

## Bowel changes in older adults

腸道健康 出入平安

### Chapter 3 Assessment of Constipation

#### 第三章 便秘評估

##### 3.1 Introduction

##### 3.1 簡介

In your daily practice, did you know any older adults who complain of constipation problem?  
If you want to help, you must know how to assess the problem in order to provide appropriate action.

Do you have any idea of how to assess this problem?

Let's discuss about this topic!

在日常工作中，您是否認識到任何申訴有便秘問題的長者呢？

如果您想提供幫助，則必須知道如何評估問題，以便採取適當的措施。

您對如何評估他們的便秘問題有任何想法嗎？

讓我們討論一下這個話題吧！

#### Assessment of Constipation:

##### 便秘評估:

- History taking  
病歷史記錄
- Red flags  
紅旗
- Clinical assessment  
臨床評估
- Further Investigations  
進一步檢查

## History Taking

### 病歷史記錄

- A comprehensive history taking help to understand the patient's condition. If patient has communication problem and unable to provide medical history, caregiver is important resource to collect information.
- 全面的病歷史記錄有助於了解患者的狀況。如果患者有溝通問題且無法提供病史，則其照顧者是收集資料的重要來源。
  
- Medical history
- 病史
  - Any past medical history and present complaint?  
是否有過往病史和目前的申訴？
  - Any medication in use that may induce constipation?  
使用中的藥物是否有可能引起便秘？
  - Any presence of other gastrointestinal symptoms e.g. abdominal pain, bloating, and vomiting?  
是否存在其他胃腸道症狀，例如腹痛、腹脹和嘔吐？
  - Investigate the stool form and defaecation pattern such as the time, frequency, amount and consistency of stools.  
檢查糞便的形態和排便方式，例如排便的時間、頻率、大便的數量和黏稠度。
  - Any signs of Red flags?  
是否有危險的紅旗信號？
  
- Stool diary
- 大便日記
  - Help to understand the history and current situation of constipation.  
幫助了解便秘的歷史和現狀。
  - Investigate the stool form and defaecation pattern.  
調查大便的形態和排便方式。
  - Ask patient to record the frequency, amount, type and any abnormality of defaecation. Use Bristol stool scale to describe the type of stools.  
請患者記錄排便的頻率、數量、類型和任何異常情況。使用布里斯托爾糞便量表(Bristol stool form scale)來描述糞便的類型。

## Example of Stool Diary

### 大便日記範本

Date 日期	Time 時間	Amount 份量	Type (Bristol stool form scale) 類型(布里斯托爾糞便量 表)	Remarks (mucus, blood etc.) 備註(粘液、血液 等)

For details of Bristol stool form scale, please refer to Chapter 1.3.

有關布里斯托爾糞便量表的詳情，請參閱第一章第三節。

## 3.2 Red Flags

### 3.2 紅旗

Rule out the Red Flags that indicate something more serious, such as colon cancer.

Red Flags Alert:

排除紅旗狀況，紅旗表示更嚴重的症狀例如結腸癌。

注意紅旗的出現：

- **Recent onset of chronic constipation associated with:**  
近期慢性便秘有下列情況：
  - **Unintentional weight loss**  
無原因之體重下降
  - **Anaemia**  
貧血
  - **Abdominal pain**  
腹痛
  - **Blood per rectum or presence of faecal occult blood**  
直腸有血或糞便隱血
- **Unexplained change in bowel habit, involving stool frequency or consistency**  
無法解釋的排便習慣改變，涉及大便次數或黏稠度
- **Failure to alleviate constipation despite compliance with adequate lifestyle modification**  
儘管已經進行了適當的生活方式改變，但仍未能緩解便秘
- **Chronic constipation necessitating use of high doses of laxatives**  
慢性便秘需要使用大劑量的瀉藥
- **Recent-onset faecal incontinence**  
最近出現的大便失禁

Consult family doctor or gastroenterologist if identified any sign of Red Flat.

如果發現任何紅旗跡象，請諮詢家庭醫生或腸胃科醫生。

### 3.3 Clinical Assessment

#### 3.3 臨床評估

- Roma IV Criteria  
羅馬四標準
- Abdominal examination  
腹部檢查
- Digital rectal examination  
直腸指檢
- Proctoscopy examination  
直腸窺鏡檢查
- Laboratory investigations  
實驗室檢驗
  - Blood testing including: Complete blood count, Renal function, Electrolytes, Calcium, Glucose, Thyroid function  
血液檢查包括：全血細胞指數、腎功能、電解物質、血鈣、血糖、甲狀腺功能等。
  - Faecal occult blood  
糞便隱血

#### Rome IV Diagnostic Criteria for Constipation

##### 羅馬 IV 便秘診斷標準

Symptoms started six months before diagnosis, and during the last three months, two or more of the following symptoms occurred:

便秘症狀在診斷前 6 個月開始出現，在最近三箇月中，出現以下兩個或多個症狀：

- Straining in more than 25% of defecations.  
至少四分之一次的排便有費力的情形。
- Lumpy or hard stools (Bristol stool form scale type 1 or 2) in more than 25% of defecations.  
至少四分之一次的排便有糞便呈團塊或硬結的情形。(布里斯托爾糞便量表類型 1 或 2)。
- Sensation of incomplete evacuation in more than one-fourth (25%) of defecations.  
至少四分之一次的排便有排便不淨感。
- Sensation of anorectal obstruction/blockage in more than one-fourth (25%) of defecations.  
至少四分之一次的排便有肛門阻塞感。
- Manual maneuvers to facilitate in more than one-fourth (25%) of defecations.  
至少四分之一次的排便需用手法協助（用手挖便或支持骨盆底部）。
- Fewer than three spontaneous bowel movements per week.  
每周排便少於 3 次。

### 3.4 Further Investigations

#### 3.4 進一步檢查

Referral to gastroenterologist for further investigation such as:

轉介給腸胃科醫生作進一步檢查，例如:

- Colonoscopy  
結腸窺鏡檢查
- Sophisticated investigations  
複雜檢測
- Balloon expulsion test  
氣球排出測試
- Colonic transit study  
結腸蠕動研究
- Anorectal manometry  
肛腸測壓
- Defaecography  
排糞照影

#### Reference

Please refer to our website - <https://www.cadenza.hk/e-tools/en/pro/bowel/>

-End of Chapter 3-

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