Original Article

Constipation Management in Palliative Care: A Survey of Practices in the United Kingdom

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Abstract

Fifty percent of patients admitted to hospices cite constipation as a concern. This study evaluates how constipation was managed in 11 hospices. Patients and nurses completed questionnaires at two time points: baseline and 7-10 days later. Outcomes were evaluated using a Constipation Visual Analogue Scale and a satisfaction with management of constipation questionnaire. A total of 475 patients participated; 413 completed both assessments. Forty-six percent of patients reported no constipation and 15% of patients reported severe constipation. For 75% of patients, no change in the perception of constipation was observed over the study period. Patients expressed satisfaction with their constipation management. The severity of constipation was overestimated by nurses in many patients. The findings indicate that constipation was being prevented or reasonably well managed. However, severe constipation continues to be a problem. Assessment of patients' bowel function needs to be more rigorous and those identified as severely constipated need daily monitoring. J Pain Symptom Manage 2005;29:238–244.

Key Words

Constipation management, laxatives, palliative medicine, hospice care, nursing

Introduction

Constipation is a side effect of many of the drugs used to manage symptoms in palliative care and about 50% of patients admitted to British hospices cite it as a major concern.[1,2] Constipation has even been identified as the most troublesome side effect of pain management.[3,4] However, there has been little evaluation of the effectiveness of constipation management or the effect constipation has on quality of life. Similarly, there is little evidence to determine whether patients' perception of bowel function differs from those caring for them.

Constipation can cause a variety of physical symptoms, and in terminal illness, may be a cause of restlessness. In addition, there are significant psychological and social consequences associated with constipation that have the potential to reduce an individual's quality of life.

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The consequences of constipation are not limited to those being experienced by patients. It has been found that 80% of community nurses can spend up to half a day a week treating patients with constipation.[5] Furthermore, a significant number of calls to an out-of-hours district nursing service (5.5%) were directly related to constipation.[6] This is likely to be an under-representation since constipation is also identified during planned visits or other calls. These figures are likely to be higher in palliative care settings because of increased risk factors for constipation.

The relative effects of various laxatives such as senna,[7] docusate,[8] Co-Danthrusate[9] and polyethylene glycol[10] in the management of constipation have been examined. Some studies have been in a palliative care setting. However, findings are inconclusive and collectively there is no evidence to date to suggest that one laxative is superior to another. The studies have tended to concentrate on the effectiveness of interventions to prevent or relieve constipation and used definitions that primarily focused on frequency of bowel action rather than a patient-identified concept of constipation and effectiveness of treatment. This study investigates the prevalence of constipation in patients receiving palliative care and evaluates patients' and health professionals' perception of the patients' bowel function and their satisfaction with how it is managed.

Methods

A prospective survey used a questionnaire to determine patients' perception of their bowel function, constipation symptoms, and constipation management at two time points. The questionnaire comprised two parts. To evaluate the patients' constipation status, a Constipation Visual Analogue Scale (CVAS) was constructed. This was an 8-point scale, where a score of 0-1 indicates no constipation, 2-4 indicates constipation and 5-7 indicates severe constipation. This was used by the patients and nurses caring for them. The research nurse gave both the patients and their nurses an explanation as to how to interpret the scores of the CVAS. For the management of patients' constipation, four further questions were asked to determine the advice provided, satisfaction with treatment, explanation of need for laxatives and patient preference for laxatives.

Patients' use of medication, specifically laxatives, opioids and other constipating medication, was collected from the patient records.

Data Analysis

All data were entered into SPSS version 10. Descriptive statistics (frequency and percentages) were used to describe patients' constipation, the assessment and management of constipation and the types of laxative being taken during the study period. Efficacy of interventions was calculated by evaluating the change in patients' perception of their constipation between the two questionnaires and conducting a paired *t*-test looking at patients' perceptions. Comparison was made between patients and nurses on levels of agreement on bowel status.

Ethical approval was obtained from the Manchester Multi-Centre Research Ethics Committee.

Procedure

Recruitment began in May 2001 and continued until September 2002. The research nurse spent a two-week period at each center. All inpatients or patients attending palliative care day services (PCDS) in 11 UK-wide specialist palliative care centers (SPCC) during a defined two-week period were eligible for recruitment to the study. Each patient was approached for inclusion by the research nurse. Participating patients gave informed written consent before completing the baseline questionnaire (t1). They were then required to complete the second questionnaire 7–10 days later (t2). Patients' notes were also reviewed for demographic and drug data after completion of each questionnaire. In addition, patients were asked if they were happy for their named nurse to participate in a parallel study. If consent was given, the nurse was invited to participate in the study and to complete the relevant questionnaires at baseline (t1) and 7-10 days later (t2).

Results

Recruitment

Six hundred and eighteen patients were eligible for recruitment and 475 agreed to participate, giving a recruitment rate of 77%. Patient