

# EVALUATION AND MANAGEMENT OF CONSTIPATION IN THE CRITICALLY ILL PATIENT

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## Background and importance

Constipation (CIN) is a prevalent concern in critically ill patients (CIP) within intensive care units (ICU), potentially exacerbating their condition



## Aim and objectives

Evaluate the management of CIN in CIP, discern its causes and consequences, and propose prophylactic and therapeutic measures.

## Material and methods

4CPS-135  
A06- DRUGS FOR CONSTIPATION

### Study design

- Descriptive observational study was conducted in a tertiary-level hospital's ICU
- Data were collected through a cross-sectional approach

### Data collection

- ✓ Demographic data
- ✓ Medical history
- ✓ Enteral nutrition type (EN)
- ✓ Factors influencing constipation (treatment regimens, clinical status and devices)
- ✓ Stool history in the last week
- ✓ Interventions

- Exclusion criteria: admission less than 3 days and no oral/NE tolerance

CIN was defined as "absence of stool after 3 days from the start of the EN/oral diet"

## Results

43 patients included (63 patients were reviewed, and 20 were excluded) → ♂ 58% Men ♀ 41,9% Women



Table 1. General data

Mean age (years)	57±13.4
Average stay (days)	23±16
Mean days since the last stool	2.93±2.61
Mean days without stool in the last 7 days	3.98±2.13
Mobility grades (0-4)	0 (37%), 1 (23%) 2 (25%), 3 (9%), 4 (4%)
Mechanical ventilation (MV)	81,4 %

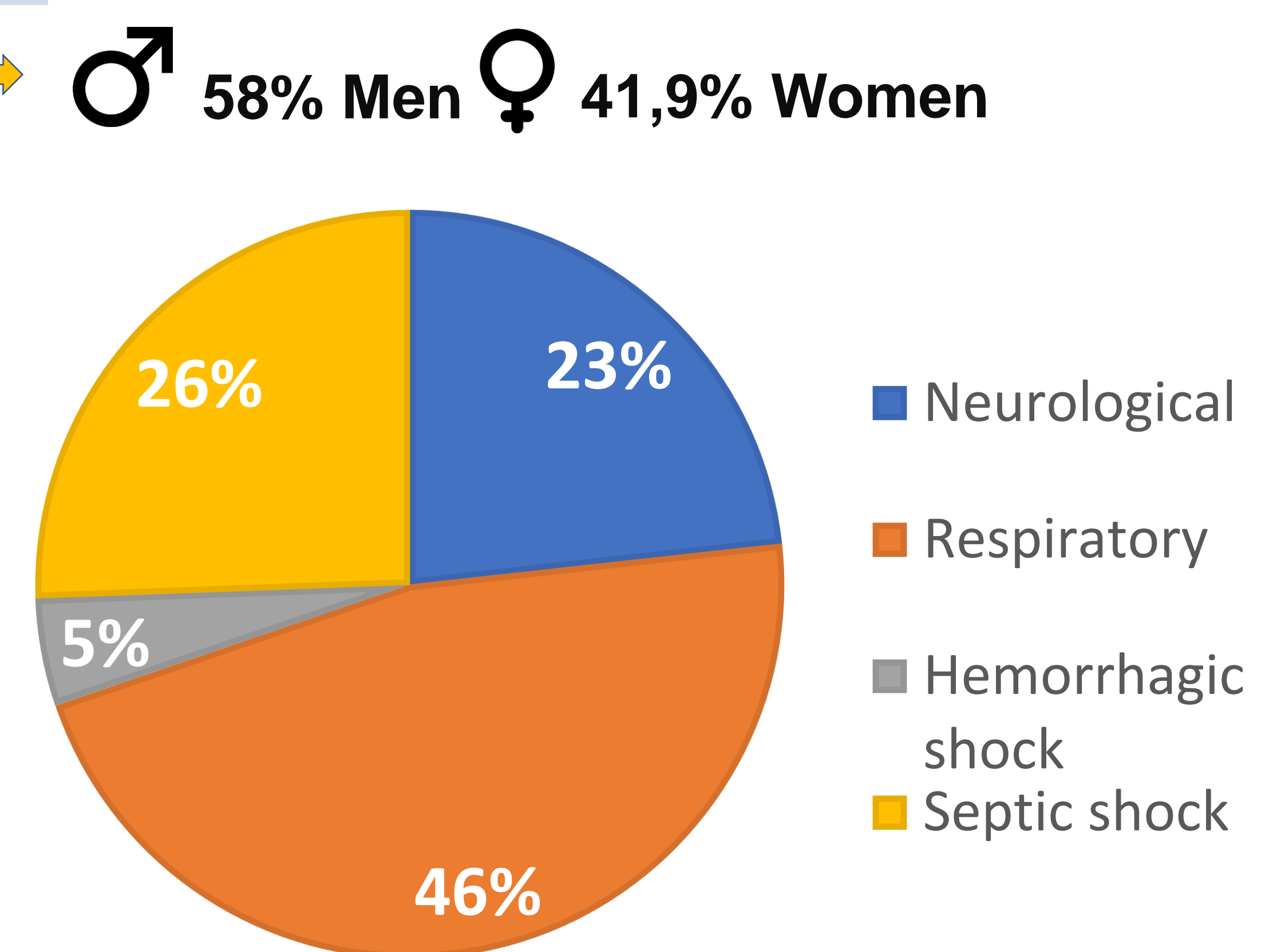


Figure 1. Most prevalent diseases

Table 2. Pharmacological treatment		CIN
Opioids	53,39%	73%
Beta blockers-Calcium channel blockers	27,91%	50%
Antipsychotics	23,26%	50%
Vasopressors	16,28%	100%
Muscle relaxants	13,95%	83,3%



Table 6. Who suffers CIN? (Subgroup analysis)

Total patients	58%
Patients with MV	62,8%
Patients with opioids	73%
Patients with Non-fiber diets	57%
Patients with fiber diets	64,7%
Patients with laxatives	72%
Patients with enemas	71%
Patients with no intervention	50%

Table 3. Enteral nutrition type or oral diet

Non fiber diets	48,8%
Fiber diets	39,58%
Oral diet	11,62%

Table 4. Corrective measure

Laxatives	25,6%
Enemas	16,3%
Prokinetics	13,9%
Prokinetics+laxatives	6,9%
No intervention	46,5%

Table 5. Most used laxatives and enemas

Laxatives		Enemas	
Lactulose	50%	Enema Casen®	85%
Magnesium hydroxide	37,5%		

## Conclusion and relevance

✓ This study's implications are significant, highlighting the necessity for vigilant monitoring of CIN-inducing medications in critically ill patients, early implementation of high-fiber diets, and the proactive use of laxatives and prokinetics, possibly in combination. Furthermore, the study underscores the urgency of creating a standardized protocol for CIN prophylaxis and management in ICU settings

