

Bowel changes in older adults

腸道健康 出入平安

Chapter 5. Management of Constipation in Long-Term Care Settings

第五章 長期護理環境中的便秘管理

5.1 Why institutionalized older adults are more prone to constipation?


5.1 為甚麼住院的長者更容易便秘？

Constipation is the most common defaecatory disorders seen in older adults. This is particularly prevalent among older patients in hospital and long-term care (LTC) setting. For hospitalized older patient, the reasons are multiple, including medical conditions, drug sides effects, dehydration, immobility, and poor oral intake. Constipation in hospitalized older adults is indeed associated with adverse events, prolonged stay, and increased medical cost. Older adults living in LTC homes are vulnerable and reliance on high level of assistance, specialist nursing and medical care. They are suffering from multiple comorbidities and taking numerous medications. Most of older adults living in LTC homes are chairbound or bedridden. Deconditioning, dehydration, limited mobility and at risks of malnutrition that make them more prone to constipation.

便秘是長者中最常見的排便障礙。這在醫院和長期護理院（LTC）環境中的老年患者中尤其普遍。對於入住醫院的老年病人，原因是多方面的，包括醫療狀況、藥物副作用、脫水、行動不便和口服攝入不足等。事實上，入住醫院的老年病人的便秘確實與不良事件、長期住院和醫療費用增加有關。而住在長期護理院的長者是脆弱的，而且他們依賴高水平的援助，以及專科護理和醫療服務等。他們患有多種合併症，並服用多種藥物。住在長期護理院中的大多數長者都坐著輪椅或臥床不起。機能衰退、脫水、活動受限以及營養不良的風險使他們更容易便秘。

Constipation causes abdominal discomfort or pain. In severe cases, it can cause faecal impaction, urinary incontinence or retention, bowel obstruction, bowel perforation and suffering. The consequence of constipation has significant impacts on physical, psychosocial, quality of life and health expenditure among older adults and caregivers.

便秘會導致腹部不適或疼痛。在嚴重的情況下，它可能導致糞便嵌塞、尿失禁或尿瀦留、腸梗阻、腸穿孔和遭受痛苦。便秘的後果對長者和照顧者的身理、心理、生活質素和健康支出都產生重大影響。

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Prevalence of constipation

- In general population worldwide ranges from 0.7-79%.
- Institutionalized older adults are more likely suffering from constipation.
- The prevalence of constipation increases with age.
- Women are more likely suffering from constipation than men.

Tong (2017)

便秘的發生率

- 全球總人口的比率在 0.7-79% 之間。
- 住院的長者更容易患上便秘。
- 便秘的發生率隨年齡增長而增加。
- 女性比男性更容易患上便秘。

Tong (2017)

In Hong Kong, the Population Health Survey 2014-2015 from Department of Health reported:

- Increased prevalence of acute constipation
- Aged 15 to 64 range from 1.6% to 3.1%
- Aged >65 range from 4.2% to 7.9%
- (Aged 65-74: 4.4%; Aged 75-84: 7.9%; Aged >85 12%)

在香港，衛生署《2014-2015 年人口健康調查》報告：

- 急性便秘的發生率增加
- 15 至 64 歲的年齡介於 1.6% 至 3.1% 之間
- 65 歲以上的年齡介於 4.2% 至 7.9% 之間

(65-74 歲：4.4%； 75-84 歲：7.9%； > 85 歲：12%)

Factors contributing to constipation

The “Ds” refer to the various factors associated with constipation including:

- Dementia
- Depression
- Degenerative disease
- Drugs side effects
- Decreased dietary intake especially fiber
- Dehydration
- Decreased mobility or immobility
- Defaecatory dysfunction

導致便秘的因素

“D”是指與便秘相關的各種因素，包括：

- Dementia 認知障礙症
- Depression 抑鬱症
- Degenerative disease 退行性疾病
- Drugs side effects 藥物副作用
- Decreased dietary intake especially fiber 減少飲食攝入，尤其是纖維
- Dehydration 脫水
- Decreased mobility or immobility 行動不便或不良於行
- Defaecatory dysfunction 排便障礙

Medical conditions associated with constipation

Neuropsychiatric Dementia Parkinson's Disease Stroke Spinal cord injury/disease Depression	Musculoskeletal Degenerative joint disease Other forms of arthritis Osteoporosis Fractures	Endocrine and metabolic Diabetes Hypothyroidism Renal failure Hypokalemia Hypercalcemia
Gastrointestinal Hemorrhoids Rectal prolapse Fecal impaction	Pain syndromes Musculoskeletal Neurologic Cancer Other	

與便秘相關的醫療狀況

神經精神科 認知障礙症 帕金森氏病 中風 脊髓損傷/疾病 抑鬱症	肌肉骨骼 退化性關節疾病 其他形式的關節炎 骨質疏鬆症 骨折	內分泌和代謝 糖尿病 甲狀腺功能減退症 腎功能衰竭 低鉀血症 高鈣血症
腸胃科 痔瘡 直腸脫垂 糞便嵌塞	疼痛綜合症 肌肉骨骼 神經學的 癌症 其他	

5.2 What are the unique issues related to constipation in LTC settings?

5.2 在長期護理環境中，有什麼與便秘有關的獨特性問題呢？

The unique issues related to constipation in LTC settings

- High prevalence of dementia
- Co-morbidities
- Polypharmacy
- Inadequate food and fluid intake
- Environmental limitations
- Multifactorial
- More severe complications
- High usage of laxatives

在長期護理環境中，與便秘有關的獨特性問題

- 高比率認知障礙症
- 合併症
- 服用多種藥物
- 食物和水份攝入不足
- 環境限制
- 多重因素
- 更嚴重的並併發症
- 過量使用瀉藥

Older adults living in LTC homes are old and frail. They suffer from multiple comorbidities. According to the Census and Statistics Department (2009), 97.1% of residents had one and above chronic illnesses and 57.2% of them needed 1 to 4 kinds of drug treatment. About 42.5% needed 5 types and more medications. Their medical conditions and drug side effects add together to increase the chance of constipation in LTC residents.

住在長期護理中的長者是年老而且脆弱。他們患有多種合併症。根據政府統計處(2009)的數據，居住於院舍長者中有 97.1% 患有一種或一種以上慢性疾病，其中 57.2% 的人需要 1-4 種藥物治療。大約 42.5% 的人需要 5 種類型和更多的藥物治療。他們的醫療狀況和藥物副作用加在一起，增加了他們便秘的機會。

Institutionalized older adults are vulnerable group that require a higher level of care assistance, nursing and medical care. Mostly, impaired mobility in chairbound or bedridden residents are more prone to constipation. Studies found that laxatives use is high in LTC settings.

住院長者是較為體弱的一群，需要更高的護理照顧水平，以及護理和醫療服務。大部份院友因行動不便而需要坐輪椅或臥床的更容易發生便秘。研究發現，在長期護理環境中，瀉藥的使用率是很高的。

High prevalence of dementia

The increasing number of dementia cases in LTC requires special nursing care attention. Dementia is a clinical syndrome leading to cognitive impairment. People with dementia are having difficulty in communication and self-care in their daily lives. They deserve greater nursing care support to address their special needs, bowel and bladder issues in particular.

高比率認知障礙症

長期護理中認知障礙症病例的數量不斷增加，需要特別關注護理照顧。認知障礙症是導致認知功能障礙的臨床綜合徵。認知障礙症患者在日常生活中難以溝通和自我照顧。他們應該得到更好的護理支援，以解決他們的特殊需求，尤其是腸道和膀胱問題。

Dementia with constipation

- Neglect
- Under-reporting
- Difficult to monitor
- Inadequate food and fluid intake
- Dependence for toileting
- Impaired rectal sensation
- Atypical presentations

認知障礙症與便秘

- 忽視
- 漏報
- 監控困難
- 食物和液體攝入不足
- 如廁需要依賴護理人員
- 直腸感覺受損
- 非典型表現

Atypical presentation of constipation is commonly found as they are unable to express their discomfort and needs. They may have behaviour problem duo to their inability to voice out this problem. Health care professionals must understand the meaning behind their behaviour and pay special attention to the atypical presentation to detect any clinical sign and symptoms of health problem.

由於無法表達自己的不適和需求，因此便秘通常是非典型的表現，他們可能因無法解決這個問題而有行為問題。醫護專業人員必須了解其行為背後的含義，並特別注意非典型表現，以檢測任何健康問題的臨床病徵和症狀。

Atypical Presentation of Constipation in LTC Residents with Dementia

- Anorexia
- Abdominal discomfort/distension
- Urinary and/or faecal incontinence
- Behavioral changes
- Functional decline
- Delirium

長期護理中的認知障礙症患者之便秘的非典型表現

- 厭食症
- 腹部不適/膨脹
- 尿失禁
- 行為改變
- 功能下降
- 譫妄

Polypharmacy

- Comorbidities
- 92.7% taking routine medications
- 57.2% taking 1 to 4 kinds medications
- 42.5% taking 5 types and more medications.
- Drug side effects cause constipation
- Drugs may have cumulative anticholinergic effects

(Census and Statistics Department, 2009)

服用多種藥物

- 合併症
- 92.7%服用常規藥物
- 57.2%服用 1 到 4 種藥物
- 42.5%服用 5 種以上藥物
- 藥物副作用會導致便秘
- 藥物可能具有累積的抗膽鹼作用

(Census and Statistics Department, 2009)

Medications cause constipation

- Anticholinergics (psychotropics, antihistamines, anti-parkinsonian drugs, antiemetics, antimuscarinics for incontinence)
- Iron supplements
- Calcium supplements
- Opiates
- Calcium channel blockers
- NSAIDS
- Diuretics

引起便秘的藥物

- 抗膽鹼藥（精神科藥物、抗組胺藥、抗帕金森氏症藥物、止吐藥、用於失禁的毒蕈鹼類藥物）
- 鐵補充劑
- 鈣補充劑
- 鴉片類
- 鈣離子通道阻滯劑
- 非類固醇抗發炎藥
- 利尿劑

Inadequate food and fluid intake

- Feeding self-care deficits
- Tooth decay
- Minimal fiber intake
- Altered thirst sensation
- Medication side effects e.g. diuretics

食物和水份攝入不足

- 自我餵食能力不足
- 蛀牙
- 攝入最少纖維
- 渴感改變
- 藥物副作用，例如 利尿劑

Impaired Mobility

- Dependence for toileting
- Deconditioning
- Chairbound or bedridden
- Low physical activity
- Decreased ability to generate abdominal force

行動不便

- 如廁需要依賴護理人員
- 機能退化
- 長期坐椅或臥床
- 低體力活動
- 產生腹部力量的能力下降

Environmental limitations

- Communal living environment
- Lack of privacy, shared bathroom
- Rarely provide a stress-free and private bathroom
- Staff too busy in assisting toileting
- Contenance devices not comfortable

環境限制

- 共同生活環境
- 缺乏隱私，共用浴室
- 很少提供無壓力及有私隱的浴室
- 工作人員過於忙碌而不能協助上廁所
- 排便設施裝置不舒服

Cause of Constipation in LTC is Multifactorial

- Complex medical condition
- Comorbidities
- Polypharmacy
- Poor dietary intake
- Immobility

長期護理患者的便秘原因是多方面的

- 複雜的醫療狀態
- 合併症
- 服用多種藥物
- 飲食攝取不足
- 不良於行

Pathophysiology of chronic constipation (Andrews & Storr, 2011)

Primary causes	Secondary causes
Normal transit (most common)	Medications
Slow transit	Obstruction (e.g. cancer, stricture)
Evacuation disorder	Metabolic (e.g. hypothyroid, hypercalcemia)
	Neurological (e.g. parkinsonism, multiple sclerosis)
	Systemic (e.g. scleroderma, amyloidosis)
	Psychiatric (e.g. depression, eating disorders)

Primary causes are intrinsic problems of colonic or anorectal function, whereas secondary causes are related to organic disease, systemic diseases or medications.

The consequence of constipation can be critical and impact on physical, psychological health and well-being.

慢性便秘的病理生理學(Andrews & Storr, 2011)

主要原因	次要原因
腸道正常蠕動（最常見）	藥物治療
腸道蠕動慢	阻塞（例如癌症、狹窄）
排便失調	代謝（例如甲狀腺功能減退，高鈣血症）
	神經系統疾病（例如帕金森氏症、多發性硬化症）
	全身性（例如硬皮病、澱粉樣變性病）
	精神病（例如抑鬱症、進食障礙）

首要原因是結腸或肛門直腸功能的內在問題，而次要原因與器官性疾病、身體系統性疾病或藥物有關。便秘的後果可能很嚴重，並影響身心健康和生活質素。

5.3 What are the roles of nurses in managing constipation?

5.3 護士在管理便秘中的角色是什麼？

The roles of nurses in managing constipation

- Care Coordinator
 - Collaborate with team to plan for patient care
- Professional Caregivers
 - Perform assessment and diagnostic tests
 - Record medical history and symptoms
 - Monitor patient health condition
 - Administer medications and treatments
 - Monitor medication side effects
- Advocate
 - Advocate for health and well-being
- Educator
 - Disease education to manage the health problem

護士在管理便秘中的角色

- 護理協調員
 - 與團隊合作規劃患者護理計劃
- 專業照顧人員
 - 進行評估和診斷測試
 - 記錄病史和症狀
 - 監控患者健康狀況
 - 執行管理藥物和治療
 - 監測藥物副作用
- 倡導者
 - 倡導健康與福祉
- 教育者
 - 疾病教育以管理健康問題

Nurses are playing important roles in managing constipation. Older adults living in hospital or LTC settings are having moderate to severe physical or cognitive problems. Most of them are dependent and require nurses to provide personal and nursing care for activities of daily livings. Nurses should strengthen their roles in caring of institutionalized older adults to meet their individual needs. Nursing process with a systematic approach should be applied including assessment, diagnosis, outcomes identification, planning, implementation, and outcome evaluation. Using the fundamental principles of critical thinking and client-centered approaches with evidence-based practice are important to ensure the care quality in managing constipation.

護士在管理便秘中起著重要作用。住在長期護理環境中的長者患有中度到重度的身體或認知問題。他們當中的大多數人屬依賴者，需要護士為日常活動提供個人護理照顧。護士應加強照料住院長者的工作，以滿足他們的個人需求。應採用有系統的方法進行護理，包括評估、診斷、結果識別、計劃、實施和成效評估。結合批判性思維的基本原理和以人為本的方法結合循證實踐，對於確保便秘護理的質素至關重要。

5.4 How to assess constipation?

5.4 如何評估便秘？

Assessment of constipation

Details assessment of constipation is discussed in the Chapter 2: Assessment of Constipation which included:

- History taking
- Red flags
- Clinical assessment
- Further Investigations

評估便秘

在第二章：便秘評估中討論了如何評估便秘的詳情，其中包括：

- 病歷史記錄
- 紅旗
- 臨床評估
- 進一步檢查

Effective constipation management requires thorough assessment. Professional communication skill is essential to collect sufficient information for diagnosis. Defaecation problem is an embarrassing issue that older adults may be reluctant to talk about this. A non-judgmental and empathetic professional manner is recommended. Patient particular information can be collected from caregivers if patient has any communication problem such as dementia. Nurses can also perform the physical assessment such as palpation of abdominal mass and auscultation of bowel sounds to detect any abnormality and make the diagnosis or referral. Investigate any Red Flags that indicate something more serious.

有效的便秘管理需要深入徹底評估。專業的溝通技巧對於收集足夠的診斷資料至關重要。排便問題是一個令人尷尬的問題，長者可能不願談論此事。建議採取非判斷性和表現出同理心的專業態度。如果患者有任何溝通問題，例如認知障礙症，可以從照顧者那裡收集患者的特定資料。護士還可以進行身體評估，例如觸診檢查腹部腫塊和聽診檢查腸道聲音，以發現任何異常並作診斷或轉介，檢查任何表明更嚴重的危險紅旗信號。

Refer to Chapter 2 Assessment of Constipation for details.

有關詳情，請參閱第 2 章便秘評估。

In Hong Kong, daily assessment of bowel movement is common practice in LTC settings. The assessment form included the following items: frequency of bowel movements, time of bowel movement, amount of stool, stool consistency and use of laxatives. A stool diary is useful to record the defaecation pattern. Bristol Stool Form Scale should be used to facilitate the mutual understanding and communication of the stool form. If the daily monitoring is delegated to the frontline care workers, nurses should provide sufficient education and monitor the care quality. If self-reporting is applied, nurses should provide education to make sure patient and family caregivers understand how to record the stool diary correctly.

在香港，每日評估排便是長期護理服務機構的慣例。評估表包括以下項目：排便次數、排便時間、糞便量、糞便稠度和瀉藥使用等。大便日記可用於記錄排便模式。應使用布里斯托爾量表(Bristol Stool Form Scale)以促進相互理解和溝通。如果將日常監控委託給前線護理人員，則護士應提供足夠的教育並監控護理質素。如果採用自我報告，則護士應提供教育以確保患者和家庭照顧者了解如何正確記錄大便日記。

Refer to Chapter 1.3 “What should the stool look like?” for Bristol Stool Form Scale.

有關布里斯托爾量表，可參考第 1.3 章『大便應該是怎樣的?』。

5.5 How to manage and prevent constipation?

5.5 如何管理和預防便秘？

For mild to moderate constipation, maintain healthy lifestyle is essential to prevent constipation. Lifestyle modification including increased fluid intake, increased physical activity, regular toileting schedule, and intake of dietary fiber and probiotic products are recommended to prevent and treat constipation.

對於輕度至中度的便秘，保持健康的生活方式對於預防便秘至關重要。建議改善生活方式，包括增加液體攝入、增加身體鍛煉、定期如廁，以及攝入膳食纖維和益生菌產品以預防及處理便秘。

Details refer to Chapter 4: Lifestyles modification to prevent constipation and Exercise videos

詳情請參閱第 4 章：改變生活方式以預防便秘與及運動影片

Pharmacological intervention is initiated if non-pharmacological intervention is not successful. Different kinds of laxatives would be considered to treat constipation.

如果非藥物治療干預未能成功，則可開始進行藥物治療。可以考慮使用不同類型的瀉藥來治療便秘。

In general, laxatives can be classified into four main categories:

1. Bulk-forming laxatives
2. Osmotic laxatives
3. Stimulant laxatives
4. Stool softeners

一般而言，瀉藥可分為四大類：


1. 膨脹性瀉藥
2. 滲透性瀉藥
3. 刺激性瀉藥
4. 大便軟化劑

Single or combination of laxatives would be prescribed according to different types of constipation. However, overuse of laxatives should be avoided to prevent severer complications.

可以根據便秘的不同類型處方一種或混合的瀉藥。但是，應避免過度使用瀉藥，以防止出現更嚴重的併發症。

Details refer to Chapter 4.8 Pharmacological Intervention for Constipation

詳見第 4.8 章：便秘之藥物治療

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Bowel Management Programme

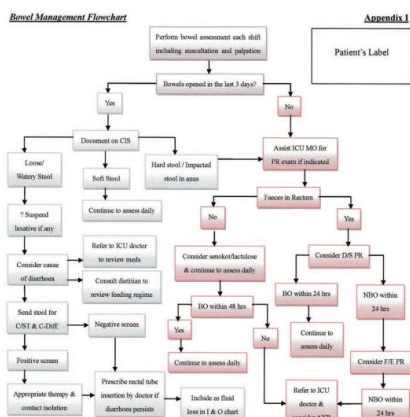
Bowel management may be neglected in our daily clinical practice. However, it can cause severer complications if unattended. Systematic management approach is recommended to prevent and treat constipation.

腸道管理計劃

在我們的日常臨床實踐中，腸道管理可能會被忽略。但是，如果不加注意，它可能導致更嚴重的併發症。建議採用系統管理方法預防和治療便秘。

Sit and her team in the ICU at Tuen Mun Hospital developed a bowel management guideline to guide the clinical practice in management of constipation. The bowel management programme was implemented and reported effectively in improving constipation and diarrhea events as well as patients' health outcomes. (Sit, 2013)

薛和她的團隊在屯門醫院的深切治療部中製作了腸道管理指南，以指導便秘管理的臨床實踐。實施了腸道管理計劃後，該計劃報告指出有效地改善了便秘和腹瀉事件，並改善了患者的健康狀況。(Sit, 2013)



(Sit, 2013)

鏈接查看：<http://www.hkaccn.org/newsletter/news201308.pdf>

Leung et al. (2013) recommended a practical triage approach to family physician for the management of constipation by systematic reviews of research studies.

Link to view: <https://www.jabfm.org/content/24/4/436/tab-figures-data>

梁等（2013年）通過系統地回顧研究，向家庭醫生推薦了一種實用的分類方法，以管理便秘。

鏈接查看：<https://www.jabfm.org/content/24/4/436/tab-figures-data>

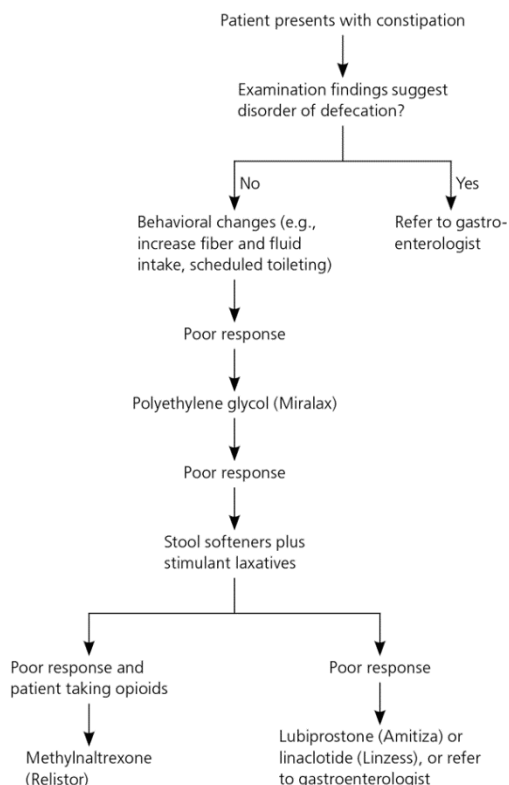


Mounsey et al. (2015) suggested the management of chronic constipation in older adults

Link: <https://www.aafp.org/afp/2015/0915/p500.html#afp20150915p500-f1>

Mounsey 等（2015 年）建議了對長者的慢性便秘的管理方法。

鏈接查看：<https://www.aafp.org/afp/2015/0915/p500.html#afp20150915p500-f1>



Factors affecting nurses to preform constipation management

- Busy working schedule
- Lack of case conferences
- Lack of staff resources
- Lack of educational opportunities

(Takaoka, 2020)

影響護士進行便秘管理的因素

- 繁忙的工作時間
- 缺乏案例會議
- 人力資源不足
- 教育機會不足

(Takaoka, 2020)

Bowel care should be put in the priority of care. Education and management support for healthcare professionals is important to ensure effective clinical practice in constipation management. A clinical guideline according to different LTC settings is recommended to ensure quality management of constipation for older adults. This will facilitate professional reflective practice concerning the management of constipation to meet the individual care needs of institutionalized older adults for better health outcomes.

腸道護理應放在優先考慮的位置。就醫護專業人員的教育和管理支持對於確保便秘管理的有效臨床實踐非常重要。建議根據不同的長期護理照顧設置制定臨床指南，以確保針對照顧長者的便秘問題進行質素管理。這將有助於便秘管理方面的專業反思性實踐，以滿足住院長者的個人護理需求，以改善他們的健康狀況。

-End of Chapter 5-

-第五章 完結-