

# Occasional Constipation in Old Age



### **Constipation in Old Age**

#### Constipation can affect people of all ages, but especially the elderly.<sup>1,2</sup>

- Although aging may cause changes in bowel physiology, it might not be the main cause of constipation.<sup>3,4</sup>
- In older patients, the presence of comorbid disease and the highly prevalent use of many prescribed and over-the-counter medications should be considered.<sup>3,4</sup>

### Impact on quality of life

Functional constipation may have a substantial impact on quality of life.<sup>\*1</sup>



It affects their physical well-being, with symptoms such as abdominal pain, feeling bloated, uncomfortable and tired.



Constipation impacted the mood and general well-being, with feelings of discomfort, worry, and even a kind of desperation.



Not having a stool could spoil their day, as it led to mental pressure and stress.



Fatigue and exhaustion become reasons to avoid and miss social activities, with no energy to go out and meet other people.

\* Interviews conducted on patients over the age of 60 (n=14) admitted to a medical ward, screened for functional constipation



## The general lifestyle changes recommended for the relief of constipation are slightly amended in the elderly<sup>4,5</sup>

<b>A high-fiber diet</b> (25 g of fiber) is recommended.⁵	Fluid supplementation (up to 2.0 L/d) if patient is dehydrated. <sup>5</sup> In general, increasing fluid intake has not been shown to affect bowel habits in non- dehydrated elderly patients. <sup>4,5</sup>	<b>Timed toileting</b> (attempt a bowel movement 30 min after a meal) may be of benefit. <sup>4</sup>	Simple laxative agents, including stool softeners are recommended options for treating constipation. <sup>5</sup>
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The elderly experiences constipation as a painful and private condition that is hard to manage.<sup>1</sup> Being a private challenge, self-medication that does not interfere with other treatment or conditions, could empower patients and let them play an active role in finding the best solution for treating constipation.<sup>1</sup>



#### **Real World users' experience with MICROLAX®.**<sup>6</sup>

Patients of all ages, including those aged 60-80, were questioned on their experience in terms of Comfort, Quality of Life, Ease of Use and Reliability/Regularity after using MICROLAX $^{\circ 6}$ 



A restrospective study was conducted to captured users' experiences with MICROLAX<sup> $\circ$ </sup> in Russia, and included a broad range of population types. Patients (n=1118; 27,9 % aged 60-80 years old) (or their caregivers) reported at least 2 constipation symptoms, and must have used the product within the last 3 months.



#### **References:**

 Munch L, et al. Living with constipation - older people's experiences and strategies with constipation before and during hospitalization. Int J Qualitative Stud Health Well-being 2016;11:30732. 2. Arco S, Saldana E, et al. (Abstract) Functional Constipation in Older Adults: Prevalence, Clinical Symptoms and Subtypes, Association with Fraity, and Impact on Quality of life. Gerontology (2022) 68 (4): 397-406. 3. Hall KE, Proctor DD, et al. American Gastroenterological Association Future Trends Committee Report: Effects of Aging of the Population on Gastroenterology Practice, Education, and Research. Gastroenterology 2005;129:1305–1338. 4. Rose S (ED.) Constipation. A Practical Approach to Diagnosis and Treatment. Springer Science+Business Media New York 2014. ISBN 978-1-4939-0332-0 (eBook).
G, et al. World Gastroenterology Organisation Global Guideline Constipation—A Global Perspective. J Clin Gastroenterol, 2011;45(6):483-487. 6. REF-DOF-ZA-0028 Microlax RWE study.

SO MICROLAX® Each 1 ml contains: Sodium Citrate 90,0 mg; Sodium Lauryl Sulphoacetate 70 % 12,9 mg; Sorbitol liquid 893,0 mg. Ref.No.: E911 (Act 101/1965).

For full prescribing information refer to the Professional Information approved by the Medicines Regulatory Authority.