

Constipation & the Importance of Bowel Monitoring

Diseases of the digestive system were 2.5 times greater in people with ID as compared to non-ID controls in research completed by Patja, Molsa and Livainen. They found 25% of these deaths for people with ID were due to bowel obstructions. (Patja, Molsa and Livainen, 2001). The Virginia Department of Behavioral Health and Developmental Services (DBHDS) Mortality Review Committee (MRC) reported that during Fiscal Year 2018 approximately 71% of deaths were caused by GI/bowel obstructions (<http://www.dbhds.virginia.gov/assets/doc/QMD/mortality-review-committee-annual-report-sfy2018.pdf>).

Gaining a knowledge base on common risk factors for constipation is vital in developing effective treatment plans and protocols to prevent complications of constipation.

Signs and Symptoms

- Passing fewer than three stools a week.
- Painful or difficult bowel movements.
- Stool smearing.
- Spending extended periods on the toilet.
- Refusing to eat or drink.
- Hard, dry, or large stool.
- A hard, protruding abdomen.
- Vomiting digested food that smells like feces. (This can also be a symptom of bowel obstruction which requires immediate emergency medical treatment).
- Abdominal pain, cramping, bloating and/or complaints of stomach discomfort.
- Loose stool or watery diarrhea.
- Increase in seizure frequency.
- Increase in self-injurious behavior.
- Sleepiness, lethargy or agitation.
- Increase in behaviors.

Caregiver Considerations

Caregivers should recognize normal/abnormal bowels habits and become familiar with an individual's bowel patterns. Caregivers should follow primary care physician's (PCP's) or specialist's orders and bowel protocols, which should include: 1) when and how to give medications; 2) any specialized instructions; 3) documentation needs; and 4) when to report/call the individuals PCP, medical specialist, and/or their agency's nurse.

General Risk Factors for Constipation






- Inadequate fluid intake.
- Inadequate fiber in the diet.
- Muscle weakness.
- Inactivity or immobility.
- History of constipation.
- History of dysphagia (difficulty swallowing).
- Individuals with neuromuscular disorders.
- History of Pica (ingestion of non-food items).

Consider each individual's risk for constipation. This may include a review of the side effects of each medication they are prescribed. Many types of medications slow down gastric motility or draw too much fluid from the gastrointestinal tract, which causes stool to harden and become difficult to pass (John Hopkins Medicine, 2020).

Helpful Tool

Download a Bristol Stool Chart (Lewis & Heaton, 1997) to use as a reference here:

<https://www.nice.org.uk/guidance/cg99/resources/cg99-constipation-in-children-and-young-people-bristol-stool-chart-2>

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. Entirely Liquid

References:

Charlot, L., Abend, S., Ravin, P., Mastis, K., Hunt, A., & Deutsch, C. (2010). Non-psychiatric health problems among psychiatric inpatients with intellectual disabilities. *Journal of Intellectual Disability Research*, 55(2), 199-209. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3646333/>

Chumplazi, B. P., Self, M. M., Czynzewski, D. I., Cejka, S., Swank, P. R., & Shulman, R. J. (2015). Bristol stool form scale reliability and agreement decreases when determining Rome III stool form designations. *Neurogastroenterology & Motility*, 28(3), 443-448. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760857/>

Johns Hopkins Medicine (2020). *Constipation: Causes and prevention tips*. Retrieved from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/constipation-causes-and-prevention-tips>

Johns Hopkins Medicine (2020). *Medicines and the digestive system*. Retrieved from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/medicines-and-the-digestive-system>

Lewis, S. J., & Heaton, K. W. (1997). Stool form scale as a useful guide to intestinal transit time. *Scandinavian Journal of Gastroenterology*, 32(9), 920-924. Retrieved from <https://www.nice.org.uk/guidance/cg99/resources/cg99-constipation-in-children-and-young-people-bristol-stool-chart-2>

Dental Facts and Tips From the OIH Dental Team



Periodontal disease also known as “periodontitis” or “perio disease” is an infection of the gingiva (gums). Poor oral hygiene, certain medications and malocclusion (misaligned teeth) all have the potential for increasing an individual’s risk for periodontal disease. Individuals with intellectual/developmental disabilities are at greater risk for periodontal disease primarily due to poor oral hygiene (National Institute of Dental and Craniofacial Research, 2017). Symptoms of periodontal disease can include swollen, red, tender, bleeding gums, bad breath, loose teeth and receding gums (National Institute of Dental and Craniofacial Research, 2018). Daily brushing with a soft bristle toothbrush and a fluoride toothpaste, flossing, and rinsing with a fluoride rinse/mouthwash are all fundamental practices for good oral hygiene care and can assist with lowering an individual’s risk for periodontal disease. If an individual cannot tolerate toothpaste, a toothbrush dipped in a flavored fluoride rinse/mouthwash can serve as an effective alternative. Alternatively, disposable dental sponge sticks and/or 2x2 gauze pads dipped in fluoride rinse/mouthwash can also be used to remove food and plaque from individual’s gums and teeth. In addition, encouraging individuals to rinse their mouth with water and/or encouraging them to drink water after every meal can also help lower their risk for periodontal disease. For more information regarding dental facts, tips or dental service inquiries please email the DBHDS Dental Team at dentalteam@dbhds.virginia.gov

References

- National Institute of Dental and Craniofacial Research. (2017, September). Practical oral care for people with intellectual disability. Retrieved from <https://www.nidcr.nih.gov/sites/default/files/2017-09/practical-oral-care-intellectual-care.pdf>
- National Institute of Dental and Craniofacial Research. (2018, July). Gum (periodontal) disease causes, symptoms, diagnosis, treatment. Retrieved from <https://www.nidcr.nih.gov/health-info/gum-disease/more-info>

The Importance of Adhering to Prescriptions and Physician/PCP Orders

Physician/PCP orders provide directions to the healthcare team regarding prescription medications, procedures, treatments, therapy, diagnostic tests, laboratory tests, and nutrition. The order establishes a **medical necessity** for the services provided and it should be followed. If for **any reason** the order and/or prescription cannot be adhered to, caregivers should alert the prescribing practitioner **as soon as possible** (i.e. at the earliest or first opportunity).

Examples of Steps You Can Take:

- If the pharmacy is out of the medication that is ordered, consider asking the pharmacist if they can contact the ordering physician for a replacement medication.
- If the order is for an in-home physical therapy assessment and you are unable to find a physical therapist that makes in-home visits in your area, contact the ordering physician to see if the “in-home physical therapy” order can be changed, to a “community/clinical-based physical therapy” order as an option.
- For technical assistance contact the RNCC in your region via email or call the Office of Integrated Health at (804) 786-0580 additional help.

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Coronavirus/COVID-19

The COVID-19 pandemic is a rapidly evolving situation. The following links will help you stay up-to-date with the latest information. To submit COVID-19 questions (for response in an upcoming DBHDS FAQ), please email stephanie.waite@dbhds.virginia.gov.

Latest Resources for CSB’s & Other Licensed Providers:

- DBHDS – Frequently Asked Questions [03/14/2020] <http://www.dbhds.virginia.gov/assets/doc/EI/dbhds-covid-19-3.14.20.pdf>
- Behavioral Health Implications http://www.dbhds.virginia.gov/assets/doc/EI/behavioral-health-implications_covid-19_early.pdf
- Guidance for ACT Programs http://www.dbhds.virginia.gov/assets/doc/EI/covid-act-recs_3_13.pdf
- Department of Behavioral Health & Developmental Services, COVID-19 website <http://www.dbhds.virginia.gov/covid19>
- Centers for Disease Control (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- World Health Organization (WHO) <https://www.who.int/health-topics/coronavirus>
- National Institutes of Health (NIH) <https://www.nih.gov/health-information/coronavirus>
- Virginia Department of Health (VDH) <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>