MCCMH Preventive Care Guidelines to Address Constipation		
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I. PURPOSE:

A. To provide MCCMH providers with resources to educate persons served and guardians on the importance of preventing complications from constipation episodes.

B. To guide providers in becoming critical advocates in assisting persons served and their guardians in following appropriate preventive care guidelines. It is through these guidelines that MCCMH wants to empower the providers to create their own processes to achieve awareness.

C. To mitigate the risk of occurrence or recurrence of certain medical conditions by educating persons served and guardians on preventive care practices.

II. DEFINITIONS:

None.

III. GENERAL INFORMATION:

Constipation is one of the most frequent gastrointestinal complaints in the United States. At least 2.5 million people see their doctor each year due to constipation[1]. One in five people experiences chronic constipation, a condition that's even more common in women as they get older.[2]

Constipation happens because the colon (also known as large intestine) absorbs too much water from waste (stool/poop), which dries out the stool making it hard in consistency and difficult to push out of the body.[3] The longer the food waste takes to move through the intestinal tract, the more water is absorbed by the colon, and the drier the contents in it get, the more difficult it becomes to pass the stool. The continued backing up of feces in the large intestine can also result in fecal impaction. Constant and untreated constipation which causes fecal impaction can lead to dangerous medical conditions. Children, individuals with limited mobility, and elderly people are at a high risk for experiencing fecal impaction. Nearly half of all elderly people in nursing homes have fecal impaction resulting from decreased mobility, recurrence of neurological disorders and/or a side effect from medications.[4]

What is Constipation?

Having fewer than three bowel movements a week is technically the definition of constipation. People may think if they are having a bowel movement every day they can't be constipated, but you can meet the medical definition of constipation with just one of these symptoms[2]:

- Fewer than three bowel movements per week
- Straining to start or complete a bowel movement
- Stool consistency that looks like rocks and pebbles
- A feeling of incomplete emptying

Risk Factors:

- Elderly individuals tend to be less active, have a slower metabolism and less muscle contraction strength along their digestive tract than when they were younger.
- Being a woman, especially while you are pregnant and after childbirth. Changes in a woman's hormones make them more prone to constipation. The baby inside the uterus squishes the intestines, slowing down the passage of stool.
- People with developmental disability (refer to section of Constipation in People with Developmental disabilities)
- Not drinking enough water
- Not eating enough high-fiber foods as high-fiber foods help to keep food moving through the digestive system.
- Taking certain medications such:[3]
    - Nonsteroidal anti-inflammatory drugs including such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®).
    - Strong pain medicines such narcotics containing codeine, oxycodone (Oxycontin®) and hydromorphone (Dilaudid®).
    - Antacids containing calcium or aluminum, such as Tums®.
    - Iron pills used in the treatment of Iron deficiency anemia
    - Allergy medications as antihistamines (like diphenhydramine [Benadryl®]).
    - Certain blood pressure medicines, including calcium channel blockers (like verapamil [Calan SR], diltiazem [Cardizem®] and nifedipine [Procardia®]) and beta-blockers (like atenolol [Tenormin®]).
    - Antidepressants, including the selective serotonin reuptake inhibitors (like fluoxetine [Prozac®]) or tricyclic antidepressants (like amitriptyline [Elavil®]).
    - Other psychiatric medications such as clozapine (Clozaril®) and olanzapine (Zyprexa®). The FDA has identified at least 10 cases describing constipation that progressed to serious bowel problems resulting in hospitalization, surgery, or death while prescribed clozapine.[5]
    - Anticonvulsants also known as anti-seizure medications such as phenytoin and gabapentin.
    - Antinausea medications such ondansetron (Zofran®).

- Having certain neurological (diseases of the brain and spinal cord) such multiple sclerosis, spinal cord injury, Parkinson's, hypotonia (decreased muscle tone), stroke, syndrome specific and other that may result in decreased mobility. Additionally, disorder originated on the digestive tract or that may impact digestive functions such hypothyroidism, diabetes, colorectal cancer, irritable bowel syndrome, diverticular disease, history of intestinal obstruction, volvulus, colonic atresia, intussusception, imperforate anus or malrotation, amyloidosis, lupus, scleroderma, pregnancy.
- Stress
- Resisting the urge to have a bowel movement or lack of urge to defecate
- Not getting enough exercise

Signs of Constipation:

- ✓ Abdominal pain
- ✓ Behavior change
- ✓ Gas
- ✓ Early satiety
- ✓ Poor feeding
- ✓ Vomiting

What can constipation cause if gone unaddressed?

There are a few complications that could happen if an individual doesn't have soft, regular bowel movements. Some complications include:

- Swollen, inflamed veins in your rectum leading to a condition called hemorrhoids.
- Tears in the lining of your anus from hardened stool trying to pass through also known as anal fissures.
- An infection in pouches that sometimes form off the colon wall from stool that has become trapped and infected also known as diverticulitis, perforation of these pouches may result in a medical emergency.
- A pile-up of too much stool/poop in the rectum and anus is also known as fecal impaction.
- Damage to pelvic floor muscles from straining to move the bowels. Pelvic floor muscles are important muscles that also regulate the contractions of the bladder; overtime too much straining for too long may result in urine leaking from the bladder leading into a condition known as stress urinary incontinence.

Constipation in Individuals with Developmental Disabilities:

- Autism Spectrum Disorder (People with ASD have about a 50% chance of developing constipation, about twice as likely to develop constipation than the general population). In many individuals with this diagnosis their gut microbiological has differences that are not seen in the general population, this may affect their capacity to process waste as efficiently.[6]

- In patients with autism and certain sensory sensitivities it is important to explore the roots leading to them avoiding the use bathroom if found to struggle with recurrent episodes of constipation. In many instances persons served with these sensitivities may develop a fear related to bathroom use because of having sensitivity to things such as the noise generated when flushing the toilet, the splattering of the water when flushing, the coldness of the toilet seat, or fear to be in a locked environment by themselves, etc.
- Behavior change may be an important symptom to watch out for in this population, especially important in nonverbal individuals who may display behavioral changes because of pain or discomfort. [7]
- Bowel training after waking up or eating meals is a helpful strategy to help these individuals from the behavioral perspective. When treatment teams identify this to be an issue, the intervention of a behaviorist to help the individual and teams with the implementation of an appropriate bowl training approach based on the individual's presentation should be considered.

IV. RECOMMENDED BEST PRACTICES:

Based on the information provided above and in accordance with the American Society of Gastroenterologists as it pertains to the goal of preventing complications from constipation, it is the recommendation from the MCCMH Chief Medical Office to all directly operated services and network providers that:

1. Providers, especially those offering residential services, develop a process to educate their direct care staff on the most up to date guidelines and resources related to how to early detect constipation episodes and when to resort to medical personnel for their continued intervention.

2. It is at the discretion of the provider to develop a process that guarantees how individuals served and their guardians are being provided with education on the subject.

3. Providers may opt to use the *"MCCMH Educational Handout How to Identify and Prevent Complications from Constipation Episodes"* attached to this communication. Providers can share with their staff, persons served and their guardians as part of their efforts to create awareness on the subject. The use of the MCCMH educational handout disseminated along with these recommendations is purely optional; however, the expectation of the role they must play in providing this education is not. Providers may develop their own educational materials to achieve this awareness goal always abiding by the appropriate most up to date guidelines from well recognized national organizations and authorities in the field.

    a. Additionally, MCCMH has developed a Stool Diary Form which is an adaptation from the Bristol Scale[1] that Residential providers may choose to adopt to assist their residential staff in the monitoring of persons' served bowel movement habits more closely (Exhibit A). The use of a Stool Dairy tool is

highly encouraged as it will help in facilitating the early identification of a constipation episode that can be proactively addressed with the support of the individual's medical provider. Such monitoring is especially important with the elderly and the developmentally disabled considering their high risk for constipation. See attached.

4. Residential Providers shall develop appropriate trainings for their staff that address the issue of constipation and how to regularly monitor for it within their residential settings for the reasons stated above. In addition, MCCMH Training Department has updated their DSP Health Training in Brainier to include a short educational video *"Direct Service Provider Health Content Expansion: Constipation*".

5. It is the provider's responsibility to update their educational materials as the American Society of Gastroenterologist guidelines and others publish new revised guidelines.

6. Providers should remain aware of the importance of these guidelines and encourage their persons served and their guardians to discuss regularly with their primary care physician about constipation based on their age, family history, and health history, etc. in order for the physician to provide recommendations to prevent its recurrence.

7. Providers and direct care staff must know that the medical health care provider of the individual served is the *ultimate authority* in determining when a given test type is deemed to be appropriate or contraindicated based on having a full understanding of the individual's medical history and family history. It is of paramount importance that the person served and their guardians also understand that they should follow their health care provider's recommendations.

8. Examination for constipation on any person served must only be done by qualified healthcare providers. These examinations should always be performed on the person served by his/her primary care physician, gastroenterologist, or the professional licensed staff (i.e NP, PA) designated by them.

9. As part of being integrated care advocates, it is important that providers regularly encourage MCCMH persons served to stay up to date with their medical follow-ups and they follow through with any recommendation given by their PCP. Providers must have their staff (i.e., supports coordinator) work collaboratively with the individual's medical provider to coordinate such care.

10. Providers must develop a process for their direct care staff or supports coordinator to document in the record the instances in which education related to the issue was provided.

11. Granted all the above occur, if a person/guardian were to exercise his/her right to decline the above recommendation, the provider must develop a process for their staff or supports coordinator to thoroughly date and document the efforts made to educate and encourage the person's served/their guardian on addressing the issue and document the stated reason for the person's/guardian's decline.

Some appropriate documentation parameters to consider at minimum should include date, name and credentials of the staff providing the education/encouragement. When applicable, the reason stated by the person served and/or their guardian that they choose to decline the education or recommendations from their health care provider.

12. In cases of individuals whose cause of death was related to possible complications secondary to constipation (i.e. fecal impaction), the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analyses to the MCCMH Critical Risk Management Committee (CRMC).

13. In the event those are not initially submitted by the provider, the CRMC reserves the right to request that the provider submit this information when conducting the review of a pertinent case.

V. REFERENCES:

1. https://gi.org/topics/constipation-and-defection-problems/
2. https://www.hopkinsmedicine.org/health/conditions-and-diseases/constipation-causes-and-prevention-tips
3. https://my.clevelandclinic.org/health/diseases/4059-constipation
4. https://my.clevelandclinic.org/health/diseases/23085-fecal-impaction
5. https://www.fda.gov/drugs/drug-safety-and-availability/fda-strengthens-warning-untreated-constipation-caused-schizophrenia-medicine-clozapine-clozaril-can#:~:text=Clozapine%20affects%20how%20the%20intestines,complete%20blockage%20of%20the%20bowels.
6. Fu SC, Lee CH, Wang H. Exploring the Association of Autism Spectrum Disorders and Constipation through Analysis of the Gut Microbiome. *Int J Environ Res Public Health*. 2021;18(2):667. Published 2021 Jan 14. doi:10.3390/ijerph18020667
7. https://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/GI%20Problems.pdf
8. Neurogastroenterol Motil. 2016 Mar; 28(3): 443–448. Published online 2015 Dec 21. doi: 10.1111/nmo.12738

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