



The bottom line - bowel habits & ageing

In case you haven't noticed, as we age there are a number of things that just aren't what they used to be. In other words, we can't or don't perform at age 70 like we did at age 30. One of those many things that age tends to change is our digestive system. It has been estimated that 40% of the elderly will have an age-related digestive problem each year. We don't have space to go through all the things that change with age in the digestive system, but we will focus on something that tends to go unmentioned in polite company - your bowel habits. Nevertheless, sometimes socially uncomfortable topics must be addressed. Presented by *MUSC Health*.

What is normal?

The first thing to understand is that what goes in is supposed to come out - albeit in a very different form and with some nutrients missing. We eat and drink to sustain our bodies and after the digestive system extracts the necessary ingredients from our ingestion, the wastes are excreted as liquids in urine and solids in faeces.

Normal bowel movements are highly variable between individuals in terms of frequency and in terms of form. People have "normal" frequency of from three times a day (usually after each meal) to one every other day. Thus, it is normal for humans to have highly variable habits, but each one of us tends to have a regular habit of bowel evacuation - most commonly, one per day and usually at about the same time of day.

The normal consistency of stool is soft or firm and not brick hard or watery loose. Consistency changes more than frequency in each of us.

What bowel habit changes come with ageing?

As stated at the outset, as we age things change, and this includes bowel habits. The most common thing to happen with age is that constipation is more frequent. Constipation is usually defined as less frequent bowel movements (two or fewer per week), straining at time of defecation at least 25 percentage of the time, often incomplete evacuation (meaning returning to complete the process in an hour or so), and a hard stool.

This happens due to several factors related to age. These include: lack of muscle tone in the bowel and abdominal muscles, slowed peristalsis (involuntary contraction of the intestinal muscles), lack of exercise, immobility (sedentary life style or travel), inadequate fluid intake, too many dairy products, lack of dietary fibre (fruits and vegetables), and many medicines. Some of the medicines that predispose to constipation are calcium channel blockers, narcotic pain meds, anti-acids containing calcium or aluminium, iron, anti-depressants, and overuse and/or abrupt stoppage of laxatives.

What to do with constipation

The home treatment of constipation is to tend to any of the known causes, for example, if one is not staying hydrated by drinking eight glasses of water a day, then do so. Eat foods rich in fibre, including the old stand-by prunes. Consume bread with whole grains and cereals. Eat dairy products in moderation and avoid fried fast foods. Exercise more than usual and even try some sit-ups to improve abdominal muscle tone. Only your physician should recommend a laxative as these may be problematic in constipation. Stool softeners may be used as recommended.

It is also normal as we age to have diarrhoea from time to time - not because of aging per se, but because we can eat foods that "disagree" with us, ingest some infected food product, contract a "GI (gastrointestinal) virus" or the intestinal flu, perform extensive exercise with rampant fluid consumption, or due to food allergies. Mild diarrhoea can be waited out or over-the-counter medications like Pepto-Bismol, Imodium A-D, or Kaopectate may be taken. Diarrhoea should not last more than 1-3 days from any of the above. If it does, get medical attention.

What are abnormal bowel habit changes?

There are a number of changes in our bowel habits that could be harbingers of diseases that need to be identified and treated. One of the possible signs of bowel cancer is a change in the calibre of stool. If it becomes "pencil thin" and persists for a week or two and clearly is a change from your normal, this should be reported to your physician.

If weight loss accompanies constipation, or fever is a part of diarrhoea, these are warning signs of potentially serious gastrointestinal disease. Blood, either red or dark black, is abnormal and needs evaluation. Constipation can be a manifestation of many diseases including depression, hypothyroidism, Parkinson's disease, and cancer. Diarrhoea may be a symptom of Crohn's disease, ulcerative colitis, hyperthyroidism, malabsorption disorders, and food allergies. All these potential abnormal conditions require a thorough evaluation.

The bottom line

As unsavoury as it may seem, paying attention to our bowel habits and excrement is something we must do to retain optimal health. If there are significant changes that persist for two or three weeks, consult your physician.