

# Constipation in Older Adults

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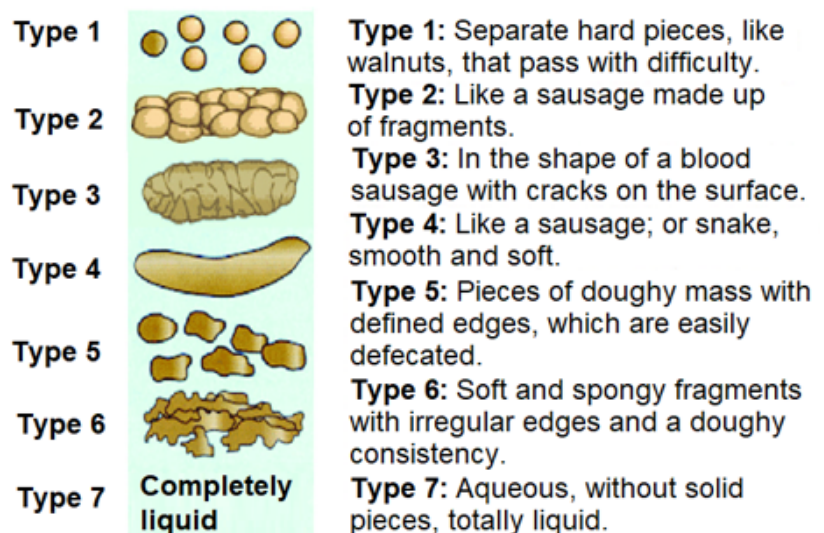
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## Mini Review

Aging is part of the life cycle, it will occur to all living beings with the passage of time and the human being is no exception [1], bringing with it various psychological and physiological changes [2]. As well as other organs, the digestive tract also undergoes important changes within its functions, due to aging [3], generating morphological changes (loss of elasticity, degenerative changes in neurons, decreased weight of the intestine and mucosal surface) that lead to functional consequences such as: decreased absorption capacity (especially in carbohydrates, vitamins A,B,C,D,K and calcium), the appearance of diverticula and ischemic areas, increased possibility of fecal incontinence or obstructive pictures, increased release of endotoxins that favors sarcopenia, changes in the composition of the microbiota and constipation [3,4]. The latter, favored by changes in lifestyle habits during aging, such as dehydration, dietary alterations (decreased fiber intake, related to alterations in chewing due to the use of dentures or loss of teeth), mental (confusion, depression, etc.) and physical (less mobilization), systemic diseases (neuromuscular, neoplastic, etc.), as well as, polypharmacy, making it one of the most common pathologies in adults, being greater as age advances which increases its frequency in older adults [5-7].



**Figure 1:** Bristol stool form scale.

Constipation is frequently considered to exist when the number of bowel movements decreases to less than three per week; however, it is a much more complex concept that is defined as “gastrointestinal functional disorder with a minimum evolution, from three to six months, characterized by infrequent bowel movements, difficulty in their passage and prolonged time to achieve bowel movement”, according to the Latin American Consensus on Chronic Constipation [8]. Currently, it is considered that the effort made to achieve a

bowel movement, consistency and form are the most important factors when evaluating constipation, the last two according to multiple studies, are the most important and reliable indicators of the duration of intestinal transit, the longer it takes, the harder the stool will be [8-10]. Derived from this, the Bristol scale (Figure 1) was developed for its evaluation, a visual guide with 7 types of stools, which helps the patient to identify and define his or her own, where types 1 and 2 are related to slow intestinal transit and high effort to achieve stool [11].

The study of constipation, as in the rest of the functional pathology of the digestive tract, is marked by its subjective nature and complexity, due to its multifactorial origin. For its diagnosis, the Rome III criteria are [7], which include the presence of two or more of the following symptoms, for more than three months:

a) Need for straining in > 25% stools.

b) Hard stools > 25% stools

Feeling of incomplete evacuation >25% bowel movements  
-Feeling of an anatomical obstruction > 25% stools. Sensation of anorectal obstruction >25% of bowel movements-Need for manual maneuvers to facilitate bowel movements. Need for manual maneuvers to facilitate bowel movements-Less than three bowel movements/s

a) Less than 3 bowel movements/week.

Frequent use of laxatives to achieve a bowel movement-Less than three bowel movements/week It is important to note that fiber intake in this population is below the recommended (20-35g/day), so nonpharmacological treatment should be favored through increased consumption.

## References

1. Bejines M, Velasco R, García L, Barajas A, Aguilar LM, et al. (2015) Assessment of the functional capacity of the elderly resident in a home. *Nursing Journal of the Mexican Institute of Social Security* 23(1):9-15.
2. Reboredo S, Mateo C, Casal C (2014) Implantation of a program for polymedicated patients within the framework of the Galician strategy for integrated chronic care. *Aten Primaria* 46(3): 33-40.
3. Ribera JM (2016) Intestinal microbiota and ageing: A new intervention route? *Revista Española de Geriatria y Gerontología* 51(5): 290-295.
4. Menéndez C (2010) Prevalence of constipation in institutionalized elderly. *Repositorio Digital de la Universidad FASTA-Biblioteca*.
5. Forootan M, Bagheri N, Darvishi M (2018) Chronic constipation: A review of literature. *Medicine (Baltimore)* 97(20): e10631.
6. Chu H, Zhong L, Li H, Zhang X, Zhang J, et al. (2014) Epidemiology characteristics of constipation for general population, pediatric population, and elderly population in China. *Gastroenterology Research AND Practice*.
7. Botella F, Alfaro JJ, Hernández A, Lomas A, Quílez R (2011) Nutritional strategies against constipation and dehydration in the elderly. *Nutrición Hospitalaria* 4(3): 44-51.
8. Chavarría J (2015) Prevention of constipation in the elderly. *Medical Journal of Costa Rica and Central America* 72(614): 73-75.
9. Kurniawan I, Marcellus S (2011) Management of chronic constipation in the elderly. *Acta Medica Indonesiana* 43(3): 195-205.
10. Defilippi C, Salvador V, Larach A (2013) Diagnosis and treatment of chronic constipation. *Rev Med Clin Condes* 24(2): 277-286.
11. Mearin F, Ciriza C, Pérez M, Rey Cols (2016) Clinical practice guideline: irritable bowel syndrome with constipation and functional constipation in adults. *Rev Esp Enferm Dig* 108(6): 332-363.

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