daily exercise and mobility issues.
- Underlying health conditions.
- Medication with side effects associated with constipation. Some medications slow the natural movement of the bowel (see list at Annex A).

- Ignoring natural urges to go to the toilet, this may be due to anxiety surrounding the distance to the toilet or feeling uncomfortable around using a public toilet.
 - Stress and emotional problems which can affect the chemicals in the body involved in digestion and result in constipation problems.
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Diagnosis and Treatment

Medical advice should be sought regarding any new symptoms of constipation or complications prior to considering any discretionary medications. It is important to ensure that the constipation problem is not serious or a side effect of an undiagnosed health issue.

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Complications of Constipation

Hemorrhoids (piles) – swollen or enlarged blood vessels found inside or around the anus which may cause bleeding, mucus discharge, itchiness and redness. This is often caused by continual straining to have a bowel movement. Individuals may also notice a lump hanging down after passing a bowel movement.

Rectal Bleeding - this maybe a result of continually straining to pass a bowel movement. Medical advice should always be sought where blood is noted.

Anal Fissure/Tear - a cut or tear that develops inside the lining of the anus. This may cause a sharp pain and bleeding when passing a bowel movement followed by pain and discomfort that may last for several hours.

Faecal Impaction - a large build-up of hardened stools that gets stuck in the lower bowel, which the individual is unable to push out. Individuals affected by long-term constipation are more at risk of faecal impaction. It is unlikely that an individual will be able to resolve faecal impaction naturally without some form of medical intervention or prescribed treatment. **If left untreated this condition can prove fatal.**

All symptoms of faecal impaction require prompt medical review.

Symptoms include:

- Long periods without a bowel movement and/or leakage of liquid stool (overflow)
- Abdominal pain/bloating/discomfort
- Nausea and/or vomiting



Severe symptoms of faecal impaction:

- Rapid heart rate
- Rapid breathing
- High temperature/fever
- Confusion
- Dehydration

Although faecal impaction can develop at any age the elderly are considered particularly vulnerable due to constipation problems, reduced mobility and weak abdominal muscles.

Research also highlights risks for individuals developing faecal impaction when they have a learning disability, brain injury, neurological or psychiatric disorder e.g. Alzheimer's, Parkinson's or Dementia.

Incomplete Evacuation - Staff need to be aware that even if a service user is constipated they may have a small bowel movement that may lead to you believing that they are not constipated. However this is known as an "incomplete evacuation" and the service user will still be constipated.

Service users who suffer from constipation can also have what is referred to as "overflow diarrhoea. This is the result of the bowel leaking higher up in the bowel above the blockage and again the service user will still be constipated.

Vomiting Stools - Prolonged constipation can cause a backup all the way to the opening of the stomach. This means that when food is eaten it has nowhere to go (cannot move to the intestines). The service user would be experiencing significant abdominal pain and bloating from the obstruction before eventually vomiting. Faecal matter is a waste product filled with toxins waiting to exit. It has no business being in the stomach, and the stomach knows it.

The most important fact here is that vomiting faeces is a **Medical Emergency** and requires decompression of the stomach. If you see or smell poop coming from a service user's mouth, they should be taken to hospital immediately. Vomiting the faeces out is only buying a little bit of time. If the obstruction that caused the poop to back up in the first place is not located, cleared, and repaired, will most likely result in death.



Supporting individuals with constipation problems

How to talk about constipation

Please see some questions below on how you can best raise this issue:

- Have you moved your bowel?
- Have you done a number two?

Failure to respond to and escalate the health needs of our service users is a breach in duty of care and will be managed seriously in all cases. There is more advice from local health professionals and on the internet but if you wish to discuss the matters relating to the campaign further please contact the Health Promotion team.

1. Healthy diet

Poor diet is one of the most common causes of constipation. Having a diet high in fat and refined sugar and also low in fibre can cause major problems for your digestive health. Fibre is a key nutrient in preventing constipation. You should aim to have about 30g of fibre a day.

You can increase the amount of fibre in your diet by eating more:

Fruit and vegetables - We should be getting our 5-a-day and the crunchier the better.



Porridge - Porridge is made from oats which are a great source of fibre.



Beans and pulses - All beans are good. They can be a good source of protein too.

Wholegrain and whole meal - Pass on the white bread, rice and pasta as these don't offer the same amount of fibre. Look out for wholegrain and whole meal alternatives.



Nuts - Almonds, pecans and walnuts have larger amounts of fibre than other nuts.

Bran based cereal and other healthy cereal options - A 30g bowl of bran flakes provides 4g of fibre. Just be careful of the sugar content of some cereals.



Remember to increase your fibre intake gradually, this will help prevent bloating and stomach cramps.

2. Exercise

Exercise isn't just for keeping your heart healthy, it is essential in reducing constipation. You should do at least 150 minutes of physical activity every week. Start small you can begin with a 10 minute brisk walk. Any exercise is better than no exercise!

3. Drinking more water

Drinking enough water is essential in preventing constipation. When your body is properly hydrated, less water will be withdrawn from the intestine. This will keep your stool soft and easy to pass. Aim to drink 8 glasses of water a day. Try to cut back on the amount of caffeine, alcohol and fizzy drinks you consume as these can have a dehydration effect.

4. Reducing stress

When the brain is under stress, the bowel is too. A good way to manage stress is to exercise regularly. We have tips on how to reduce stress and increase your daily exercise on our website.



Communication when supporting individuals affected by Constipation

Most people find discussing going to the toilet difficult or embarrassing. Finding the right words is often a challenge. Staff may be reliant on the service user self-reporting their bowel habits or any difficulties before they can update support plans or take further action to seek medical advice.

Establishing an effective way of communicating is crucial particularly for people at risk of developing more serious complications associated with constipation
E.g. individuals affected by learning disabilities, communication or capacity issues.
Staff should highlight any concerns to their line-manager and seek guidance from the GP, family/carers and health professionals as appropriate.



Maintaining robust documentation and responding to warning signs of Complications

Service users affected by constipation should have a support plan in place which #clearly documents what level of support and monitoring is required from staff. Support plans should also aim to include any medical or health professional guidance as much as possible, particularly where the risks of complications or potentially life threatening conditions, e.g. faecal impaction, have been identified.

Examples of documents include:

- Charts monitoring daily bowel movements
- Food & Fluid Charts
- Medication Charts
- Behaviour monitoring tools indicating pain and discomfort

It is essential that such documents are completed properly and audited regularly in accordance with agreed timescales and local policy.

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Reasonable adjustments to support individuals with a learning disability

Individuals with a learning disability are at higher risk of constipation problems compared to the general population. Research suggests that this can be as high as 50%.

A European Systematic review, published in 2016, looking at the risks associated with chronic constipation, highlighted that faecal impaction resulted in the deaths of 78 individuals. A significant percentage of these individuals had a diagnosed neurological disorder or learning disability.

In 2014 two Serious Case Reviews were carried out within Suffolk hospitals, associated with the death of two individuals with a learning disability from faecal impaction. Concerns were raised surrounding the lack of awareness and responsiveness of staff when supporting bowel management needs for individuals with a learning disability. Some of the observations from the report are included below:

- Failing to agree an effective communication plan with the individual and others involved in their care around bowel management.
- Identifying a key worker/champion to take the lead in ensuring that the individual's constipation needs were supported.
- Adequately assessing the individuals understanding and capacity to communicate and address their constipation needs.
- Support staff/health professionals overlooking more serious health complications resulting from constipation.
- Poor record keeping.

As an adult social care provider Creative Support has a legal obligation to consider reasonable adjustments for individuals affected by a learning disability in relation to their health needs, which includes management of constipation.

Staff can achieve this by various methods which include:

- Ensuring any communication needs have been identified and a clear support plan is in place; this may include use of alternative formats such as pictures, easy read guides, and health professional input.
- Identifying any support required to attend health appointments and deciding who would take responsible for this.
- Use of advocacy services, learning disability nurses/specialists.
- Effective joined up working and information sharing.

Adults with a learning disability are also more likely to have health conditions where they are prescribed medications that increase the risk of constipation such as antipsychotics, anticonvulsants and antidepressants (*See Annex A for a full list*).

Research further suggests that the discomfort and pain associated with constipation may be incorrectly associated with other factors such as behavioural problems, due to the individual experiencing difficulty articulating what is happening to them. Additionally, individuals with a learning disability may experience increased levels of anxiety which might include being frightened of unfamiliar places such as public toilets. Discomfort or pain when passing hard stools can also create fear around having a bowel movement in the future.

Mental Capacity

Capacity is about a person's everyday ability to make decisions about what happens to them, including decisions about their care and treatment.

You should assume that a person does have capacity to make a decision, however if there is some doubt about a person's capacity you will need to assess their ability to make the decision at the time it needs making.

In some circumstances service users may be affected by health conditions or disabilities that affect their ability to understand and make informed judgements about their healthcare needs, this may also arise around self-neglect and lifestyle options.



Where concerns do arise about an individual's capacity to care for themselves or support their own health needs, a discussion should take place with a relevant line-manager/health professional/social worker.

Where a person is deemed to lack capacity then decisions can be made in their Best Interest. If the decision is about major medical treatment then an Independent Mental Capacity Advocate (IMCA) must be consulted.

Where it can often be difficult is when a person has capacity to make decisions and is seemingly making unwise decisions which will impact on their health. For example self-neglect or lack of self-care (neglect of personal hygiene, nutrition, hydration, and/ or health) thereby endangering safety and wellbeing, also the lack of care of one's environment – squalor and hoarding, in the context of refusal of services that could result in risk of harm.

The challenge self-neglect poses to health and care workers and the conflict between a duty of care and promoting choice and control is recognised. This dilemma is also present in the Care Act guidance, which states that in some circumstances it may be appropriate and proportionate for self-neglect to be managed within the safeguarding adults procedures.

This should be **considered** where:

- An adult is declining assistance in relation to their care and support needs **and**
- The impact of their decision, has or is likely to have a substantial impact on the their overall individual wellbeing

This will often be situations where usual attempts to engage the adult with necessary support have been unsuccessful, and a significant risk of harm remains. It will also often, but not always, be cases where a multi-agency response is required.

Where there are concerns about a person's refusal to engage in maintaining their health or seeking medical attention, then doing nothing is not an option. Always seek advice and report to line management, social worker, health professional or the Local Authority Safeguarding Team or contact Creative Support's Director for Safeguarding at head office.

Annex A

Common medications associated with the risk of Constipation

PAIN RELIEF	
Codeine	Tramadol
Oxycodone	Morphine/Morphine Sulfate
Fentanyl	
HIGH BLOOD PRESSURE	
Diltiazem	Verapamil
IRON DEFICIENCY	
Ferrous Sulfate	Ferrous Gluconate
PSYCHOSIS & MENTAL HEALTH DISORDERS	
Haloperidol	Olanzapine
Risperidone	Clozapine
Chlorpromazine	Thioridazine
ANTIDEPRESSANT MEDICATION	
Sertraline	Venlafaxine
MENTAL HEALTH MOOD DISORDERS	
Amitriptyline	Doxepin
Imipramine	
PARKINSONS DISEASE	
Procyclidine	Bromocriptine
Trihexyphenidyl	Biperiden
GASTROINTESTINAL DISORDERS	
Loperamide	Gaviscon
CHOLESTEROL LOWERING MEDICATION	
Simvastatin	Atorvastatin
Rosuvastatin	