

Overview of Bowel Health & the Older Adult

Education for Health Care Professionals

Part 4: Management & Treatment



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Bowel Management and the Aging Adult

Main goals of bowel management are to:

1. Produce stools of ideal consistency
 - ideal stool has been referred to as the “Goldilocks stool”: not too hard and not too soft, but “just right”
 - empty bowel at a predictable time
2. Educate your clients as to:
 - how their bowels work
 - how to regain control
 - how to respond to changes in their bowel habit(s) as problems are often ongoing

(Department of Health and Ageing, 2013.; JBI, 2008)



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Bowel Habits and Function

It is important to discuss good bowel and toileting habits.
Advise individuals to:

- wait for a strong urge before sitting on the toilet, sitting too soon could promote straining
- assume a good posture when sitting, promotes proper emptying and reduces straining
- rock back and forth which helps stool descend into rectum and promote bowel evacuation without straining
- perform pelvic floor exercises to promote stronger muscles & control
 - Strengthening exercises can be found by following the link to the booklet "[Looking after your Bowel - A Guide to Improving Bowel Function](#)".
 - Health Care Providers also refer to the **RNAO guide on Prevention of Constipation in the Older Adult Population**, which can be accessed in the **Course Resources** folder on this course page.

(Department of Health and Ageing, 2013; [RNAO, 2011](#))

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Interventions > Activity & Toileting Habits

Promote good bowel health by:

- Physical activity
 - walking is recommended for 30-60 minutes daily 3-5 x per wk.
 - for people with limited mobility, at least 50 ft. 2x daily
 - for those unable to walk or with physical limitations, exercises such as pelvic tilt, low trunk rotations & single leg lifts are recommended
- Massage, Strength Exercises
 - abdominal massage & pelvic strengthening exercises may be helpful
- Toileting Habits & Access
 - regular scheduled toileting may restore evacuation practices
 - providing adequate privacy & easy access to toilets can reduce constipation

([JBI, 2008](#); [RNAO, 2011](#))

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Interventions > Fluids & Fibre

- Fluid Intake:
 - 1500-2000 ml/day is recommended to prevent constipation and enhance effectiveness of fibre
 - water, fruit juices & carbonated beverages are preferred, minimize caffeine & alcohol (due to a diuretic effect)
 - older adults may have decreased sense of thirst, offer frequent small amounts & sips
- A well balanced diet includes:
 - dietary fibre which influences bowel transit time, fecal weight and bowel movement frequency
 - Increasing fibre intake gradually to range 21- 30 gm/day, monitor fluid intake to achieve 1500 ml/24 hr.
 - some older adults and residents in LTC may require reduced dietary fibre (14gm/1000kcal). High fibre diet is contraindicated in immobile people who do not consume at least 1.5 l of fluids daily, always consult a dietician

(Department of Health and Ageing, 2013 JBI, 2008; RNAO, 2011)

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Interventions > Types of Fibre



2 types of dietary fibre:

- Insoluble fibre: helps speed up bowel activity & frequency People with irritable bowel symptoms or loose stools should reduce intake
 - Examples: multi grain or whole grain wheat, corn and rice cereals, bran, fibrous vegetables (carrots, celery), skins of fruit and vegetables.
- Soluble fibre: turns into a gel during digestion. Helps to bind bowel contents together making stools firmer.
 - examples: oats, barley, rye, legumes (lentils, kidney beans), peeled fruits and vegetables



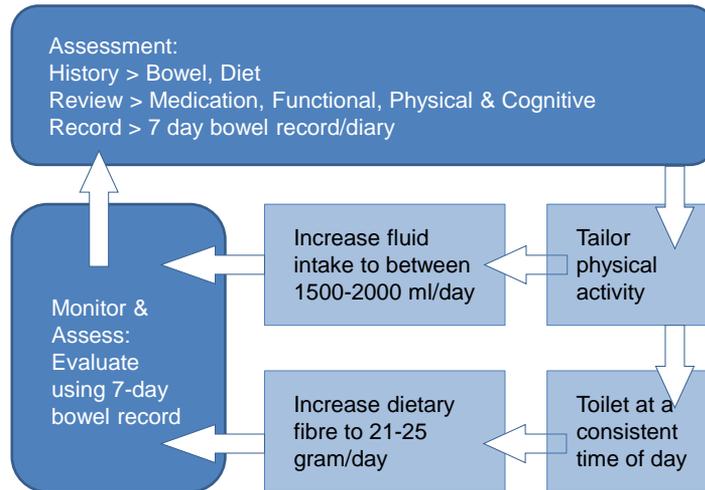
(Department of Health and Ageing, 2013 JBI, 2008; RNAO, 2011)

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Prevention of Constipation Algorithm



(Adapted from [RNAO, 2011](#))

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Pharmacological Interventions for Constipation

- Reports of laxative treatment in older adults have generally been low quality & limited however laxatives are frequently used, in particular in LTC.
- Stepped approach is recommended starting with milder products.
- Treatment & intervention programs must be individualized.
- Variety of products available:
 - bulking agents (fibre)
 - osmotic agents (is a medication that draws water into the stool resulting in softer stool and more frequent bowel movements)
 - softening agents
 - stimulant agents
 - enemas & suppositories
 - prokinetics agents (a drug that enhances motility by increasing contractions of the bowel) have cardiac effects so must be used with caution and are not recommended in frail older adults

(Calgary Division of Gastroenterology & Hepatology, 2016; [JBI, 2008](#); [RNAO, 2011](#))

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Treatment of Fecal Incontinence (FI)

Those at risk for impaction and overflow and those who require a bowel clearance program with laxatives, conduct a regular examination and assess ongoing treatment.

- If FI is caused by infections, treat the infection.
- Avoid foods that irritate bowel (caffeine) & increase fibre and include more foods that firm stools (white rice, pasta etc.).
- Use of probiotics may be helpful although their value is controversial.
- Some medications can reduce loose stools. Start at low dose and slowly increase:
 - provide education and promote healthy self care practices
 - discourage fasting prior to going out in hopes that it will reduce leakage
 - maintain adequate fluid and food intake
- Consult a dietician &/or continence advisor.

; (JBI, 2008);

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Treatment for Irritable Bowel Syndrome >>

The symptoms of IBS in seniors are episodic and appear to be stress related.

- Therefore, stress management, or dealing with the underlying causes of stress can be helpful in the prevention of ongoing attacks.
- Certain foods may increase sensitivity so once discovered, can be avoided.
- A diet low in fat and high in carbohydrates and fiber can also help with the symptoms.
- Fiber supplements may be recommended.
- Sometimes medications such as anti-spasmodics, tranquilizers or antidepressants are helpful.

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Treatment for Irritable Bowel Syndrome >>

IBS management can be facilitated through prevention and episodes can be alleviated by:

- avoiding smoking and second hand smoke
- avoiding sorbitol
- decreasing intake of constipating foods such as cheese
- drinking adequate water daily (at least 2 quarts)
- eating smaller regular meals rather than one large meal
- eliminating caffeine or other dietary stimulants
- exercising regularly such as walking, running or swimming and learning relaxation techniques: such as meditation or breathing
- reducing chocolate intake
- reducing the intake of irritant foods such as spices, fried and fatty foods
- keeping a journal of habits and related outcomes of progress in order to establish and break patterns that contribute to the number of incident

[\(NHS 2014\)](#)

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Treatment for Irritable Bowel Syndrome >>

Medication

- A number of different medications can be used to help treat IBS, including:
 - antispasmodics – which help reduce abdominal (stomach) pain and cramping
 - laxatives – which can help relieve constipation
 - anti-motility medicines – which can help relieve diarrhea
 - low-dose antidepressants – which were originally designed to treat depression, but can also help reduce stomach pain and cramping independent of any antidepressant effect

[\(NHS 2014\)](#)

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Treatment for Irritable Bowel Syndrome

Psychological treatments that may be offered to people with IBS include:

- Psychotherapy – a type of therapy that involves talking to a trained therapist to help you to look deeper into your problems and worries.
- Cognitive behavioural therapy (CBT) – a type of psychotherapy that involves examining how beliefs and thoughts are linked to behaviour and feelings, and teaches ways to alter your behaviour and way of thinking to help you cope with your situation.
- Hypnotherapy – where hypnosis is used to change your unconscious mind's attitude towards your symptoms.

Treatment for Diarrhea >>

Diarrhea can cause dehydration, which means the body doesn't have enough fluid to function properly. Dehydration is particularly dangerous in older people, and it must be treated promptly to avoid serious health problems.

- Replace lost fluids and nutrients
 - Offer clear liquids such as chicken broth, tea, ginger ale, popsicles, apple, cranberry, or grape juice, all provide liquid as well as important food and nutrients.
 - It is best to not use milk at this time.
 - Serve fluids between meals as it can reduce cramps in the stomach or intestines than drinking large amounts of liquid at mealtimes.
 - Apricot or peach nectar, bananas, and mashed or baked potatoes are all high in potassium.

Treatment for Diarrhea >>



- Avoid foods that produce gas, contain acids and are fatty/greasy
- Serve low-fiber foods such as bananas, rice, applesauce, mashed potatoes, dry toast, crackers, eggs, fish, poultry, cottage cheese, and yogurt. These foods are easier to digest than high-fiber vegetables and grains.
- Serve several small meals instead of three large meals and serve foods high in potassium.

[\(Health in Aging\)](#)

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Treatment for Diarrhea

- Anti-diarrhea medicine is a fast way to stop the problem
 - follow the instructions on the bottle, too much can cause stomach cramps, constipation, or sleepiness
 - do not give anti-diarrhea medicines without consulting a doctor if the older person has just completed a course of antibiotics
- Increase comfort
 - clean the rectal area as stools that are runny can burn the skin, use diaper wipes, a soft washcloth, or warm water to gently clean the area, allow the skin to air dry to reduce redness and prevent skin infection
 - put a warm water bottle wrapped in a towel on the stomach
 - warmth can relieve pain and discomfort caused by stomach tightness or cramps
 - apply soothing creams, ointments, or astringent pads to the rectal area

[\(Health in Aging\)](#)

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Education

Health care providers play a critical role as providers of support and education which should include use of:

- Evidence based practice incorporating current assessment, management, interventions, and treatment protocols.
- Comprehensive education programs to promote and manage bowel health for health providers as well as individuals & their families.
- Adequately inform individuals about their specific bowel issue(s), including treatment compliance.
- Evaluation mechanisms with a quality improvement approach to determine effectiveness of bowel health programs in institutions.

(JBI, 2008; RNAO, 2011)

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Bowel Habit Summary

Steps towards achieving and maintaining a pattern of normal bowel elimination, improve bowel function and bowel control include:

- use a collaborative care approach
- good habits on the toilet
- pelvic floor muscle training
- diet and making changes if needed
- using medications with care
- assessing lifestyle and make changes if needed
- evaluate satisfaction and response(s) and the need for ongoing interventions

(Department of Health and Ageing, 2013; RNAO, 2011)

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Overview Summary

- ✓ Aging has a modest effect on the GI tract function and bowel activity.
- ✓ Bowel habits and problems generally develop over time and bowel dysfunction is often associated with age related comorbidities and chronic disease.
- ✓ Most common changes in bowel elimination are: fecal urgency & incontinence, diarrhea and constipation.
- ✓ Comprehensive assessment in 3 main areas is key in identifying all contributing causes of bowel dysfunction: medical, functional, psychosocial factors.
- ✓ Treatment & intervention programs must be aimed at identifying & treating the underlying cause(s) and should include education to improve bowel habits and function.