

# Constipation

# Information and Resource

# Pack

**This Information and Resource pack has been made in collaboration with the Integrated Care System, in our LeDeR sub-group.**

**This includes:**

- Coventry and Warwickshire Partnership NHS Trust
  - Coventry City Council
  - Coventry University
  - George Eliot Hospital
    - Grapevine
- NHS Coventry and Warwickshire Integrated Care Board
- South Warwickshire University NHS Foundation Trust
  - University Hospitals Coventry & Warwickshire
    - Warwickshire County Council.

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# 1. Introduction

The LeDeR programme within the NHS Coventry and Warwickshire Integrated Care System recognises that constipation contributes to preventable deaths, both locally and nationally. We believe that no person should die from complications of constipation and we aim to raise awareness of its signs, symptoms and prevention to ensure our learning disability and autistic population receive optimum health opportunities.

Constipation can be life threatening if left untreated. We know that around 30% of the general population suffer from constipation. However, research suggests that up to 70% of people with a learning disability and/or autistic people are treated for constipation. They are also more likely to be at a higher risk of complications due to the possibility of not being able to recognise or communicate their symptoms. In the last year in Coventry and Warwickshire, two thirds of deaths due to complications of constipation were deemed avoidable.

As part of our focused work along with our partners we have created this 'Constipation Information and Resource' pack. We envisage that this is just the beginning and that over time this resource will grow and become a working document for health and social care professionals, carers and people with a learning disability and/or autistic people. We have included posters, easy read information, fact sheets, monitoring forms, clinical training guides and links to other useful resources. The aim is that we reach out to as many people as possible and we welcome and encourage the sharing of this information.

*Please watch the following video created by student learning disability nurses from Coventry University, which provides a brief overview of constipation amongst people with a learning disability (use link or QR code below to view):*

**[Constipation and people with a learning disability](#)**



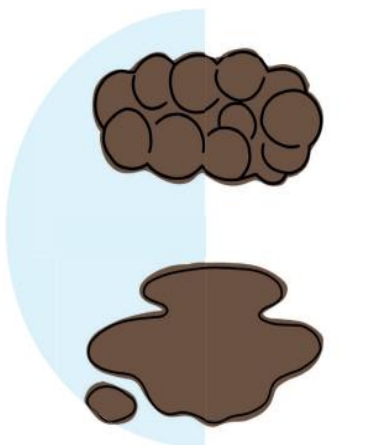
## **2. Posters and Leaflets**

# Are you worried about your poo?



Do you have a **sore tummy**?

Does **pooing feel sore**?



Is your poo **hard or lumpy**?

Is your **poo runny**?



Are you pooing **less than usual**?

**Get help. It could be constipation. Tell someone you trust.**

# What is constipation?

Constipation is when you find it **hard to poo** or poo less often than usual.



## What to do

If you have any of the signs, **tell someone you trust.**

This could be someone in your family, or a carer.

They will arrange for you to **get the help you need.**



If you are constipated, you need to **get help** to make sure you don't get ill.



# Things that can help with constipation

You can help to keep your poo healthy by:

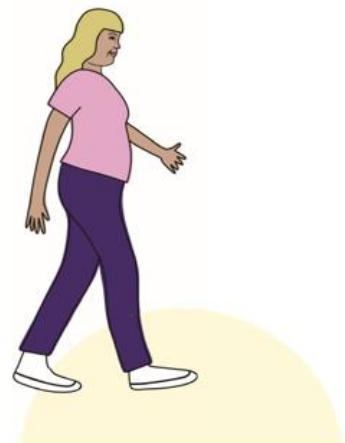
Eating a balance of different foods. This should include **fruit, vegetables and other sources of fibre.**



Drinking plenty of **water.**



Doing something **active** every day, like going for a **walk** or **dancing.**



# Let's talk about constipation

## Knowing the signs and what to do could save lives

Constipation can kill if it's not treated.

For people with a learning disability, it commonly causes complications which can lead to death.

If you care for someone with a learning disability, your support is vital to help keep them healthy and avoid the serious consequences of constipation.

### What you can do:

- H**elp those you care for to know the signs using our poster and leaflet.
- E**ncourage them to tell someone they trust if they spot a sign.
- L**et their GP surgery know – book an appointment as a priority.
- P**revent in future – get a healthy diet and regular activity plan in place.

## People with a learning disability and constipation

People with a learning disability are much more likely to suffer from constipation.

It might be caused by a health condition, or medications they are taking. They might also not be eating a balanced diet or getting enough exercise.

### Most common signs of constipation:

- Pooing less than usual.
- A sore tummy.
- Pooing feels sore.
- Poos that are large, dry, hard or lumpy.
- Runny poos (or signs of streaking on underwear or pads).
- Changes in behaviour, such as agitation, showing discomfort or not eating
- Increase in temperature or smell of faeces on breath or around the body.
- Frequently touching anus or sitting on the toilet.





## Time to contact their GP surgery?

If a person you care for tells you they've spotted one or more of the signs of constipation, you need to contact their GP surgery straight away to arrange an appointment. When you call the GP surgery, make sure the receptionist knows you're calling on behalf of a person with a learning disability.



## Preventing constipation

Things that can help prevent constipation include:

- Eating a balanced diet, including fruit and vegetables.
- Drinking plenty of fluids.
- Getting regular exercise.

# Constipation

## Awareness Month



1

### People with Learning Disabilities

Constipation is one of the ten most common long-term conditions linked to death for individuals with a Learning Disability.

(LeDeR, 2020)

2

### Factors that increase the risk for People with Learning Disabilities.

- Diet and Dehydration
- Lack of physical activity
- Body Posture
- Digestive Problems
- A lack of awareness
- The environment—sensory needs
- Communication and language
- Equipment available
- Medications

3

### Signs and Symptoms:

- Changes to bowel habits
- Loss of appetite
- Swollen stomach
- Nausea
- Self-injuring behaviours
- Stripping of clothes
- Agitation/ Distress/ Anxiety
- Smearing faeces
- Changes to urine
- Hitting painful area
- Disrupted sleep pattern
- Pacing
- Staying in one place to relieve symptoms
- Increased flatulence / smell
- Vomiting



For more information  
Scan the QR code

# Think Poo

Information compiled by  
Kerry Murray, third year  
student learning disability  
nurse at Coventry University.

### **3. Bristol Stool Charts, Bowel Monitoring and Guides**

# It's important to know what healthy poo looks like.

Use this chart to see if you have constipation.



**Type 1**

Separate hard lumps, like nuts (hard to pass)



**Type 2**

Sausage-shaped but lumpy



**Type 3**

Like a sausage but with cracks on the surface



**Type 4**

Like a sausage or snake, smooth and soft



**Type 5**

Soft blobs with clear-cut edges



**Type 6**

Fluffy pieces with ragged edges, a mushy poo



**Type 7**

Watery, no solid pieces. Entirely liquid

If your poo does not look like type 3 or type 4, tell someone you trust.

THE BRISTOL STOOL FORM SCALE (for children)  
**choose your**

# POO!

type **1**



looks like:

**rabbit droppings**

Separate hard lumps, like nuts (hard to pass)

type **2**



looks like:

**bunch of grapes**

Sausage-shaped but lumpy

type **3**



looks like:

**corn on cob**

Like a sausage but with cracks on its surface

type **4**



looks like:

**sausage**

Like a sausage or snake, smooth and soft

type **5**



looks like:

**chicken nuggets**

Soft blobs with clear-cut edges (passed easily)

type **6**



looks like:

**porridge**

Fluffy pieces with ragged edges, a mushy stool

type **7**



looks like:

**gravy**

Watery, no solid pieces ENTIRELY LIQUID

## Are you drinking enough?

**Colours 1-3 suggest normal urine**

1



Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day.

2



If your urine matches 1-3, then you're hydrated.

3



**Colours 4-8 suggest you need to rehydrate**

4



If your urine matches 4-8, then you're dehydrated and you need to drink more.

5



If you have blood in your urine (red or dark brown), seek advice from your GP.

6



Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.

7



8





## Bowel Monitoring Chart

Date	Time	Type	Amount	Notes
Example: 16/7/19	6pm	4	cup	

Type - Refer to chart








Amount – Egg Cup / Cup / Bowl

## BOWEL MOVEMENT DIARY

Please fill in the details of your bowel movements each day or ask someone to assist with the form.

Week Beginning: .....	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Stool Type.							
Time spent on toilet.							
Number of bowel movements per day.							
Pain on bowel movement Yes / No							
Blood (B) or mucus (M) present in stool - please indicate.							

### Bristol Stool Chart

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



## WEEKLY FOOD DIARY

<b>Week Beginning</b> .....	<b>BREAKFAST</b>	<b>LUNCH</b>	<b>DINNER</b>	<b>EVENINGS</b>	<b>SNACKS</b>	<b>ALCOHOL</b>	<b>VITAMINS</b>
<b>Monday</b>							
<b>Tuesday</b>							
<b>Wednesday</b>							
<b>Thursday</b>							
<b>Friday</b>							
<b>Saturday</b>							
<b>Sunday</b>							

# Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables



Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates



Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat



Dairy and alternatives

Choose lower fat and lower sugar options



Choose unsaturated oils and use in small amounts



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

## Constipation Acronym

<b>C</b>	Could it be constipation?
<b>O</b>	Open minded - Think about any changes that have happened.
<b>N</b>	New signs/ symptoms/ changes to the persons behaviour.
<b>S</b>	Start recording food and fluid intake and stools – (Bristol Stool Chart)
<b>T</b>	Talk to the person, professionals and people that know the person.
<b>I</b>	Identify the concerns clearly.
<b>P</b>	Plan – Develop a robust care plan which sets out the management plan. This may involve changes to fluid intake, diet, medication, or activity.
<b>A</b>	Apply the plan consistently – ensure that everybody understands and is clear.
<b>T</b>	Take further action if the plan does not seem to be working – this could be talking to a health professional and requesting a review or support.
<b>I</b>	Impaction is very painful and can lead to death – it is all our role to be alert to this and to escalate concerns.
<b>O</b>	Ongoing recording and monitoring are needed to ensure changes are recognised and can be treated quickly
<b>N</b>	Never ignore changes. Ask for help!

## **4. The Poo Song**

A song written and performed by *Communicate2U* and students studying Learning Disability Nursing at Coventry University.

## Hey you – talk poo!

### **Hey you - talk poo!**

*It's your job to ask us questions about going to the loo,*

*'cos if our poo is bunged up that can make us feel quite ill,*

*And in really nasty cases, then that bunged up poo can kill!*

|

*Hey you – Communicate!*

*Use ways that WE can understand, not ways YOU think are great,*

*We like acting, we like pictures, we like signs and EASY words,*

*We don't open bowels, we don't pass stools, but some of us drop turds!*

*Hey you – get real!*

*Some of us don't talk at all, we may SHOW you how we feel,*

*It's a tummy ache, it's feeling sick, it's a change in what we do.*

*So listen to our carers and when you see these signs – think poo!*

Think Poo Song written by Communicate2U and Students studying learning disability nursing at Coventry University students.

## December is constipation month!

Constipation can cause pain, discomfort, and have serious implications including death if not managed properly.

Many people experience constipation, but people with learning disabilities are particularly at risk.

Communicate2U a group of young people with learning disabilities and neurodevelopmental conditions have been working with student learning disability nurses to raise awareness of constipation and you have just read the song they have written – remember the words when you are working with people!



**For more information and resources, please scan the QR Code.**

**To listen to “The Poo Song”, please scan the QR code below, or visit the following link:**

**[The Poo Song](#)**



# **5. Bowel Health Awareness**

## **slide pack**

Created by NHS Coventry and Warwickshire Partnership Trust,  
Community Learning Disability Team.

# Bowel Health Awareness

2022  
(RNLD)  
Community Learning Disability Team



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- Introduction & Aims
- Breaks and Questions
- The importance of good bowel health
- Monitoring bowel health and recognising changes
- Constipation - signs and symptoms
- Medication & STOMP
- Case Study
- Bowel Cancer / Screening Programmes
- Treatment Pathways / Mental Capacity Act
- Maintaining good bowel health



## The Importance of Good Bowel Health

- Your bowels are a strong indicator of your digestive health.
- Changes in the colour, shape and texture of your stool can reveal signs of infection, digestive issues or more serious health problems such as cancer.
- Constipation and impaction are serious and life-threatening. **Whilst it is thought that about 10% of the general population suffer from constipation, between 20-50% of Individuals with a learning disability are affected. (LeDer (2019)).**
- An upset digestive system can make you feel bloated and sluggish and so maintaining a healthy bowel is really important for your quality of life.










## MONITORING

- The starting point is to know what is normal for that individual (e.g. frequency / consistency).
- Individuals who have a learning disability often have no insight into their health needs and won't recognise any changes; they may not be able to communicate pain or discomfort or know when to seek medical advice.
- It is extremely important to ensure that accurate monitoring is undertaken and any concerns are raised and acted upon quickly.
- Good monitoring will include the use of nutrition charts, fluid charts and the Bristol stool chart.
- Wherever possible engage and educate the individual.





# RECOGNISING CHANGE

Bristol Stool Chart		
Type 1		Separate hard lumps, like nuts. Hard to pass
Type 2		Sausage-shaped but lumpy
Type 3		Like sausage but with cracks on the surface
Type 4		Like sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges. Passed easily
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely liquid.

## 1-2 Signs of constipation

Hard and lumpy and painful to pass; have been sitting in the large intestine and colon for a long time.

## 3-4 Signs of healthy digestion

Considered the optimal form of healthy stool; easy to pass and remains intact when it is flushed.

## 5-7 signs of diarrhoea

Watery and mushy; pass through the large intestine and colon very quickly.

\* Be mindful that Type 7 may be overflow.

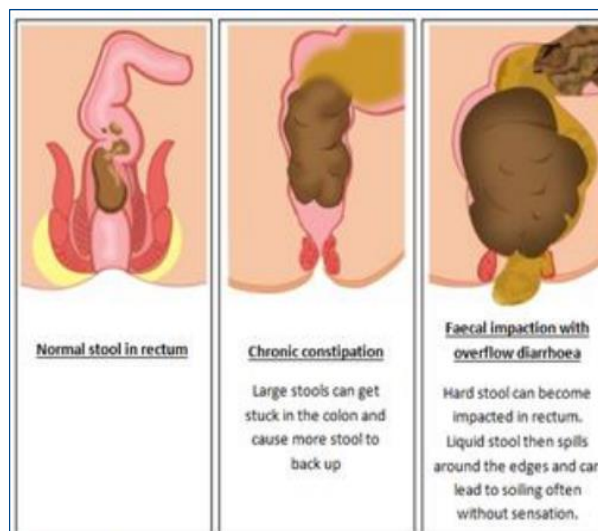


## OVERFLOW DIARRHOEA

Severe constipation can cause a blockage in your bowel. Faeces become trapped in the lower part of the large intestine causing an obstruction of waste. The bowel begins to leak out watery stools around the blockage from higher up in the bowel.

The leak from the bowel can look like diarrhoea. It's called 'overflow diarrhoea'. In this situation you shouldn't take anti-diarrhoea medicines.

If you've had severe constipation and then develop diarrhoea, you should talk to your doctor or nurse before taking any more medicine for constipation or diarrhoea.



# IS COLOUR IMPORTANT?



Normal stool colour is brown.

This is due to the presence of bile in the stool.

Normal stool colour can range from **light yellow to brown to almost black**.

If stool is red, maroon, black, clay-coloured, pale, yellow, or green this may signify a problem.

**This is not a diagnostic tool but colour changes do need recording.**



# CONSTIPATION



- Uncomfortable or infrequent bowel movements.
- Three or fewer bowel movements a week



## CONSTIPATION - SIGNS & SYMPTOMS

- Poo is difficult to push out - overstraining
- Dry hard and lumpy bowel movements
- Bleeding from bottom and /or blood in poo
- Haemorrhoids / anal fissure
- Stomach ache, feeling bloated, distended abdomen
- Lack of appetite , feeling of fullness
- Lethargy / extreme tiredness
- Possible urine retention.



## SIGNS & SYMPTOMS CONTINUED

- Smearing in underwear (overflow of faecal matter) or rectal picking
- Bad breath despite good oral hygiene.
- Vomiting
- Passing excessive wind.
- Changes in behaviour / agitation
- Increase in seizures
- Cramping and pain (including back pain)



**Unrecognised and untreated constipation in people with learning disabilities has been known to cause death.**

## POTENTIAL CAUSES OF CONSTIPATION

- Poor diet with insufficient fibre (e.g. fried or fast foods which are high in fat and low in fibre but may also contain a lot of salt which can lower the water content of stools)
- Dehydration (not drinking enough fluids or consuming fluids that can cause dehydration such as alcohol). Excessive salivation / drooling could also cause dehydration.
- Feeding difficulties / Swallowing difficulties.
- An individual who is PEG fed may have a diet lower in fibre and fluids or an individual may have a pureed diet, which doesn't stimulate the bowel in the necessary way.
- Not exercising enough / spending all day sitting or lying down



## POTENTIAL CAUSES - CONTINUED

- Medical conditions (Crohns, Colitis, gluten intolerance).
- Emotions – worries / anxieties
- Ignoring / resisting the urge to go (or not recognising that they need to go).
- Changes in routine (e.g. routine disrupted by appointments or travel).
- Medications (see below).



## Constipation related to external causes

- Pain passing a stool in the past (e.g. haemorrhoids).
- Something bad may have happened in a toilet in the past.
- They may require more privacy. Be discreet if observation is required.
- Dislike of public toilets or going in unfamiliar places.
- The toilet may not be adapted to their needs (e.g. it may be too high and they may feel unsafe)
- Sometimes people are engrossed in an activity and they put off going.



## MEDICATIONS THAT CAN CAUSE CONSTIPATION

People with a learning disability are much *more* likely to be prescribed medication that is associated with constipation, such as **antipsychotics, antidepressants and anticonvulsants**, all of which can have a negative effect on bowel movement.

Haloperidol, Clozapine, Risperidone  
Fluoxetine, Citalopram, Sertraline  
Lamotrigine, Levetiracetam, Sodium Valproate



Also consider pain killers, iron tablets, calcium supplements, which may be used in higher quantities for PWLD.

# STOMP

**STOPPING OVER MEDICATION** of **PEOPLE WITH A LEARNING DISABILITY, AUTISM** or **BOTH**.

- STOMP Goal is to improve the quality of life for individuals who have a learning disability by reducing the potential harm of inappropriate psychotropic drugs.
- Ensuring that individuals that you support have access to regular medication reviews is extremely important. The evidence collected by your monitoring charts will help to inform these reviews.



Medication reviews are carried out by a GP or Consultant (e.g. Neurology / Psychiatry).



## Richards Story - serious case review

- Emily's brother Richard had Down's syndrome, psychosis and a mischievous sense of humour. He loved theme parks, theatre classes, watching 'Mr Bean' and tickling people's toes! Richard also had constipation from birth. There's nothing glamorous about 'poo' but his parents understood Richard's needs and did their best to make toileting fun! Laughter could be heard from the bathroom every night, as his parents helped Richard to relax and encouraged bowel movements.
- **When Richard left home, assessment reports by professionals said very clearly that his constipation would always need close monitoring and support, and that constipation should always be considered as a potential cause, when his mental health deteriorated.**
- **Somehow, this knowledge was lost over the years.**



Richard sadly died very suddenly in 2012 as a result of unmanaged constipation. He was only 33 years old. Over 10kg of faeces was removed from Richard's bowels before he died and his bowel was 18cm diameter at post-mortem. His psychiatrist and GP had both seen him that week but did not recognise the extent of faecal impaction. Richard's withdrawal and distress were attributed to his mental health and a mental health admission was arranged, when he actually needed urgent medical attention.

When Richard was finally admitted to hospital, his assessment and treatment were inadequate, the faecal impaction persisted and he aspirated gastric contents and died. It is difficult and harrowing to imagine how much pain and discomfort Richard must have been in, for quite some time.

The supports that Richard needed to manage his bowel care were actually quite basic. He was surrounded by support workers and professionals but his needs weren't met and he died unexpectedly with preventable and treatable symptoms. His constipation wasn't even mentioned in his hospital passport or Social Services' Community Care Assessment! Families put their trust in professionals and care providers to meet their family members' care needs, yet Richard's support workers had stopped using bowel charts and involving the district nurse, without letting his family know.

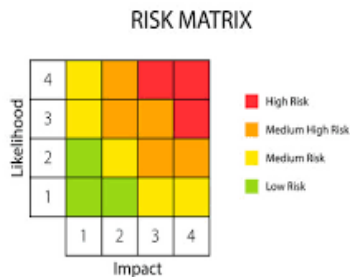


## FINDINGS

- Doctor documented Richard's abdomen as the size of a woman who was 40 weeks pregnant.
- Diagnostic overshadowing led to physical health needs being missed due to assumptions that his behavioural changes were solely attributable to his mental health.
- Change in service provision resulted in less monitoring of his diet and a reduction in monitoring his bowel movements, leading to his constipation worsening.
- Care Plans were changed
- Information was lost over time / lack of communication.
- No Hospital Passport in place



## REFLECTION



WHAT STEPS COULD HAVE BEEN TAKEN TO REDUCE THE RISK OR PREVENTED THIS FROM HAPPENING TO RICHARD?



## POTENTIAL PREVENTION

- Consistency of Care and Support
- Good record keeping / daily recording / recognising changes and raising concerns
- Education and awareness of constipation
- Healthy Lifestyles
- Joint working & Information sharing (involving family).
- Regular Reviews / Annual Health Check / Medication reviews.
- Reasonable adjustments





# BOWEL CANCER

Bowel cancer is a broad term for cancer that begins in the large bowel, which is made up of the colon and rectum.

Bowel cancer is more common in people over the age of 50, but it can affect anyone of any age

## • Symptoms of bowel cancer can include:

- Bleeding from your bottom and/or blood in your poo
- A persistent and unexplained change in bowel habit
- Unexplained weight loss
- Extreme tiredness for no obvious reason
- A pain or lump in your stomach.
- Most people with these symptoms don't have bowel cancer. Other health problems can cause similar symptoms. But if you have **any** of these, or if things just don't feel right visit your GP



## Importance of Screening & Early Identification.

### Bowel Screening Eligibility

➤ Men and Women aged 60 to 74 (75+ opt in).

Invited every two years.

➤ Must be registered with GP.

➤ Age Extension

age	Planned year of extension
56 (plus 60-74)	2021/22
58 (plus 56 & 60-74)	2022/23
54 (plus 56-74)	2023/24
52 + 50 (plus 54-74)	2024/25



Early diagnosis gives a much higher chance of successful treatment than for those whose cancer has become more widespread. There is usually a 2 week referral pathway for suspected cancer cases.



## In June 2019, the Bowel Cancer Screening test kit changed.

### OLD

Guaiac Faecal Occult Blood Test (gFOBt)



### NEW

Faecal Immunochemical Test (FIT)



Instructions  
printed  
inside the  
lid.

Prepaid  
return  
envelope

### Results:

“No further tests needed at this time”  
(*Negative*).

Approximately 98%. Recalled in 2 years.

“Further tests are needed” (*Positive*).  
Seen at the local Screening Centre to  
discuss colonoscopy. Approximately 2%.

Occasionally some people may be sent  
another kit, as the first one may not have  
been completed correctly, or has been  
damaged by post

## BARRIERS TO SCREENING & DIAGNOSTIC TESTS

- A lack of understanding of instructions (Easy read literature is not routinely provided for the bowel cancer screening kit).
- A lack of support to complete the bowel screening test kit.
- The Bowel Cancer Screening Programme currently has no way of knowing who has a Learning Disability diagnosis so non-responders are not followed up.
- Practical barriers such as mobility issues, difficulty using appointment systems or a lack of family or carers to support with attendance at appointments.
- Communication barriers between people with a learning disability and health professionals

## BARRIERS - CONTINUED

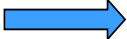
- A lack of knowledge among health professionals of the needs of people with a learning disability or autistic people.
- A lack of awareness among screening staff about reasonable adjustments, accessible information and other resources to support people with a learning disability and autistic people.
- Diagnostic Overshadowing.



**These barriers can result in delays to diagnosis and treatment which ultimately could result in an avoidable and unnecessary cause of death.**



## TREATMENT PATHWAYS

- GP
- Annual Health Checks for PWLD  Health Action Plan
- Screening Programmes - Bowel Cancer Screening Test kit.
- Further Investigations / 2 week Cancer Pathway (GP).

**Always remember Capacity and Consent to Treatment / Mental Capacity Act / Best Interest Decisions**

The Decision Maker for a Best Interest Decision will be the health professional who will be undertaking the proposed treatment.



## MAINTAINING GOOD BOWEL HEALTH

- Nutrition which contains sufficient fibre, water and healthy foods
- Adequate fluid intake - 1.5 to 2 litres per day.
- 5 a day; five portions of fruit and vegetables daily (e.g. fresh or tinned fruit, fresh or frozen vegetables, soups, baked beans etc)
- Positive positioning (poor posture / slouching can lead to poor digestion).
- Exercise
- Regular medication reviews.



## SOURCES OF FIBRE

Fibre helps to keep our digestive system healthy and helps to prevent constipation. A high fibre diet may help to reduce our risk of heart disease and stroke, type 2 diabetes and colorectal (bowel) cancer. It is recommended that adults get 30g of fibre a day, but, on average, we eat much less than this – about 20g a day.



- It is important to regularly include a variety of fibre-providing foods, such as wholemeal bread, wholegrain breakfast cereals, brown pasta or rice, fruit, vegetables, peas, beans, nuts, seeds and potatoes with skins.
- If you need to increase your fibre intake do so gradually to avoid gut issues like bloating and gas. For gut health, it is also important to drink plenty of fluids (around 6-8 glasses per day for adults) and to be physically active.

## Soluble and Insoluble fibre

	Soluble - dissolve in water and slow down digestion to give you that "full feeling".	Insoluble – add bulk to diet and help with constipation, have that "laxative" benefit.	
	oatmeal lentils apples oranges nuts flaxseeds beans dried peas cucumbers celery carrots.	barley couscous brown rice zucchini broccoli cabbage green beans dark leafy vegetables root vegetable skins.	

NutritionResearch101

## LAXATIVE TREATMENTS



Often used if lifestyle changes, such as increasing the amount of fibre in your diet, drinking plenty of water and taking regular exercise have not helped.

## LAXATIVE TREATMENTS

### Bulk Forming Laxatives

Increasing the “bulk” or weight of poo / stimulates your bowel - e.g. Fybogel.

### Stool Softeners

Lets water into faeces to soften the stool and make it easier to pass. (Movicol)

### Stimulants

Stimulate the muscles that line the gut, helps move faeces along to the anus. (Senna)

### Osmotic Laxatives

Draws water from the body into the bowel, softens faeces making it easier to pass. (Lactulose).

### Lubricants, Suppositories and enemas.



## KEY POINTS

- Be observant
- Monitor and document (bowel charts / fluid charts / nutritional intake)
- Raise concerns / promote good communication
- Support individuals with physical health checks and screening (GP Annual Health Checks / Health Action Plans)
- Regular medication reviews (think **STOMP**) and remember to have regular reviews of laxative medications.
- Request reasonable adjustments when attending appointments
- 2 week Cancer Pathway (GP Referrals).
- Mental Capacity Act / Best Interests Decisions.
- Education / Empowerment.
- Encourage Healthy Lifestyles.



## 6. Links to other resources

**LeDeR reports (Coventry and Warwickshire):**

[https://www.happyhealthylives.uk/document-library/?keyword\\_search=LeDeR](https://www.happyhealthylives.uk/document-library/?keyword_search=LeDeR)

**LeDeR reports (National):**

<https://www.kcl.ac.uk/research/leder>

**2022 LeDeR report foreword from the Staying Alive and Well group:**

[https://www.youtube.com/watch?v=ao\\_etBdtMw](https://www.youtube.com/watch?v=ao_etBdtMw)

**Constipation - Dying for a Poo:**

<https://www.bristol.ac.uk/media-library/sites/sps/leder/ConstipationJANnewsletter.pdf>

**Public Health England. Population screening: reducing inequalities for people with a learning disability, autism or both:**

<https://www.gov.uk/government/publications/population-screening-supporting-people-with-learning-disabilities>

**Public Health England. Constipation; making reasonable adjustments (2016):**

<https://www.gov.uk/government/publications/constipation-and-people-with-learning-disabilities/constipation-making-reasonable-adjustments>

**Diagnostic Overshadowing: See Beyond the Diagnosis:**

<http://www.intellectualdisability.info/changing-values/diagnostic-overshadowing-see-beyond-the-diagnosis>

**Easy Read Bowel Screening leaflet:**

[download.cfm \(covwarkpt.nhs.uk\)](download.cfm (covwarkpt.nhs.uk))

**Signs & Symptoms of Bowel Cancer:**

<https://www.bowelcanceruk.org.uk/about-bowel-cancer/symptoms/>

**Easy Read version of STOMP:**

<https://www.england.nhs.uk/wp-content/uploads/2018/02/stomp-easy-read-leaflet.pdf>

**Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD):**

<https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>

**Recognising Deterioration – Briefing for Carers:**

<https://www.bristol.ac.uk/media-library/sites/sps/leder/RecognisingDeteriorationLiABulletinFINAL.pdf>

**Easy Health – Accessible Health Information:**

<https://www.easyhealth.org.uk/>

**CWPT Learning Disability Resource:**

[Learning Disability Services | Coventry and Warwickshire Partnership NHS Trust \(covworkpt.nhs.uk\)](http://covworkpt.nhs.uk)

**Constipation resources for people with a learning disability:**

<https://www.england.nhs.uk/publication/constipation-resources-for-people-with-a-learning-disability/#heading-5>

**Constipation resources for carers of people with a learning disability:**

<https://www.england.nhs.uk/publication/constipation-resources-for-carers/>

**Videos**

**Poo and You**

<https://www.youtube.com/watch?v=C9jDDOA4pdY>

**What are the signs of constipation?**

<https://www.youtube.com/watch?v=mHNvbPQo6a4>

**Poobusters**

<https://www.youtube.com/watch?v=R16WY6MLBBU>

**Bowel cancer Screening animation (subtitles available in several languages):**

<https://vimeo.com/showcase/6663813>



# 7. Acknowledgments

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