

Clinical Observation and Nursing Guidance of Chronic Functional Constipation in the Elderly

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Keywords: Old age; chronic functional constipation; nursing

Abstract: The purpose of this study was to explore the clinical observation and nursing guidance of chronic functional constipation in the elderly. 80 patients treated in our hospital from January 2022 to January 2023 were selected as research samples. All samples were divided into two groups, the control group received routine care, the observation group received clinical observation and nursing guidance, and the nursing satisfaction, constipation, negative mood and quality of life between the two groups were compared. The study found that clinical observation and nursing guidance measures should be taken for elderly patients with chronic functional constipation, which can improve constipation, relieve negative emotions, improve quality of life and improve nursing satisfaction.

The incidence of chronic functional constipation in the elderly increases with increasing age, which seriously affects the quality of life and physical and mental health of patients ^[1]. Functional constipation is a common disease in the elderly, with many causes, which is related to the immune function, eating status, mental state and colon status of the patients. Affected by age and physical function, the adverse effects of functional constipation in old people are more serious than those in young people. The course of functional constipation has a long time, easy to produce repeated, mainly increased defecation time, dry stool and other manifestations, which will affect the life and emotional state of patients. Long-term constipation can easily lead to hemorrhoids, anal fissure, rectal mucosa prolapse, anxiety and other ^[2]. Therefore, it plays an important role in taking nursing intervention based on conventional treatment for patients with chronic functional constipation and can improve the efficacy. Especially for elderly patients, it can change the wrong cognition of patients and reduce the impact of negative emotions on the treatment effect, which can not only improve the symptoms of patients, but also improve the quality of life of patients. This study adopted clinical observation and nursing guidance for elderly patients with chronic functional constipation, which produced good results. It is reported as follows.

1. Data and methods

1.1 General information

The 80 elderly patients treated in our hospital were selected as the study subjects and were

grouped according to the random number table method, with 40 patients in each group. The age of the control group was (68.91 ± 2.69) and the observation group was (68.02 ± 2.35) . The corresponding data, such as patient age, can be compared.

1.2 Methods

The control group adopts routine care, mainly to pay attention to the patient's situation, and timely inform and treatment after the occurrence of abnormalities.

The observation group takes clinical observation and nursing, pays attention to the observation of patients' situation and takes corresponding nursing measures. Content is as follows.

Health education. Influenced by the educational level, the elderly patients have relatively poor overall cognitive ability and have limited understanding of disease-related knowledge. Nursing staff should contact the clinical characteristics analysis of elderly patients, take the initiative to carry out communication with patients, and take health education according to the weak knowledge content of patients. In the process of health education, it is not only necessary to carry out oral education, but also to use manual, video, animation and other patients love to interpret disease knowledge, and to carry out corresponding operations in a simple way, using scene simulation method to teach patients self-care skills, so that patients can increase the importance of the disease, and they can improve compliance in the treatment process.

Mental nursing. Elderly patients are affected by constipation, easy to produce anxiety, pessimism and other negative emotions. In this regard, nursing staff need to maintain a warm attitude to serve patients, but also patiently communicate with patients, understand the patient's personality characteristics, family relations and other relevant information, to achieve a comprehensive assessment of the patient's psychological state. In the psychological nursing work, we should contact the comprehensive analysis results to carry out the psychological problems of patients and comfort patients in time. In psychological care, the patients' negative emotions can be relieved by many ways, such as attention diversion and music intervention. In the actual nursing, patients should be given enough care and understanding, maintain respect for patients, so that patients feel supported and care. It is also necessary to answer the patients' confusion about the treatment in time, so that the patients can master more knowledge related to the disease. At the same time, the introduction of cases with good treatment effect can also enhance the courage of patients to face the disease, strengthen the confidence of the treatment of patients, achieve the adjustment of their emotional state, and maintain an optimistic attitude in the face of the disease.

Diet care. Diet can have a direct effect on patients' constipation symptoms. Nursing staff should actively communicate with patients, master the eating habits and preferences of patients in the process of communication, and clearly tell patients about the corresponding impact of fine food on constipation symptoms. The nursing staff introduced typical cases with good rehabilitation results, and encouraged patients to eat vegetables and fruits rich in dietary fiber. If necessary, use Onions that can promote exhaust. Nursing staff should combine the individual difference of patients' analysis and thinking in the work, and adjust the diet plan reasonably. For the overall health state is relatively good, and there is no basic diseases of patients, the oil content in the food can be appropriately increased, so that they eat sesame, honey and other foods, to achieve the lubrication of the intestinal tract. Patients should also be guided to often change the variety of food, so that patients's appetite is improved. In terms of diet, patients should be guided to take less and more meals, cannot produce overeating. At the same time, considering the tooth condition of the elderly patients, it is more suitable to eat soft and rotten food. In addition, patients should also be guided to increase the amount of water, and also need to adjust the water temperature in combination with the seasonal changes.

Life care. Nursing staff should help patients to regain the establishment of healthy defecation habits and awareness, so that patients can defecate after breakfast. Even if the patient has no intention, they need to go to the toilet for 10-20min. With long-term persistence, patients can produce a fixed defecation time. Patients should also be guided not to stay up late, keep a regular work and rest, carry out moderate exercise, have an impact on gastrointestinal peristalsis, and improve constipation.

Massage nursing. Carers need to keep the patient in a supine position to relax the muscles throughout the body. Nursing staff should rub their hands hot, the right hand flat on the abdominal wall, the left hand folded on the top, from the big fish muscle and the root of the palm, rub clockwise along the umbilical circumference, rotate to the right lower abdomen back blind position, and rub repeatedly along the colon. In terms of massage time choice, it is usually taken half an hour after breakfast or 20min before defecation. Caregivers also need to teach patients about an autonomous massage. In the work, the training of self-care ability of patients should be adopted to mobilize the enthusiasm of patients, so that patients can independently perform abdominal wall massage under the guidance. For patients with weakened defecation power, anal levator muscle contraction training and abdominal muscle training should be taken, so that patients can gradually defecate regularly. Massage should pay attention to the patient to urinate, the force should be kept uniform, soft, strong and lasting. When just massage, the strength can be appropriately reduced, in the massage process, as far as possible to let heat into the abdomen, so that intestinal peristalsis is affected, play the effect of defecation.

Sports care. Older patients are affected by age and lack of exercise. Nursing staff should choose suitable for exercise according to the patient's physical conditions and preferences. Due to the different physical quality of each patient, the way of exercise, exercise should be different from person to person. Nursing staff in the adoption of the exercise nursing for patients, should be in accordance with the principle of step by step, so that the patient choose the appropriate exercise, including walking, Baduanjin, abdominal breathing, defecation movement exercises. Also take abdominal muscle exercise, through sit-ups and other corresponding movements of the exercise, so that the patient's intestinal peristalsis faster. The correct implementation of exercise care for patients can help patients to obtain the improvement and relief of constipation symptoms. In particular, the control of pelvic and abdominal muscle tension, will improve the pelvic muscle tension, will have a certain impact on the improvement of patients' symptoms. In exercise care, patients should be guided to adhere to, and gradually develop good exercise and sleep habits.

1.3 Observed indicators

Nursing satisfaction was counted using the self-made satisfaction questionnaire. Compare the number of spontaneous defecation, constipation symptoms and accompanying symptoms. Patients will assess their negative emotions using the SAS and SDS scale. Quality of life was assessed by the SF-36 scale.

1.4 Statistical methods

Data were processed using SPSS23.0 software, count data by%, X² test and measurement data by ($\bar{x} \pm s$), and t-test. A P <0.05 was considered as the difference, which had a statistical value.

2. Results

2.1 Comparison of nursing satisfaction in group 2

In the nursing satisfaction comparison, the observation group was higher ($P < 0.05$). See Table 1.

Table 1: Comparison of patient care satisfaction in group 2 (n, %)

group	Example number	Very satisfied	satisfied	unsatisfy	degree of satisfaction
observation group	40	26	12	2	38(95.00)
matched group	40	20	10	10	30(75.00)
X2					6.27
P					<0.05

2.2 Comparison of constipation status in group 2

After nursing, the constipation in the observation group improved significantly compared with the control group ($P < 0.05$). See Table 2.

Table 2: Constipation in Group 2 patients ($\bar{x} \pm s$)

group	Example number	Number of spontaneous defecation was scored		Constipation symptom score		Concomitant symptom score	
		Before nursing	After nursing	Before nursing	After nursing	Before nursing	After nursing
observation group	40	0.43±0.11	0.10±0.02	1.20±0.21	0.40±0.05	1.34±0.15	0.60±0.01
matched group	40	0.46±0.01	0.25±0.04	1.18±0.20	0.84±0.13	1.33±0.12	1.08±0.05
t		1.71	21.21	0.43	19.97	0.32	59.53
P		>0.05	<0.05	>0.05	<0.05	>0.05	<0.05

2.3 SAS and SDS scores in group 2

In the comparison of SAS and SDS scores, the observation group was better than the control group after nursing care ($P < 0.05$). See Table 3.

Table 3: SAS and SDS scores in Group 2 patients ($\bar{x} \pm s$)

group	Example number	SAS grade		SDS grade	
		Before nursing	After nursing	Before nursing	After nursing
observation group	40	53.48±1.96	36.86±2.03	53.72±2.00	35.15±2.54
matched group	40	53.50±1.82	40.27±2.10	53.05±1.94	41.71±2.17
t		0.04	7.38	1.52	12.41
P		>0.05	<0.05	>0.05	<0.05

2.4 Comparison of patient QoL scores in group 2

In each comparison of QoL scores, the observed group was significantly higher ($P < 0.05$). See Table 4.

Table 4: Comparison of patient QoL scores in group 2 ($\bar{x} \pm s$)

group	Example number	General health status	physiologic function	Physiological function	Somatic pain	energy	social function	Emotional function	emotional health
observation group	40	69.10±3.35	70.75±4.21	68.63±3.15	66.42±5.53	67.69±4.02	72.48±4.66	67.74±3.69	68.04±3.44
matched group	40	78.41±3.41	81.53±4.62	80.86±3.52	79.71±4.26	81.46±4.28	81.84±4.41	78.42±3.69	83.51±4.18
t		12.31	10.90	16.37	12.04	14.83	9.22	12.94	18.07
P		<0.05	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05

3. Discussion

Defecation is an important step for the body to maintain a healthy level and a normal physiological state. After this step is abnormal, it is usually considered to produce constipation. Chronic constipation is a disease duration of more than half a year, with the decrease of defecation frequency, laborious defecation and insufficient defecation [3]. Chronic functional constipation is a common type of constipation, which is caused by non-organic pathological factors, and there is no organ or abnormal tissue structure or metabolism. Studies have shown that the prevalence of chronic constipation in people over 60 years old is as high as 22%, which seriously affects the physical and mental health of elderly patients [4]. At present, the trend of population aging is becoming more and more serious, and it is also affected by many factors, such as the change of dietary structure, intestinal flora disorder, intestinal function decline, etc. This disease has become a serious impact on the quality of life of the elderly. When they are in the state of chronic constipation for a long time, the toxic substances in the intestines of elderly patients cannot be discharged in time, which may lead to anorectal diseases such as intestinal perforation and ulcer, and is also easy to induce cardiovascular and cerebrovascular diseases. This disease will have an impact on patients' appetite and nutrition absorption, which may lead to the decline of tolerance and immune function of elderly patients, and produce other symptoms, resulting in a negative effect on the overall health level and quality of life.

At present, in clinical practice, the treatment of this disease is mainly based by microbial preparations. However, elderly patients have their particularity, and the effect produced by only a single treatment method is limited. The patients' own emotional state and cognitive level will have an impact on medication compliance, resulting in the treatment effect can not reach the expectation. Therefore, the nursing intervention for the patients should also be adopted.

This study adopts clinical observation, combined with the analysis of the characteristics of elderly patients, to provide patients with targeted nursing intervention measures, using the implementation of various nursing measures, to meet the needs of patients in physical and mental aspects, and improve the quality of nursing. In this study, the patients in the observation group had improved constipation and negative emotions, improved quality of life and nursing quality after nursing. According to the research results, it can be seen that in the nursing work, health guidance and psychological nursing for elderly patients can eliminate the concerns of patients and make patients maintain an optimistic attitude for treatment. Using manuals, videos and other ways to adopt propaganda and education work is consistent with the acceptance ability of elderly patients, which can improve the effect of health education, and make patients achieve the understanding and mastery of disease-related knowledge. In the process of nursing, patients are also intervened in the aspects of massage, exercise and diet. Patients' intestinal peristalsis and anal function are improved, and good diet and defecation habits are formed, so as to improve the degree of defecation disorder. With nursing intervention, patients can also master the corresponding skills of self-management,

improve the importance of disease treatment, actively cooperate with the treatment, and obtain the improvement of disease symptoms. In addition, based on clinical observation to take corresponding nursing measures, patients' psychological and physiological comfort level has been improved, the quality of life has also been strengthened, and patients are more recognized as nursing work.

In short, for elderly patients with chronic functional constipation, clinical observation and nursing guidance can improve constipation, relieve negative emotions, improve the quality of life, and obtain the improvement of nursing satisfaction, which is conducive to the establishment of a harmonious nurse-patient relationship.

Acknowledgement

This work was supported by Ministry of Education Zhicheng Division's first batch of community education "able people as teachers" practical innovation projects: 'one old, one pregnant, one small' family health education guidance; Henan Technical Institute Young Backbone Teacher Funding Project, Project Number: 2022-GGJS-Y002; Henan Medical Education Research Project (wjlx2020220).

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