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Factors for the relief of constipation in patients with megacolon

--- Based on medical records during the past 3 years ---

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Abstract

Most patients admitted to psychiatric wards complain of constipation. Primary factors include drug therapy and behavioral restrictions. Some patients admitted over a long period develop megacolon-related ileus. In this study, we reviewed constipation care for a 60-year-old male, Mr. A, with schizophrenia admitted for ≥20 years, with a history of megacolon-related ileus, to clarify factors for the relief of constipation.

Based on medical records of the patient A from April 200X until March 200X + 3, we reviewed the dose of a laxative/frequency of enema, contents and period of behavioral restrictions, constipation care (state at the onset of ileus), and dietary contents, with respect to time series. The patient A had received 30 drops of sodium picosulfate on the first day of constipation, 50 drops of this drug on the second day, and enema on the third day until October 200X. Gas drainage had been performed once to twice a day. In August 200X, physical restraint was switched to isolation, making the use of a portable toilet possible. Enema-related reactive defecation became frequent, and, when watery stools were noted, the oral administration of sennoside, as a regular drug, was discontinued. However, at that time, such episodes frequently occurred, and the above regimen was modified in November 200X: 20 drops of sodium picosulfate on the first day of constipation, 20 drops of this drug on the second day, and enema on the third day. From April 200X + 1, the frequency of defecation in the lavatory increased, making it impossible to confirm the defecation volume. Simultaneously, the patient A refused enema, and ileus occurred at the end of August, 200X + 1. After recovery, the dietary contents were changed: a diet made using a mixer (lunch) and fluid diets (morning, evening) → fluid diets (morning, lunch, evening). At this point, the oral administration of sennoside, of which the dose had been decreased since August 200X, was completely discontinued. In March 200X + 2, the patient A was referred to another hospital due to brain edema. After re-admission, there was no behavioral restriction. Subsequently, the administration of sodium picosulfate, as a dose of medicine to be taken only once, facilitated defecation the following morning, and enema has not been performed.

Ileus at the end of August, 200X + 1 may have resulted from the enema refusal-related retention of stools. In the present case, the following 4 factors may have contributed to the relief of constipation: 1) the dose of a laxative was reduced; that is, the dose of sodium picosulfate, as a dose of medicine to be taken only once, was decreased in accordance with the state of defecation, and sennoside, as a regular drug, was discontinued; 2) physical restraint and isolation were removed, providing a behavioral restriction-free state; 3) the dietary contents consisted of 3 fluid diets; and 4) with the relief of behavioral restrictions, the use of diapers was switched to excretion in a portable toilet/the lavatory, facilitating a defecation posture. Tottori J. Clin. Res. 8(2), 149-155, 2017

Key Words: Department of Psychiatrics, schizophrenia, megacolon, behavioral restriction, constipation, diarrhea

I. Introduction

Most patients admitted to psychiatric wards complain of constipation. Primary factors include drug therapy and behavioral restrictions. In some patients admitted over a long period, chronic constipation leads to megacolon. As patients with megacolon frequently