

# Managing constipation

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Older adults are already at risk for constipation, and the risk is higher if they have been prescribed opioid medications. Constipation is a common side effect of taking opioid medications. Therefore, all people who have been prescribed with opioid medication should be monitored for constipation.

A standardised care process for people living in residential aged care experiencing constipation has been developed by the Victorian Department of Health & Human Services. A summary is shown below.<sup>1</sup>

## Signs of constipation:

- Pain, cramping, discomfort, straining, blood, nausea or vomiting when attempting to open bowels
- Defecation does not occur as often as is normal for that individual (normal frequency in general ranges from 3x per day to 3x per week)
- A feeling of incomplete emptying after a bowel movement
- Stools that are lumpy or harder than usual
- Loose stool appears in small amounts but frequently (overflow)
- People with dementia may display more confusion or responsive behaviours

## If constipation is identified or suspected:

- Conduct a bowel assessment
- Physical examination of the abdomen, including digital rectal examination if needed
- Review existing medical conditions and prescribed medications that may cause constipation
- Review dietary history and fluid intake

- Assess functional and cognitive ability to access and use the toilet

## Interventions:

- Medical review for any underlying medical causes
  - Refer to medical professional if needed (e.g. faecal impaction, recent or sudden onset with alarming symptoms)
- Develop an individualized bowel management plan alongside the resident, which may include some of the following:
  - Ensure diet has adequate fibre and polyols (prunes, pears, stone fruit) and increase fluid intake accordingly
  - Laxative therapy (if appropriate for the type of constipation), bulk-forming agents, osmotic aperients
  - Activity and exercise plans, adapting environment to suit

## Prevention:

- Ongoing evaluation and monitoring of bowel movements, diet and fluid intake
- Maintain resident engagement and education on preventative measures
- Ensure dignity and privacy is maintained during toileting, and encourage a regular routine
- Encourage as much movement and exercise as the resident is able to do regularly, assisting where needed
- Where possible, prescribe non-constipating medications or replace constipating medications with alternatives that do not cause constipation

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<sup>1</sup> For more detail, see: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/standardised-care-process-constipation>