

Poo matters

Information for health professionals

It is important to correctly identify constipation in people with a learning disability

Some people with a learning disability are more at risk of constipation than the general population, Reviews into the deaths of people with a learning disability have shown us that too many people are still dying from constipation.

Any changes in behaviour – think constipation

It may be the only way a person with a learning disability can communicate something is wrong. Look for physical causes, including constipation before diagnosing a mental health condition.

History

- Take a detailed history including frequency and consistency of stool.
- Ask about childhood constipation - a key risk factor for the development of megacolon/rectum*.

Additional symptoms

- Abdominal pain, bloating, distension, loss of appetite, loss of weight.
- Rectal bleeding and pain when defaecating. Anal fissures are associated with chronic constipation.
- Beware when the wind stops - It can be a sign of significant obstruction.

Examination

Distended abdomen.

Rectal examination maybe misleading as the constipation often involves the colon and does not reach the rectum. Check for anal fistulae.

Abdominal radiology can confirm the diagnosis, but needs to be used judiciously.

Ask about pharmacological factors

- Prescribed drugs causing constipation include opiates, anti-psychotics, anti-depressants, anti-epileptics, antimuscarinics and antispasmodics.
- Are prescribed laxatives been taken regularly?
- Is the dose sufficient? Consider a stimulant alongside softeners/macrogols.

Lifestyle factors

Lack of exercise, diet low in fibre and fresh food, and low fluid intake predispose to constipation.

Make sure people with a learning disability or their family or carers know the symptoms of constipation

Possible presentations of constipation

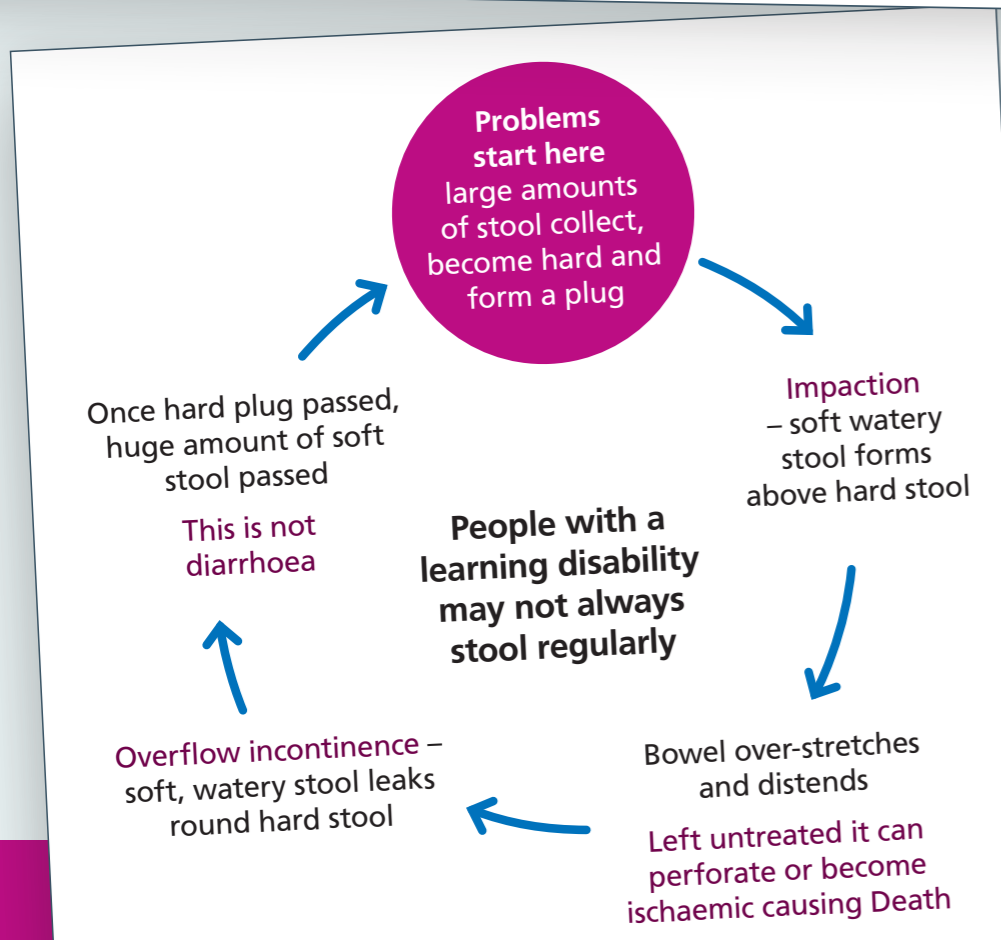
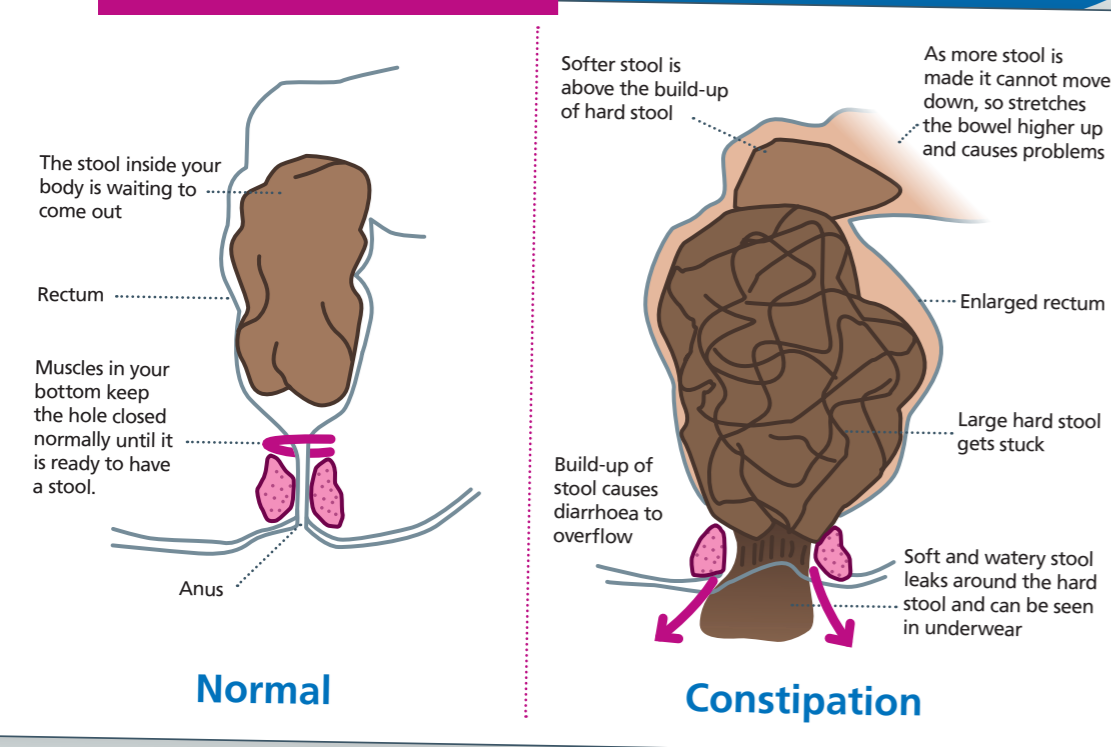
Soiled underwear (leakage)

Hard stool

Infrequent stool

Build up of lots of stool - three flush poo

Loose stool may be a symptom of impaction not diarrhoea. Think before stopping laxatives.



Get the diagnosis right - Get the treatment right

Key to prevention

Healthy diet

Plenty of fluids

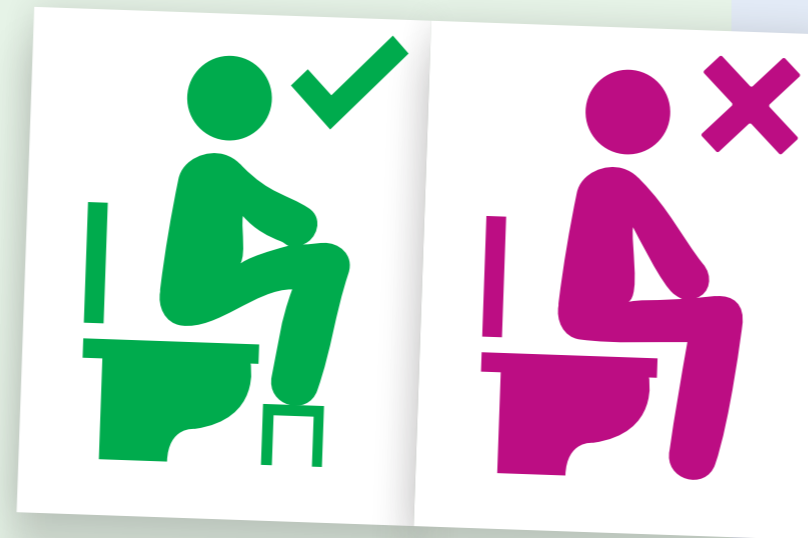
Regular exercise

Good toilet habits

- Encourage regular habits.
- Suggest raising the feet onto a low stool as this relaxes the pubo-rectalis muscle and facilitates complete emptying of the rectum
- Advise on abdominal massage where appropriate.
- While privacy is important, don't allow this to put someone at risk – it is more important to be able to keep an accurate bowel chart.

Annual Health Checks

- Ask about constipation.
- Review the poo book or bowel chart.



Treatment

- Treatments for constipation will vary depending on assessment of cause.
- Prescribe regular laxatives if needed.
- Make sure water is taken with the osmotic laxative.
- Gradually titrate dose of laxative upwards, titrating to maximum tolerated dose before adding/switching laxatives.
- Check if you are prescribing drugs that cause constipation such as anti-depressants and anti-psychotics - you may need to prescribe regular laxatives to mitigate the side effects.

If in doubt, seek expert advice. This could be from the:

- community learning disability service.
- bladder and bowel service.
- specialist advice in hospital (involve the liaison nurses).

Why the risk?

In addition to lifestyle factors and medication, people with a learning disability are at higher risk of chronic constipation because of:

- **Underlying genetic disposition and brain injury**
 - May affect the neural-gut axis and function adversely resulting in poor muscle tone and bowel atony.
 - Higher risk of Hirshsprung's disease and Coeliac disease in people with Down's Syndrome.
- **Communication barriers**
 - Difficulties in communicating pain and other symptoms when they are not feeling well.
 - Not always understanding the information and instruction given by a healthcare professional.
- **Fear of unfamiliar environments**
 - Can stop a person with a learning disability from going to the toilet, eg while in hospital.

People at risk from constipation should have a bowel management and escalation plan which should not be stopped without good reason.

References:

Flynn M and Eley R. (2015) A serious case review: James. Available online at www.suffolkas.org/assets/Working-with-Adults/SARs/SCR-Case-James-091015.pdf

NICE guidance - cks.nice.org.uk/constipation (Revised June 2017)

Making reasonable adjustments for people with learning disabilities in the management of constipation. PHE August 2016 www.ndti.org.uk/uploads/files/Constipation_RA_report_final.pdf

Useful links

*Constipation in children - www.bbuk.org.uk/wp-content/uploads/2019/02/Paediatric-pathway.pdf

Dimensions video - youtu.be/1TlcefPXjgg

YouTube demonstrating the Squatty Potty www.youtube.com/watch?v=5P8L0r4JVpo

Bladder and Bowel UK <https://www.bbuk.org.uk/>