NUTRITION, FOOD SERVICE & DINING IN LTC

The best practices within this document are recommendations to support regulatory compliance to Ontario LTC legislation, promote optimal nutrition and hydration care and support person centered care. It is important to note, however, that residents' rights and preferences are paramount and should be respected regardless of legislation or best practice. The best practice document is based on resources and expertise from industry professionals and where applicable, are evidence-based. This is a living document that will transition with the evolution of the industry over time.

SUBJECT: CONSTIPATION MANAGEMENT	**Revised: 2023-11-17**
ONTARIO REGULATION 246/22 made under the FIXING LONG-TERM CARE ACT, 2021	
Nutritional Care and Hydration Programs	

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1. Purpose & Scope

- It is estimated that up to 50% of residents in long term care have chronic constipation. Reducing or preventing constipation will improve quality of life for residents and will reduce laxative and stool softener use.

- Risk factors for constipation may include:
    - Immobility / lack of regular exercise, poor food intake; low fibre diet including lack of vegetables, fruits and whole grains; and dehydration
    - Tendency to put off going to the toilet (important for staff to respond as soon as possible)
    - Gastrointestinal transit time may be slower in the frail elderly, particularly those who are bed-bound.
    - Diminished functional and cognitive ability in the frail elderly
    - Medications such as antihypertensives, opioid analgesics, calcium-channel blockers, antidepressants, oral iron supplements, antinausea, non-magnesium antacids, anticholinergics, diuretics, anticonvulsants and antidiarrheal agents are frequently used medications that can lead to constipation

- Causes of constipation may include:
  - Slow transit, time through digestive system
  - Anal fissures or obstructions
  - Hernia, surgery, irritable bowel syndrome, inflammatory bowel disease, tumor

- Complications of constipation include:
  - Symptoms of mood changes including irritability or aggression.
  - Decline in food and fluid intake.
  - Fecal impaction can present with anorexia, nausea and pain associated with functional decline.
  - Excessive straining can trigger fainting, or coronary or cerebral ischemia.
  - Left untreated, constipation can lead to more serious and painful conditions such as hemorrhoids, rectal prolapse, fissures and fecal impaction, leading to hospitalization.

2. Key Concepts

- Dietary fibre should be included on the daily menu to the recommended amount of 21 – 30 grams of fibre daily.

- Fluid intake should be at least 1500 ml per day, although assessed needs may vary according to frame size. Fluids are an important component of a high fibre diet, in order to add needed liquid to bulking agents and prevent possible impaction. This is especially important for bed-bound residents.

- Individual monitoring and individualized interventions are necessary to improve constipation for residents. This includes increasing fluids and adding high fibre foods to their daily intake.

3. Practice Recommendations

a. Assessment & Monitoring

- A diagnosis of constipation has been defined as including two or more of the following:
  - Straining during more than 25% of defecations
  - Lumpy or hard stools (Bristol Stool Form Scale 1-2) more than 25% of defecations
  - Sensation of incomplete evacuation more than 25% of defecations
  - Sensation of anorectal obstruction/blockage more than 25% of defecations
  - Manual maneuvers to facilitate more than 25% of defecations (e.g., digital evacuation, support of the pelvic floor)
  - Fewer than three spontaneous bowel movements per week
  - Loose stools are rarely present without the use of laxatives

- Insufficient criteria for irritable bowel syndrome (Rome IV criteria)

- An interdisciplinary team approach to planning bowel and bladder protocols is necessary, so that food, fluid and fibre are the first means of intervention.

- Some residents may have become dependent on laxatives after years of chronic use. Depending on the severity of the dependence, it may not be possible to relieve constipation with dietary means. The interdisciplinary care team establishes reasonable goals in this situation.

- Documentation by the interdisciplinary care team, through monitoring of residents' food and fluid intake and bowel function, help maintain and improve residents' bowel function.

b. Interventions

- Consistent and routine toileting is promoted each day.

- The gastrocolic reflex, which results in a mass peristalsis of the gut, is strongest when the stomach is empty. For this reason, breakfast is viewed to be the "triggering meal", and toileting is suggested 5 to 15 minutes after the triggering meal. Residents should place their feet on a small step stool instead of on the floor to straighten the anorectal junction, and be allowed adequate time and privacy for bowel movements. Bedpans should be avoided.

- It is especially important to set a consistent defecation time for residents with cognitive impairment and depression because they are at high risk to delay defecation.

- Registered dietitian (RD) provides individualized interventions, in consultation with the resident and family, based on individual needs and preferences. These may include use of fibre, especially soluble fibre such as oats and flax that has been shown to be effective for constipation. Probiotics may also be effective.

- Fibre is added gradually to avoid flatulence, cramping, bloating, and distention. Increasing fibre is not advised in a person who is immobile or bedbound, especially with limited fluid intake; this is to avoid impaction or obstruction. Loose bran should be avoided as it absorbs too much liquid and could worsen constipation.

- Gradually increase fibre intake to 21–30 grams/day from fruits, vegetables, and legumes. Other food items include flax flour, pea flour, and commercial or in-house high fibre products.

- Provide fibre supplements such as "power puddings", "fruit spread" and fibre-dense commercial products. These products have been used successfully to increase fibre intake in combination with a

high fibre diet.

- Provide adequate fluids to manage constipation. Individual estimation of fluid requirements is calculated for each resident.
- Fruits such as apples; pears; stone fruits, such as peaches, apricots and nectarines; and dried fruits, such as prunes, dates and raisins contain sorbitol and may help manage constipation. (See recipes in Resources section)
- Probiotics in the elderly may both shorten bowel transit time and soften stools, most likely by the increased short chain fatty acid concentration.

4. Home Specific Policies, Roles & Responsibilities

- Utilize these best practices to guide your home specific policies, roles and responsibilities. Home specific policies take precedence over this document.
- Policies include:
  - Bowel management as part of initial nutrition assessment and ongoing screening and /or assessments.
  - Responsibilities of the interdisciplinary care team in the management of constipation.

5. Resources/Tools

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