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Journal article summary

The article “A Hard Problem: Managing Constipation in the Geriatric Population” by Jones et al. discusses the prevalence, presentation, complications, and management of constipation in elderly patients. One thing that stood out to me while reading this article was how common constipation is among geriatric patients and how many different factors can contribute to it. The article explains that constipation affects nearly 30% of elderly patients and may affect more than 50% of patients living in long-term care facilities. The authors discuss how constipation in older adults is commonly associated with aging-related decreased gastrointestinal motility, chronic medical conditions, medication side effects, decreased mobility, inadequate fiber intake, and polypharmacy. Common symptoms discussed in the article include hard stools, abdominal bloating, abdominal distension, increased flatulence, and straining with bowel movements.

Another important point discussed in the article was the complications associated with chronic constipation in elderly patients. The article explains that constipation can lead to hemorrhoids, anal fissures, rectal bleeding, fecal impaction, bowel obstruction, and worsening quality of life if left untreated. Because of this, the authors emphasize prevention and conservative management before escalating treatment. Recommended first-line interventions include increasing hydration, improving dietary fiber intake, encouraging mobility, bowel scheduling, and reviewing medications that may worsen constipation. If symptoms persist despite conservative measures, the article recommends osmotic laxatives such as polyethylene glycol because they are considered safe and effective in geriatric patients.

This article strongly relates to my patient because her presentation closely matches many of the symptoms and risk factors discussed throughout the article. My patient is an 83-year-old female with an extensive past medical history including atrial fibrillation on warfarin, HFpEF, pulmonary hypertension, multiple CVAs, seizure disorder, obesity, urge urinary incontinence, and osteopenia who presented with constipation for 2 weeks despite Senna use. She reported hard, pebble-like stools occurring every 2–3 days associated with abdominal bloating, increased flatulence, and worsening hemorrhoid discomfort from straining. These symptoms are specifically mentioned throughout the article as common presentations of constipation in elderly patients. Additionally, my patient has several risk factors discussed in the article including advanced age, obesity, decreased mobility requiring walker assistance, multiple chronic medical conditions, and polypharmacy. The article also discusses how antihypertensive medications may contribute to constipation, which is clinically relevant since the patient is currently taking amlodipine.

The article also supports the management plan for this patient. Similar to the recommendations discussed in the article, my treatment plan focused on conservative interventions including increasing hydration, increasing fiber intake, encouraging mobility as tolerated, and optimizing her bowel regimen. Since the patient reported minimal relief with Senna alone, polyethylene glycol (Miralax) was added, which the article identifies as a safe and effective first-line pharmacologic treatment for chronic constipation in elderly patients. Additionally, due to concerns for polypharmacy and medication-induced constipation, another plan was to

discontinue vibegron and cetirizine since they may potentially worsen constipation. Because elderly patients are at increased risk for complications such as fecal impaction and bowel obstruction, an abdominal X-ray was ordered for further evaluation. Overall, this article reinforced the importance of taking a multimodal and preventative approach when managing constipation in elderly patients.

References:

Jones, W. G., Jonnalagadda, V., Thomson, A. E., Grumbles, V., Cottle, C., Robertson, C., & Patel, M. (2025). *A hard problem: Managing constipation in the geriatric population*. *HCA Healthcare Journal of Medicine*, 6(4), 303–309. <https://doi.org/10.36518/2689-0216.1955>