

# Bowel

Interest Group



## Cost of Constipation Report

THIRD EDITION 2020

The Bowel Interest Group is an independent multi-disciplinary organisation dedicated to improving bowel health.

FOR MORE INFORMATION VISIT [WWW.BOWELINTERESTGROUP.CO.UK](http://WWW.BOWELINTERESTGROUP.CO.UK)

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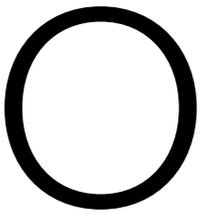


### **VIDEO: Prof Emmanuel's takeaways & recommendations**

Visit <https://bowelinterestgroup.co.uk/bowel-independence-day-2020> to watch Professor Anton Emmanuel discuss his key takeaways and recommendations for the future in this 10 minute video.

# Welcome from the Bowel Interest Group

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On behalf of The Bowel Interest Group (BIG), I am delighted to present the Third Edition of the Cost of Constipation Report.

The Bowel Interest Group is an independent multi-disciplinary organisation dedicated to improving bowel health. We aim to provide useful and up-to-date resources to healthcare professionals in order to benefit patients with bowel conditions. This is alongside our work to increase awareness of constipation and other bowel-related conditions in patients.

This new Cost of Constipation Report updates our 2016 and 2019 reports and reveals the scale of the challenge that constipation currently presents to the UK. It not only explores the cost to the NHS, which is significant, but also how constipation can have a significant impact on patients' lives and the knock-on effect to their health and wellbeing that can make life a misery. Some of the headline figures from the report highlight why research into the impact of constipation is so important.

The cost of constipation is not only evident in the sheer number of people that are affected by the condition – up to one in seven adults and one in three children – but the financial burden that this has on the NHS. In 2018/2019, 76,929 people were admitted in England with constipation, equivalent to 211 people a day. £168 million was spent by NHS England on treating the condition, which is made up of emergency admissions and laxative prescriptions; these figures have increased since the 2017/2018 report with a rise of 7.7% in admissions and an increase of £6 million in spending. The future shows no signs of improvement with the forecast for 2019/2020 estimating that approximately 81,000 people in England will be admitted to hospital.

The Bowel Interest Group has produced this report with the aim of raising awareness of the scale of constipation to society through healthcare and the wider public. There continues to be an urgent need for better bowel care. We want to encourage increased understanding of the condition and start implementing solutions that can begin to alleviate the problem.

**Dr Ben Disney** Consultant Gastroenterologist, University Hospitals Coventry & Warwickshire. Board Member of BIG.

**Want to get involved in the Bowel Interest Group? Please contact us at [enquiries@bowelinterestgroup.co.uk](mailto:enquiries@bowelinterestgroup.co.uk)**

# Executive summary

Poor bowel health and chronic constipation affects millions of people and this debilitating condition is preventing many thousands of people in the UK from fully enjoying their lives.

Many people are needlessly suffering with chronic constipation because of the taboo nature of the subject, combined with a lack of understanding of the issue. Bowels play a critical role in our overall health, but so many people are still suffering from constipation, which has massive implications not only for the health of patients, but for the financial health of the NHS.

Following the 2019 report into the real cost of constipation – what has changed?

## £168m

was spent by NHS England on **treating constipation** in 2018-19<sup>1,2</sup>

The **prescription cost** of laxative medication in England for 2018-19 was

## £87 million<sup>4</sup>

In 2018-19, **211 people a day** were admitted to hospital in England for Constipation.<sup>1</sup>

## What is the real cost of constipation?

The condition affects both the physical and mental health of patients, and the economic burden on the NHS is huge. We know that there continues to be urgent need for better bowel care.

The updated figures show that the cost of constipation due to hospital admissions remains high, and little has changed, despite the fact that more people are being diagnosed with the condition.

### Comparisons in the latest data show that:

**2017-18:** 71,430 people in England were admitted to hospital with constipation in 2017/18, equivalent to 196 people a day.

**2018-19:** 76,929 people in England were admitted to hospital with constipation, equivalent to 211 people a day.

Of those around three quarters (55,497) were unplanned emergency admissions (this is equivalent to 152 per day).<sup>1</sup>

## £168m

was spent by NHS England on treating constipation in 2018-19. This is equivalent to the cost of funding 7304 newly-qualified nurses for a year.<sup>1,2</sup>



This **admissions data** represents an increase of

**16%**

on 2014-15 and a **rise of 7.7%** on 2017-18.



The number of **females** admitted for constipation remains unchanged, at

**60%**

The **total cost to hospitals** for treating unplanned admissions due to constipation was around

**£81 million**

in 2018/19.<sup>3</sup>



This **total cost to the NHS**

for unplanned constipation care is likely to be much higher when including GP visits, home visits and over the counter laxatives.



The **prescription cost** of laxative medication in England for **2018-19** was

**£87 million**

(over the counter costs of laxatives will undoubtedly be higher).<sup>4</sup>

Constipation can occur in babies, children and adults. It's estimated that around 1 in every 7 adults and up to 1 in every 3 children in the UK has constipation at any one time.<sup>5</sup>

Being comfortable discussing constipation with your healthcare provider is essential to prevent more intensive interventions. It will also save money for the NHS in treatment costs and expensive preventable non-elective admissions.

There are a number of factors contributing to the high number of hospital visits for constipation. A YouGov survey of 2,352 people asked about their knowledge of the issue and how they would deal with it and here are the results:

- Nearly **1 in 5 people feel embarrassed** talking to their GP about constipation.
- If they thought they were suffering from constipation, over **a fifth of people would try and solve it themselves**, without speaking to anyone about it.
- Talking to a GP about bowel health was found to be equally as embarrassing as talking to them about erectile dysfunction. **19% of GB adults would be embarrassed** to talk about either of these issues.<sup>6</sup>

**MYTH:**

**You should have 1 bowel movement every day**

<sup>3</sup> Admissions data for ICD 10 diagnosis code K59.0 (Constipation) from April 2016 to January 2020. Accessed May 2020 from Vantage System provided by Health IQ.

<sup>4</sup> Prescription data for section code 0106 (laxatives) from March 2015 – February 2020. Accessed May 2020 from Open Prescribing (<https://openprescribing.net/>).

<sup>5</sup> <https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/constipation> <sup>6</sup> YouGov research 2016

<sup>6</sup> YouGov research 2016

# Introduction

When ill health affects our quality of life, the right advice and treatment from GPs is what we want, to ensure that we can get better and quickly return to our day-to-day activities.

Yet there is one preventable and manageable illness that we're too embarrassed to seek help about. HES data shows that chronic constipation continues to cause people to suffer in silence and pain, leading to 76,929 hospital admissions in 2018/19, equivalent to 211 people a day<sup>1</sup>.

The total cost to hospitals for treating unplanned admissions due to constipation was around £81 million in 2018/19<sup>1</sup>, a rise of £10 million on 2017-18.

Our bowel habits are an important indicator of our health and need the same attention and care as we would give our heart, joints and eyesight. Understanding good bowel health can help us manage many preventable conditions and minimise complications that can be associated with long-term conditions.

**MYTH:**  
There is no treatment for constipation apart from surgery



A conservative estimate is that there are around 6.5 million people in the UK today with some form of bowel problem; that's 1 in 10 of us.<sup>2</sup>

But due to our shyness in discussing such a personal topic, there is little awareness of how common chronic constipation is and what treatments are effective. The issue is rarely discussed in the media, leaving patients to believe it's a less common, and less serious, health issue than it actually is.

With 55,497 emergency admissions for constipation in 2019/18 alone<sup>1</sup>, this is clearly a national problem that we are not talking about. We should be.

**£168m**

was spent by NHS England on treating constipation in 2018-19<sup>4</sup>

**£81m**

total cost to hospitals for treating unplanned admissions due to constipation<sup>4</sup>

This would be a total figure of **£181m** including elective admissions.<sup>4</sup>

## What is the cost of not talking about our bowels?

**R**esearch from YouGov revealed<sup>3</sup> that a significant proportion of the population does not think constipation is a serious health issue. Many admit they would wait for several weeks before addressing the issue, with confusion and myths about what normal and healthy bowels actually are.

11% could not identify or did not know the symptoms of constipation.<sup>3</sup>

Nearly 1 in 5 people thought that passing stools less than once a day is a symptom of constipation.<sup>3</sup>

A third of people said they would search online for how to treat constipation, if they thought they might be suffering from it<sup>3</sup>.

35% of people said they would wait to see if their symptoms cleared up, before speaking to their GP.<sup>3</sup>

Nearly 1 in 10 people who would seek advice from a healthcare profession would wait between 2 weeks and a month (after first noticing constipation symptoms) before talking to them.<sup>3</sup>

### FINANCIAL COST

Constipation is a preventable, treatable and easily manageable condition. Yet HES data show that £168m was spent by NHS England on treating constipation in 2018-19, an increase of £6m on the £162m spent by NHS England on treating constipation in 2017-18.<sup>4</sup> (The figure of £168m is made up of non-elective admissions and prescription costs. The figure of £181m includes both those factors but also elective admissions.)

The total cost to hospitals for treating unplanned admissions due to constipation was around £81 million in 2018/19. This total cost to the NHS for unplanned constipation care is likely to be much higher when including GP visits, home visits and prescriptions.<sup>4</sup>

During 2018-19 patients with constipation spent around 175,000 days in hospital a bed. This represents an increase of around 7% on 2014-15. In 2017-18 patients with constipation spent 163,128 days in a hospital bed.<sup>4</sup>

The prescription cost of laxative medication in England for 2018-19 was £87 million (over the counter costs of laxatives will undoubtedly be higher), an increase of 2.3% on 2015-16.<sup>5</sup>

All of this adds up to a significant strain on NHS resources.

The unwillingness to address the issue of constipation is preventing thousands of people from seeking effective early treatment, which in many cases leads to a need for hospital treatment later down the line. The cost – to patients, and to the NHS – is unacceptably high.

The financial ‘ripple effect’ of constipation should not be underestimated. The ill health and anxiety suffered by people with constipation has a much wider impact upon the UK economy. In 2018-19, 211 people a day were admitted to hospital in England for constipation, an increase of 15 people per day on the previous year.<sup>5</sup>

<sup>3</sup> YouGov research 2016

<sup>4</sup> Admissions data for ICD 10 diagnosis code K59.0 (Constipation) from April 2016 to January 2020. Accessed May 2020 from Vantage System provided by Health IQ

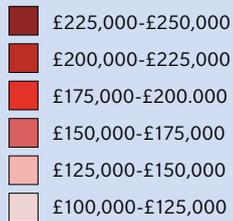
<sup>5</sup> Prescription data for section code 0106 (laxatives) from March 2015 – February 2020. Accessed May 2020 from Open Prescribing (<https://openprescribing.net/>)

# The cost of bowel dysfunction

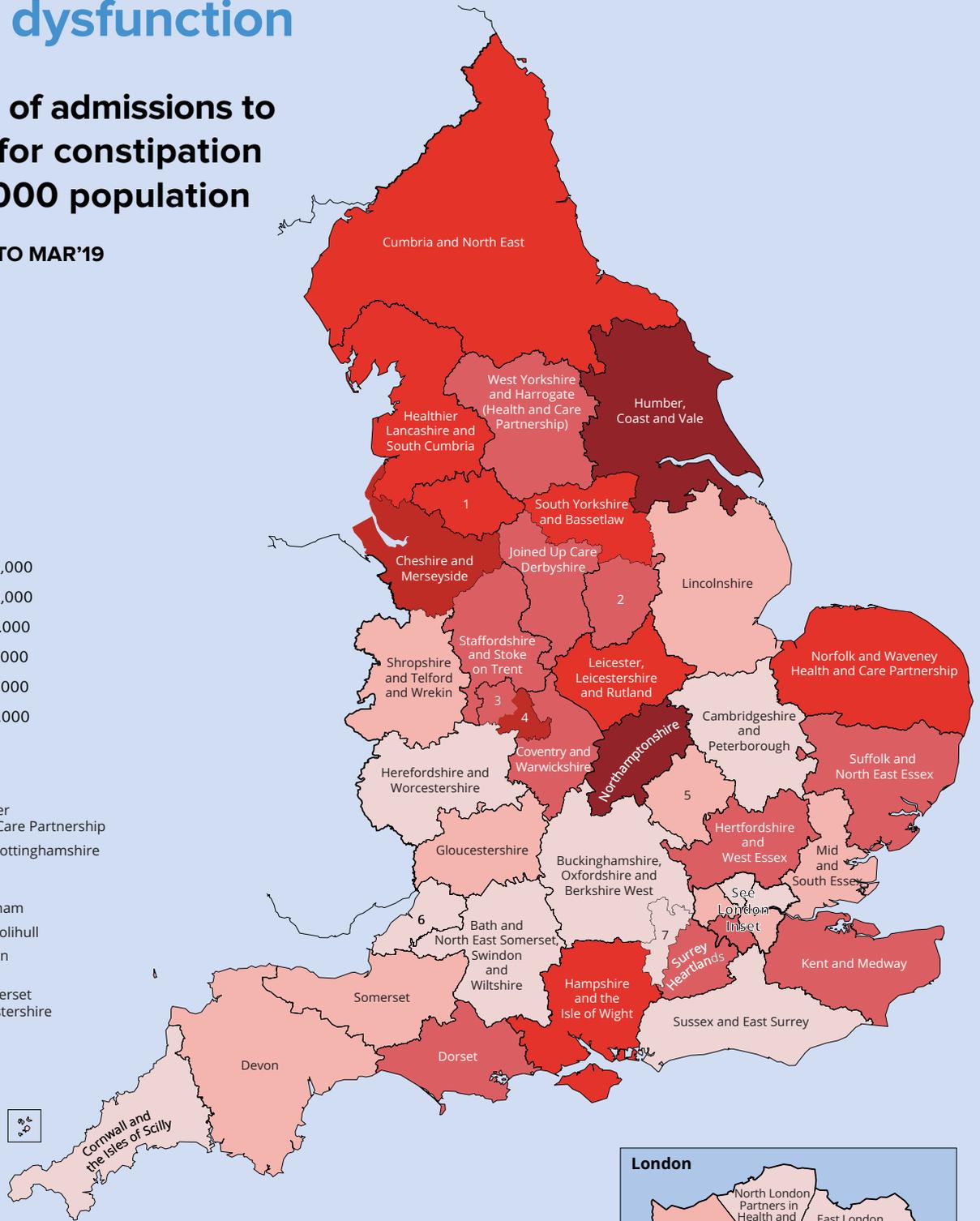
## Cost rate of admissions to hospital for constipation per 100,000 population

FROM APR'18 TO MAR'19

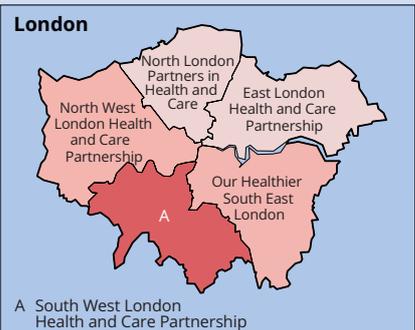
### KEY



- 1 Greater Manchester Health and Social Care Partnership
- 2 Nottingham and Nottinghamshire Health and Care
- 3 The Black Country and West Birmingham
- 4 Birmingham and Solihull
- 5 Bedfordshire, Luton and Milton Keynes
- 6 Bristol, North Somerset and South Gloucestershire
- 7 Frimley Health



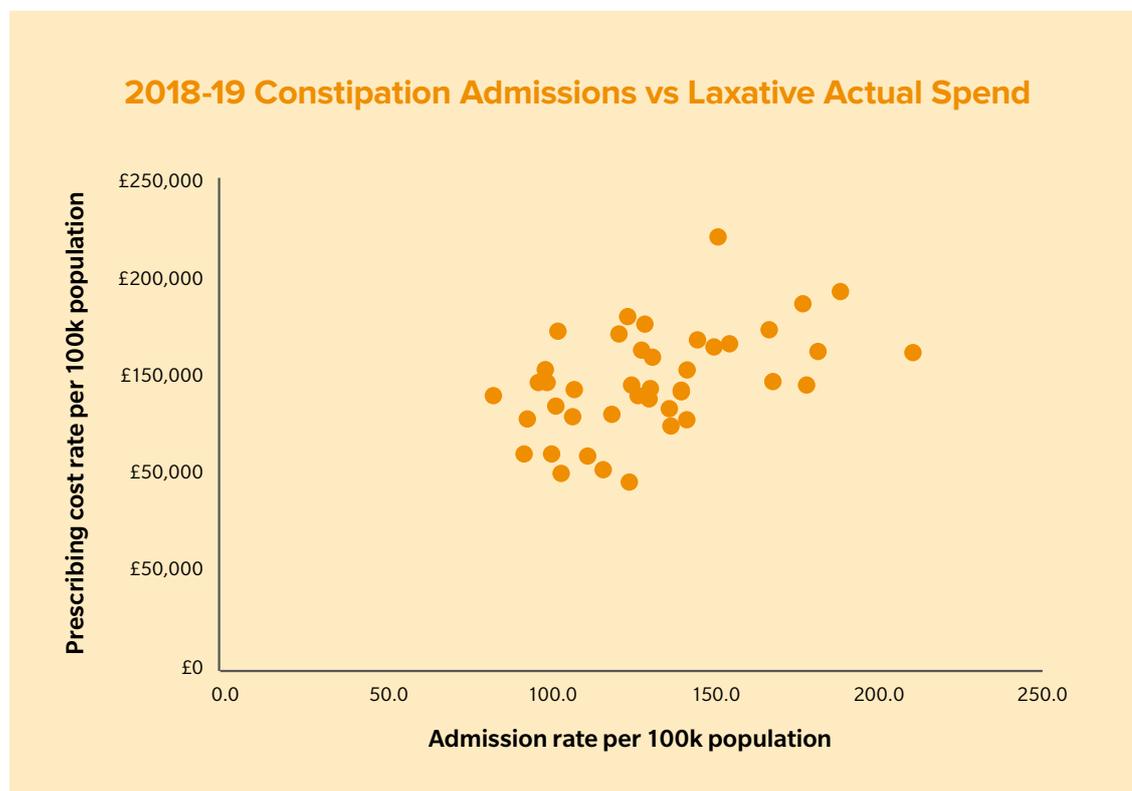
Admissions data for ICD 10 diagnosis code K59.0 (Constipation) from April 2016 to January 2020. Accessed May 2020 from Vantage System provided by Health IQ



# Variations across England

## Admissions by Region (STP, ICS or health care region were applicable)

BIG's analysis of the HES data has shown that if all regions achieved the national average admissions rate (the England average rate of admission is 134 per 100k population), there would be around 7,200 fewer admissions saving around 16,000 bed days in hospital. If all regions achieved the lowest rate (which is 82.8 per 100k population) then there would be around 30,200 fewer admissions saving around 66,500 bed days per annum.<sup>1</sup>



### Relationship between admissions and laxative prescribing spend

This graph shows the rate of admissions to hospital and the rate of spend (both per 100,000 population) for each region.<sup>1</sup>

Areas which focus on bowel health may see a double benefit in reducing admissions and reducing prescription costs.

There appears to be a positive relationship between the two rates as might be expected with higher spend on laxatives in areas with higher rates of admission. Potentially areas which focus on bowel health may see a double benefit in reducing admissions and reducing prescription costs.

If all regions currently spending more than the national average rate of spend achieved the national average rate of £158,731 per 100k population, the saving which could be achieved is around £7.2m in a 12-month period. If all areas achieved the lowest rate of spend on prescribed laxatives, the total saving could be around £31m per 12-month period.<sup>1</sup>

## Regional comparisons

The table shows the three regions with the highest rate of admissions per 100k population and the total cost of the admissions in 2018-19.<sup>1</sup>

REGION	RATE OF ADMISSION	TOTAL SPEND ON ADMISSIONS
Humber, Coast and Vale	209.6	£3,489,703
Cheshire and Merseyside	187.7	£5,585,844
Birmingham and Solihull	180.9	£2,842,250

The table shows the three regions with the lowest rate of admissions and the total cost of the admissions in 2018-19.<sup>1</sup>

REGION	RATE OF ADMISSION	TOTAL SPEND ON ADMISSIONS
North London Partners In Health & Care	93.0	£1,815,371
East London Health & Care Partnership	92.1	£2,504,831
Bristol, Nth Somerset & Sth Gloucs	82.8	£1,067,816

**The three regions with the highest rate of admissions are**

1. Humber, Coast and Vale
2. Cheshire and Merseyside
3. Birmingham and Solihull

## Laxative spend

The table shows the three regions with the highest rate of laxative spend and the total cost of the prescribing in 2018-19.<sup>2</sup>

REGION	RATE OF ADMISSION	TOTAL SPEND ON ADMISSIONS
Cumbria and North East	51,401.8	£7,105,188
Lincolnshire	39,770.9	£1,377,410
South Yorkshire & Bassetlaw	38,919.8	£2,898,567

The table shows the three regions with the lowest rate of laxative spend and the total cost of the prescribing in 2018-19.<sup>2</sup>

REGION	RATE OF ADMISSION	TOTAL SPEND ON ADMISSIONS
Bucks, Oxfordshire and Berkshire West	22,920.8	£2,014,778
Frimley Health & Care	22,156.0	£846,624
Our Healthier South East London	19,228.8	£1,861,536

# Trend analysis

Looking to identify areas which are seeing improvements in the rate of admission and laxative prescribing, analysts have looked at the trends in admissions for constipation and laxative prescribing over the period 2016/17 to 2018/19<sup>3,4</sup>

## Rate of Spend

In terms of actual spend no region has seen year on year reductions in the spend on laxatives or admissions for constipation. Only 6 regions have seen a reduction over the 3 full years considered they are:<sup>3,4</sup>

REGION	2016-17 SPEND RATE	2018-19 SPEND RATE
Frimley Health & Care	£244,702	£230,010
Sussex and East Surrey	£267,514	£266,728
Healthier Lancashire and South Cumbria	£359,330	£327,991
Lincolnshire	£321,195	£313,457
Suffolk and North East Essex	£337,091	£323,562
Dorset	£332,905	£318,730

**No region has seen a year on year reduction in the spend on laxatives or admissions for constipation**

**22 AREAS have seen year-on-year increases**

While 22 regions have seen year on year increases in the total spend rate per 100,000 population on laxative prescribing and admissions for constipation.<sup>3,4</sup>

REGION	2016-17 SPEND RATE	2018-19 SPEND RATE
Northamptonshire	£292,085	£373,514
Kent and Medway	£257,574	£288,422
Herefordshire and Worcestershire	£253,029	£254,547
South Yorkshire and Bassetlaw	£362,174	£372,694
Staffordshire and Stoke on Trent	£316,356	£336,424
Nottingham and Nottinghamshire Health and Care	£306,283	£335,134
Humber, Coast and Vale	£353,863	£404,774
Shropshire and Telford and Wrekin	£243,651	£270,926
West Yorkshire and Harrogate	£292,207	£316,341
Hampshire and the Isle of Wight	£292,251	£329,415
North London Partners In Health & Care	£224,708	£239,327

REGION	2016-17 SPEND RATE	2018-19 SPEND RATE
East London Health & Care Partnership	£213,444	£224,146
Our Healthier South East London	£238,945	£243,607
Norfolk and Waveney Health & Care Partnership	£307,213	£351,160
Coventry and Warwickshire	£285,805	£297,317
Hertfordshire and West Essex	£266,487	£300,818
The Black Country and West Birmingham	£292,034	£293,134
Leicester, Leicestershire and Rutland	£301,928	£318,135
Cornwall and the Isles of Scilly	£254,968	£261,848
Gloucestershire	£295,472	£306,658
Joined Up Care Derbyshire	£303,865	£325,503
Birmingham and Solihull	£343,718	£378,742

3 Prescription data for section code 0106 (laxatives) from March 2015 – February 2020. Accessed May 2020 from Open Prescribing (<https://openprescribing.net/>)  
 4 Admissions data for ICD 10 diagnosis code K59.0 (Constipation) from April 2016 to January 2020. Accessed May 2020 from Vantage System provided by Health IQ

# The cost of bowel dysfunction

## CONSTIPATION IN PRIMARY CARE

As well as the cost of hospital admissions and bed days, some stark figures have emerged from a survey of GPs conducted by the Bowel Interest Group (BIG).<sup>1</sup>

The results show that on average a GP sees **6.3 patients with constipation a week.**

This equates to: **Over 2 million minutes** a week in consultations for constipation

**£9 million** spent on GP consultations a week

**Over 200,000** GP appointments a week.<sup>1</sup>

## COST TO MENTAL AND PHYSICAL WELLBEING

Although constipation is seen by many as a minor health issue, the serious long-term impact on both physical and mental health and wellbeing cannot be ignored. These implications are not being properly addressed, leading to needless suffering.

For those who suffer from constipation, their quality of life can diminish enormously:

- 40% of patients with constipation experience anxiety disorder
- 38% experience depression.<sup>2</sup>

Chronic constipation can cause debilitating psychological and physical distress. It can cause chronic pain, and urinary tract infections (UTIs), caused by urine retention and bacterial growth are common in women who suffer from the condition<sup>3,4</sup>. If it's not dealt with early on, it can lead to complex problems later on, such as haemorrhoids, anal fissures or rectal prolapse.

For those with an existing health condition, constipation is a secondary health impact, cruelly adding to their health complications. Constipation makes it hard for people to travel freely, and socialise, because of the necessity to identify every accessible toilet. Individuals suffering from constipation may also lose a lot of their personal time, perhaps through time spent on the toilet trying to open their bowel, or the time spent worrying about it. Half of those suffering with constipation say that it impacts their quality of life while 69% report that constipation affects their performance at work or at school.<sup>13</sup>

These factors can all have a devastating knock-on effect on mental wellbeing, damaging confidence and self-esteem. In 2018/19 the NHS in England planned to spend £12.2 billion on mental health.<sup>8</sup> Better bowel care can help to alleviate the suffering of some of those patients.

## WHO IS AFFECTED?

Constipation is far from an unusual problem, with an estimated 1 in 7 adults, and 1 in 3 children affected<sup>5</sup> at any one time. 60% of those suffering from constipation have been shown to be women.<sup>6</sup> Constipation is also common during pregnancy.<sup>7</sup> 74% of elderly nursing home residents use laxatives for bowel regulation.<sup>9</sup> This is a common health issue that we urgently need to address.

In 2018-19, 30% of admissions (24,000) were in those aged 75 and over but this age group accounts for around 55% of the bed days (98,000<sup>5</sup>).

Children (age less than 15) accounted for around 18% of admissions (14,000) but less than 10% of the bed days (13,000) in 2018-19.<sup>5</sup>

**MYTH:**  
**Constipation**  
**is an inevitable part**  
**of ageing**

1 The BIG Constipation Survey published 23rd July 2019 available at: <https://bowelinterestgroup.co.uk/news/the-big-constipation-survey/>

2 Coloplast, Market Study, The impact of bowel dysfunction of patients and HCPs. 2017. Data on file [W-0196644]. (UTIs specific to NBD)

3 Christensen P. et al. A Randomized, Controlled Trial of transanal Irrigation Versus Conservative Bowel Management in Spinal Cord–Injured Patients. *Gastroenterology* 2006;131:738–747

4 Passananti V et al. Long-term efficacy and safety of transanal irrigation in multiple sclerosis. *Neurogastroenterol Motil* (2016) doi: 10.1111/nmo.1283

5 <https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/constipation>

6 Admissions data for ICD 10 diagnosis code K59.0 (Constipation) from April 2016 to January 2020. Accessed May 2020 from Vantage System provided by Health IQ

7 NICE, CKS on Constipation. Available at <https://cks.nice.org.uk/constipation/#backgroundSub:1>



**Approximately 70% of MS patients will develop bowel problems such as chronic constipation and faecal incontinence.<sup>10</sup>**



**Constipation is common during pregnancy<sup>7</sup>**



**46.9% of spinal cord injury patients report moderate-to-severe neurogenic bowel dysfunction<sup>11</sup>**

## Types of constipation

Sufferers can be divided into two medical groups: **Functional** and **Neurogenic**. The majority of the population would fall into the 'Functional' category.

### FUNCTIONAL

Functional constipation is diagnosed when a person is experiencing constipation symptoms, but there are no underlying non-bowel problems. All of the organs in your body are working, but there are still signs that something is wrong.

Many people who suffer from functional constipation are too embarrassed to visit their GP, or worried that there might be a more serious, life-threatening condition underlying it. This is very rarely the case. However, it's always best to speak to your GP or healthcare provider who may want to make sure that there isn't any other problem causing your symptoms.

### NEUROGENIC

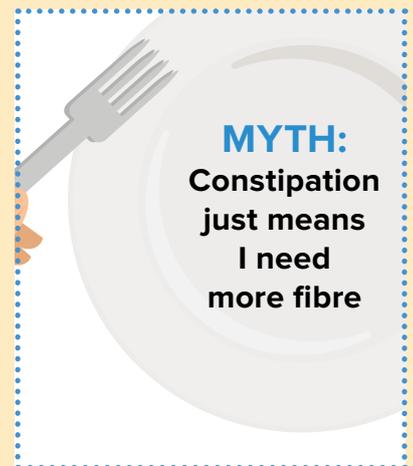
Neurogenic constipation is common in people who already have an underlying condition, such as spina bifida, multiple sclerosis (MS), Parkinson's, spinal cord injury, and those who have suffered a stroke.

Neurogenic bowel is a condition that affects the body's process for storing and eliminating solid wastes from food. Because nerve endings in the rectum help to alert people of the need to pass a stool when it enters the rectum, a lack of nervous control prevents the bowel from functioning properly. In people with spina bifida, MS or spinal cord injury, this message from the nerve to the brain may become lost or incomplete. Control of the external anal sphincter may also be disrupted, increasing the risk of incontinence.

Many patients with neurogenic bowel dysfunction spend a significant part of their day on bowel management: with up to 63% spending more than one hour on each episode<sup>12</sup>

### OTHER NON-NEUROGENIC DISEASES

Chronic constipation is a side effect of other diseases such as endometriosis and diabetes and underactive thyroid.



8 <https://fullfact.org/health/mental-health-spending-england/> [Accessed 01/07/2020]

9 Rao, S. and Go, J., 2010. Update on the management of constipation in the elderly: new treatment options. *Clinical Interventions in Aging*, 5, p.163.

10 Hinds JP, Eidelman BH, Wald A. Prevalence of bowel dysfunction in multiple sclerosis. A population survey. *Gastroenterology* 1990;98:1538-1542

11 Liu CW, Huang CC, Yang YH, et al. Relationship between neurogenic bowel dysfunction and health-related quality of life in persons with spinal cord injury. *J Rehabil Med* 2009;41:35-40.

12 Christensen P, Bazzocchi G, Coggrave M, et al. A randomized, controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients. *Gastroenterology* 2006;131:738-747

13 BELSEY J. et al. Systematic review: impact of constipation on quality of life in adults and children. *Alimentary Pharmacology & Therapeutics* 2010.

# Conclusions

**What can we conclude from the Third Edition Cost of Constipation report?**

**C**onstipation is common and often chronic. These patients with chronic constipation present in large numbers to general practice, but as this data shows, also to A&E departments. Once in the hospital setting, either via A&E or from GP referrals these patients are frequently investigated. This apparently minor symptom is therefore a source of significant healthcare spending. And this is additional to the well-recognised out-of-pocket costs of the condition, as well as the impact on workforce productivity. Possibly the least surprising statistic in this document is that these numbers are increasing – the condition is associated with environmental stressors which are increasingly experienced by the population.

Change is possible. Significant changes to provision of NHS services are anticipated in the wake of the COVID-19 pandemic, and managing a common and intrusive problem like constipation is a significant opportunity to improve patient outcomes by early evidence-based treatments while making savings.

Two things emerge from this report compared to the Second Edition - lack of change, and lack of education. Unfortunately, constipation is seen as a low priority condition that is easily tackled. The results of this report clearly demonstrate that this is not the case. What can we take from this report to ensure that things do not remain the same in the future? There has been little change in admissions over three years – to see a large improvement over this period would require a national change in the diagnosis and management of constipation throughout the NHS. Unfortunately, this has not been the case. There are individual trusts that have developed ‘bowel management’ pathways so that patients can be triaged from, for example, emergency departments directly to clinics that deal with constipation, and in turn this can lead to a reduction in admissions. To see a national change would require largescale adoption of these services. A second reason for a lack of change is the lack of new drug developments within the field of constipation over recent years. Education of both primary and secondary care professionals is also a key issue.

**MYTH:**  
**Laxatives make my bowel lazy**

## “Managing a common and intrusive problem like constipation is a significant opportunity to improve patient outcomes by early evidence-based treatments while making savings”

### CAUSES & LIFESTYLE

Laxatives are often seen as a short-term, quick fix to the problem. However, a significant proportion of patients have a reason for chronic constipation, such as slow transit constipation; opiate use; antihistamines; antidepressants and coexisting medical conditions such as neurological disorders or diabetes. Up to 14% of the population suffers with constipation<sup>1</sup> – that’s a staggering 9 million people in the UK, and 46 million in the USA. Our daily lives have changed; people live a more sedentary lifestyle, and often have a poor diet relying on processed food with a lack of fibre and adequate fluid intake. It is helpful, and important, to have a regular, unhurried toilet routine in which people listen to

their body in responding to the urge to defecate. Constipation is more common amongst women; with women twice as likely to have constipation<sup>3</sup>. Women have a higher incidence of constipation for a number of reasons, including pelvic floor disorders. This is reflected in constipation related hospital admissions where 60% are female<sup>2</sup> and this likely reflects the willingness of women to seek healthcare. A further risk factor for constipation, aside from female gender, is older age. In patients aged 65 and older, approximately 26% of men and 34% of women complain of constipation<sup>4</sup>. This is due to a number of factors such as drug-induced; medical comorbidity; a decrease in physical activity and fluid intake.

### ADVICE FOR HEALTHCARE PROFESSIONALS

My tip to health professionals is to take an accurate history. It is important to know if the constipation is acute in onset as opposed to chronic. If chronic, this may suggest slow transit, in which case patients may require long term laxatives. It is also important to ask about vaginal or rectal digitation during defaecation as this points towards an obstructive cause. Exclude secondary and serious causes for constipation with investigations and referral to secondary care as needed. I would also recommend anticipating when constipation may occur, when for example starting a patient on iron supplements or opiates, and co-prescribing a laxative. By working together, both patients and healthcare professionals can effect the change that is needed to bring the cost of constipation down, reducing the cost to the NHS, and to the wellbeing of the patients who are needlessly suffering.

#### Professor Anton Emmanuel

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1 Soares, N. and Ford, A., 2011. Prevalence of, and Risk Factors for, Chronic Idiopathic Constipation in the Community: Systematic Review and Meta-analysis. *American Journal of Gastroenterology*, 106(9), pp.1582-1591.

2 Admissions data for ICD 10 diagnosis code K59.0 (Constipation) from April 2016 to January 2020. Accessed May 2020 from Vantage System provided by Health IQ

3 NICE, CKS on Constipation. Available at <https://cks.nice.org.uk/constipation#!backgroundSub:1>

4 Schaefer, D. and Cheskin, L., 1998. Constipation in the Elderly. *Am Fam Physician*, 58(4), pp.907-914.

# Bowel

## Interest Group

### NOTES TO EDITORS

**FOR ANY FURTHER INFORMATION PLEASE CONTACT [enquiries@bowelinterestgroup.co.uk](mailto:enquiries@bowelinterestgroup.co.uk)**

#### THE BIG GP SURVEY

The survey involved 147 participants, mainly from primary care. The survey was run between 15 May – 30 June 2019

#### ABOUT THE CALCULATIONS

**No of GPs (England) FTE:** 34,736 (full time equivalent) – General Practice Workforce, England, March 2019 final, Primary Care Workforce Team, NHS Digital

**Appointments per week:** 115 – Safe working in general practice; BMA

**Working days per year:** 221 – Safe working in general practice, BMA

**Working days equivalent weeks:** 44.2

**GP appointment cost:** £42.80 – PSSRU 2018

**Constipation patients per week per GP:** 6.3 – The BIG Constipation Survey

**Average time of a GP appointment:** 10 minutes

#### Admissions Data

Taken from the Vantage System provided by Health IQ accessed in May 2020. Data was extracted using the ICD 10 diagnosis code K59.0 (Constipation) for April 2016 to January 2020.

The data was compared to that published Nationally by NHS Digital and found to be marginally higher than the data within the Vantage System, this is believed to be as a result of the rounding applied within the system to avoid small number and possible identification of individuals. As a result analysis has been limited to STP and Age by Method of Admission.

#### Laxative Prescribing Data

Laxative prescribing data was extracted from the Open Prescribing (<https://openprescribing.net/>) in May 2020, using the BNF Chapter and Section Code 0106 (Laxatives) from April 2018 – March 2019.

The data was extracted at CCG level and was then aggregated to STP using the latest information available from NHS Digital and NHS England.

#### ABOUT THE YOUNGOV RESEARCH

Total sample size was 2352 adults. Fieldwork was undertaken between 1 February – 2 February 2016. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

#### MEDICAL VERIFICATION

This report has been verified and is endorsed by members of the Bowel Interest Group (BIG); a group of medical experts who take a special interest in bowel health. BIG is a national group, focused on bowel health across healthcare and community services. The group supports Health Care Professionals with an interest in the subject and works with patients and professionals to raise awareness of bowel health and effective bowel management.

**FOR MORE INFORMATION AND RESOURCES ON BOWEL CONDITIONS VISIT:  
[www.bowelinterestgroup.co.uk](http://www.bowelinterestgroup.co.uk)**