



# Bladder and Bowel UK

formerly PromoCon

part of Disabled Living

## **Understanding constipation in people with learning difficulties – the importance of identification and treatment**



# Constipation in people with learning difficulties

## What is constipation?

Constipation is a condition when stools (poo) are passed infrequently or are difficult to pass.

Most individuals open their bowels daily or at least 3-4 times per week, so a frequency of less than that could indicate an individual is developing constipation.

However it is not just the frequency of stools that is important, it is the consistency as well. If someone is passing hard stools on a frequent basis and this is not treated it will eventually lead to the individual becoming reluctant to go to the toilet because of discomfort.

It is important to remember that the symptoms can vary between individuals and some people can pass soft stools every day and still be constipated.

## How common is it?

Constipation affects up to 30% of the general adult population. However we know that individuals with learning difficulties have an increased risk, with some studies reporting it being a problem for up to 70% of people with learning disabilities.

## What causes constipation?

There are a number of factors that can cause constipation including:

- Not eating enough fruit and vegetables (fibre)
- Not drinking enough water-based fluid
- Not having enough exercise
- Ignoring the need to open the bowels (which can happen if the individual is passing stools which are hard and uncomfortable, or has a fear of the toilet)
- Previous medical history
- Some medications
- Illnesses that cause dehydration

## Why is it more common in people with learning difficulties?

Constipation is more common in people with learning difficulties for a number of reasons:

### **Lack of understanding of the importance of going to the toilet**

Individuals with learning difficulties may not understand the importance of opening their bowels regularly and may ignore the urge to stool. As a result constipation can easily develop.

### **Not drinking enough and poor diet**

We all need to drink around 2 litres of, preferably water based, fluids per day and eat at least 5 portions of fruit and vegetables. Inadequate fluid intake and not eating enough fibre can be a contributory factor to constipation. Fussy eating or a restricted diet is common in people with learning difficulties

### **Reduced mobility and lack of exercise**

Lack of exercise is a known contributory factor for constipation. A number of individuals, such as those with Down's syndrome for example, have poor muscle tone which is also a risk factor.

### **Side effects of some medications**

It is well known that certain prescribed medications can cause constipation, as some of their side effects include slowing down the movement of the bowel. Individuals with a learning difficulty are more likely to take medication, such as antipsychotics, antidepressants and anticonvulsants, which can all have a negative effect on bowel movements.

### **Anxiety**

Some individuals with learning difficulties have increased levels of anxiety, particularly around using unfamiliar toilets. Those with sensory issues might be frightened of public toilets because of different noises, especially hand driers, lighting etc. Also if they have had experiences of passing hard stools, which hurt them, they may be fearful of going to the toilet again.

## How will I know if someone has a problem with constipation?

If the person you are caring for has any of the following problems then it could be a symptom of underlying constipation:

- Having to strain to pass a stool
- Not having a bowel movement for 3 days
- Streaks of blood on the stool or toilet paper (usually as a result of passing a large hard stool)

- Complaints of abdominal pain that improves once they have been to the toilet
- Starting to soil when they have previously been clean
- Passing hard stools (type one to three on the Bristol stool chart, below)

The consistency of the stool is just as important as how often the stools are passed. A type 4 stool is what people should aim for. Type 2 or 3 stools can be hard and difficult to pass which can lead to constipation if the individual continually puts off going to the toilet because of the discomfort when their bowels are opened.

THE BRISTOL STOOL FORM SCALE

<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a mushy stool
<i>Type 7</i>		Watery, no solid pieces ENTIRELY LIQUID

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## Why is it important to treat constipation?

It is important to treat constipation as soon as it is recognised, as untreated it can lead to faecal impaction. Faecal impaction happens when hard stool builds up in the bowel and rectum so that it effectively prevents passage of normal stool. If the stool continues to build up then it can cause severe problems, such as nausea, abdominal pain and uncontrollable faecal incontinence (overflow soiling), or even eventually death.

## What treatments are available?

Treatment of constipation is relatively easy and involves laxative therapy as well as lifestyle changes.

If you suspect someone you care for has a problem with constipation then it is important that you seek medical advice as soon as possible, from either your local nurse or GP. They will then arrange for the individual to be assessed and prescribed the most appropriate treatment

### **Laxatives**

There are two main types of laxatives:

**Softeners** which as the name suggests help to keep the stool soft as well as stimulating natural peristalsis (movement of the stool through the bowel) and making the stool easier to pass. Examples include lactulose and macrogols (e.g. Movicol).

**Stimulants** which help increase peristalsis and move the stool through the bowel. Examples include senna, bisacodyl and sodium picosulfate.

Once laxatives have been prescribed it is important that they are taken as directed and continued until advised otherwise by a healthcare professional. Laxative treatment often quickly improves the symptoms of constipation, however this does not mean that the constipation has completely resolved or the bowel has recovered. As a result it is important to continue to take the laxatives otherwise the constipation will come back again. Some individuals may have to take a regular dose of laxative long term. If you feel that the laxatives are not working, or making things worse then discuss this with the healthcare professional who prescribed them.

### **Lifestyle changes**

- Ensuring at least 6 water-based drinks per day is important as well as encouraging a diet including a range of fruit and vegetables.
- Encourage exercise
- Try and put in place a routine of sitting on the toilet – for example 20 minutes after breakfast or the evening meal

- Ensure correct position on the toilet with the feet flat and knees slightly higher than the hips using a step or stool for the feet if necessary.



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## Further advice and information

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Bladder and Bowel UK provides impartial advice and information regarding products and services for children and adults with bowel and/or bladder problems.

Making reasonable adjustments for people with learning difficulties in the management of constipation. Public Health England 2016

[https://www.improvinghealthandlives.org.uk/publications/313922/Making\\_reasonable\\_adjustments\\_for\\_people\\_with\\_learning\\_disabilities\\_in\\_the\\_management\\_of\\_constipation](https://www.improvinghealthandlives.org.uk/publications/313922/Making_reasonable_adjustments_for_people_with_learning_disabilities_in_the_management_of_constipation)