


## Fecal Incontinence and Constipation in the Elderly

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## Conflict of Interest

This presentation contains number of brand for pharmacotherapy. I have no personal association with any of these nor do I make any money directly or indirectly from any of these brands/companies.

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## Learning Objectives

- Recognize the difference between primary and secondary constipation
- Assess and evaluate for alarming signs and symptoms for secondary constipation;
- Recommend evidence based pharmacologic and non-pharmacologic treatment for constipation.

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## Constipation



- straining
- lumpy or hard stools
- feeling of incomplete evacuation
- feeling of anorectal obstruction or blockage
- manually facilitating defecation during  $\geq 25\%$  of defecations
- $< 3$  bowel movements/week
- Loose stools rarely present without laxatives

Drossman DA. Functional gastrointestinal disorders: history, pathophysiology, clinical features, and Rome IV. *Gastroenterology*. 2016;150(6):1262-1279.e2.



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## Constipation



- Chronic if symptoms lasting more than 3 months
- Can be
  - Primary/Essential
  - Secondary
- Women are more affected than men
- Age  $> 65$  is more likely to report

Malone M, Waheed A, Samiullah S. Functional Gastrointestinal Disorders: Functional Lower Gastrointestinal Disorders in Adults. *FP Essent*. 2018 Mar; 466:21-28.



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## Primary Constipation



- Functional
  - Idiopathic Functional Constipation
  - Difficult defecation, psychological distress, excessive thinking about defecation, bloating, discomfort
- Delayed or Slow Transit/Colonic Inertia
  - Increased time between BMs, lack of urge to defecate
- Outlet Dysfunction/Synergic Defecation
  - Fissure-in-ano, anal stricture, proctalgia fugax, rectal prolapse, rectocele, pelvic floor dysfunction, tumor
- Combined forms/Mixed

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol*. 2005;100(suppl 1):S1-S4.



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## Secondary Constipation



- intestinal obstruction
  - malignant large bowel obstruction
  - small bowel obstruction
- ileus
- constipation secondary to conditions or disorders
  - irritable bowel syndrome (IBS)
  - hypothyroidism
  - multiple sclerosis
  - Parkinson disease
  - pregnancy
  - advanced age
  - colon cancer and rectal cancer
  - Megacolon or Megarectum
  - Ogilvie Syndrome, Shy- Drager Syndrome/ Multisystem Atrophy
  - Advanced Diabetic Autonomic Neuropahty

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## Secondary Constipation



- constipation secondary to medication, such as
  - **opioids**
  - **Antispasmodics**
  - **Iron Supplements**
  - diuretics
  - antidepressants
  - anticonvulsants
  - antacids
  - anticholinergics
  - calcium channel blockers (CCBs)
  - beta blockers

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## ROME 4 Criteria for Diagnosis



### Functional Constipation

Bowel disorder associated with  $\geq 2$  of the following

- straining
  - lumpy or hard stools
  - feeling of incomplete evacuation
  - feeling of anorectal obstruction or blockage
  - manually facilitating defecation during  $\geq 25\%$  of defecations
  - $< 3$  bowel movements/week
- 
- Loose stools rarely present without laxatives

### IBS-Constipation

- Recurrent abdominal pain, on average,  $\geq 1$  day/week in the last 3 months,
- associated with  $\geq 2$  of the following criteria:
  - Related to defecation
  - Associated with a change in frequency of stool
  - Associated with a change in form (appearance) of stool

Tack J, Drossman DA. What's new in Rome IV? *Neurogastroenterol Motil.* 2017;29(9)



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**Chronic Constipation**

**Dyspepsia**

**GERD**

**IBS**

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## Alarms!!

- acute onset (especially in elderly)
- fever
- nausea and/or vomiting
- unintentional weight loss > 10 lbs
- anemia
- hematochezia
- melena
- positive fecal occult blood test
- change in bowel habits
- symptoms refractory to conventional therapy (regardless of age)
- Family History of Colorectal cancer
- personal history of any cancer

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Malone M, **Waheed A**, Samiullah S. Functional Gastrointestinal Disorders: Functional Lower Gastrointestinal Disorders in Adults. *FP Essent.* 2018 Mar; 466:21-28.

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## Work Up

- No alarms—none indicated
- Alarms: think about possible causes
  - Colonoscopy: all patients (insufficient evidence), risk factors
  - CBC, CMP (preferably fasting), TSH
  - Referral to Gastroenterologist
    - Colonic transit time study
    - Defecography, Ano-rectal manometry, defecodynamic studies

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Rao SS, Ozturk R, Laine L. Clinical utility of diagnostic tests for constipation in adults: a systematic review. *Am J Gastroenterol.* 2005;100(7):1605-1615

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## Non Pharmacologic Treatment



- Lifestyle Modification
  - Dietary modification
    - Water intake
      - 2L/day (level 2 evidence)
    - Increased daily fiber intake, healthy food choices
      - Increase colors in your plate (level 2)
    - Fiber supplements
      - Metamucil (psyllium) (level 2)
      - Prunes (dried plums) (level 2)
    - Probiotic Supplements (level 2)
  - Physical activity
    - Level 3 evidence
- Biofeedback Therapy
  - Level 2 for outlet dysfunction syndromes

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## Pharmacologic Treatment



- Generic Laxatives
  - Stool Bulking Agents
    - Act small intestine & Colon
    - First line agents
  - Stool Softeners
    - Act at small Intestine & Colon
    - First line for opioid, diuretic use, iron
  - GI Stimulants or Irritants
    - Act on colon
    - Abuse: Laxative Colon, Melanosis Coli
  - Hydrants
    - Act Colon
  - Lubricants/Emollients
    - Act Colon



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## Bulking Agents



- Dietary Fiber: Green leafy Veg, other colored (**Level 2 Evidence**)
- Soluble Fiber: Psyllium Husk (*Metamucil, Konsyl*), prunes, apples, broccoli (**Level 2 Evidence**)
- Insoluble Fiber: Bran, Gamkaraya, Normacol (**Level 2 Evidence**)
- Methylcellulose (*Citrucel*) (**Insufficient Evidence**)
- Polycarbophil/*Pridem Fiber Therapy* (**Insufficient Evidence**)

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## Stool Softeners



- **Although some have FDA approval, Insufficient Evidence Level 3 evidence**
- Sodium Docusate (*Colace, Sufrac, Diocto*)
- Gibs-Eze
- Enable additional fat and water incorporation in stool hence stool softeners
- It takes 12-72 hours for action
- Good for opioid analgesic, iron or calcium supplement induced constipation
- Lubricants/emolients: type of stool softener like mineral oil—not for long term use for min/vit def

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## Stimulants



- Senna products (Senokot, Ex-lax)
- Bisacodyl (Dulcolex, Correctol, Carter's Pills): Both tabs and suppository
- Mesenteric & Myenteric Plexus
- Act on Cells of Cajal
- Increase motility as well increase secretion of water and solute
- **Insufficient Evidence to use in Chronic Constipation**

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## Hydrants/Osmotic Laxatives



- Hyperosmotic agents
  - Lactulose (**level 1**)
  - Polyethylene Glycol: Superior to above (**level 1**)
    - PO powder (Miralax)
    - Electrolyte solution: Golytely, Glycolex, Colyte, Nulytely, Suprep,
  - Glycerine (suppositories) (**level 2**)
  - Sorbitol (**level 2**)
- Mg citrate, MgSO<sub>4</sub>, MgOH, Na-K tartarate, KCl (**Insufficient Evidence**)

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## Herbals and Others



- Caster Oil: Both oral and suppository
- Microlax, Aloe Vera (extracts from rose petals- "Qaland"), Buckthorn, Phenolphthaline, Red Chillies
- Insufficient Evidence

American College of Gastroenterology Chronic Constipation Task Force. An evidence-based approach to the management of chronic constipation in North America. *Am J Gastroenterol.* 2005;100(suppl 1):S1-S4.



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## Opioid Induced Constipation



- Prevention: Lifestyle modification, softeners and bulking agents right from beginning, occasional use of stimulants
- Methylnaltrexone (Relistor): Level 2 evidence, difficult to get outpatient coverage unless demonstrated failure of other meds



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## "Newer" and Rarely Used Meds



- Level 1 evidence but have become "expert use only"
  - Prucalopride (Resolor, Prudac, DuphaPro): availability and insurance coverage is an issue
  - Cisapride: cardiac s/e, limited use only
  - Tegaserod (Zelnorm, Zelmec): limited use only for experts, cardiac
- IBS-Constipation agents
  - Lubiprostone (Amitza)
  - Linaclotide (Linzess)
- Not FDA Approved but may prescribe open label
  - Colchicine 0.6mg PO TID



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## Special Situations



- Severe Chronic Constipation
  - Other alarms ruled out already
  - Patient not able to go for more than 2 week
  - Consider hospitalization
  - Pick one from each category
    - Give stimulants to empty it all for 3 days!!
      - May do it enema form which may be more useful, ask your patient
    - Give Osmotic agents
    - Bulking agents
    - Resume normal treatments after 5 days
    - Aim for one soft, easy BM every day or at least every other day



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## Fecal Incontinence



- Common (18%), under-reported
- Urge Incontinence
- Passive Incontinence
- Primary Vs Secondary
  - Alarm Symptoms
- Physical Exam
  - Anal Wink Reflex, DRE, Anoscopy, disimpaction

Johanson JF, Lafferty J. Epidemiology of fecal incontinence: the silent affliction. *Am J Gastroenterol.* 1996;91(1):33-36



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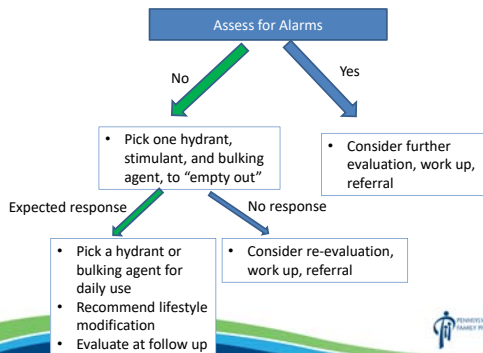
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## Patient with Chronic Constipation



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**THANK YOU!**



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