Missed in Plain Sight: CONSTIPATION as a Reversible Driver of Acute Deterioration in Frailty

Acute deterioration in frailty is often driven by interacting, reversible stressors that remain unrecognised within disease-focused clinical pathways

1. WHY THIS MATTERS

❗Constipation in frailty is frequently under-recognized despite being a **clinically significant, reversible contributor to acute deterioration.** [1,3]

❗ Presentations are **atypical and multisystem** (**delirium, urinary retention, falls, immobility, dehydration or acute kidney injury)**, rather than isolated bowel symptoms[3,5]

❗ Missed recognition contributes **to diagnostic anchoring, delayed intervention, and avoidable harm**[1,2].

2. CLINICAL CASE SNAPSHOT

Baseline	• 94 year-old male, CFS 6, living alone • Recent functional and cognitive decline • Increasing incontinence and reduced intake
Pre-admission deterioration (days-week)	• Reduced mobility and oral intake • Increasing reliance on furniture • Episodes of "diarrhoea" (overflow) • Abdominal discomfort
Presentation	• Found on floor, unable to stand • Acute confusion (delirium) • Suspected infection (raised inflammatory markers)
Clinical evolution	• Urinary retention (999ml) • Abdominal distension • Ongoing "diarrhoea"
Clinical Reframing	• Initial assessment in acute setting prioritised infection • Ongoing deterioration prompted reassessment • Frailty-focused using Comprehensive Geriatric Assessment (CGA) identified constipation/impaction
Management	• Rectal + oral laxatives • Hydration + mobilisation • Catheterisation
Outcome	• Delirium resolved • Retention reversed • Functional improvement

RECOGNITION EMERGED NOT FROM NEW INFORMATION, BUT FROM COGNITIVE REFRAMING USING A FRAILTY-INFORMED CLINICAL LENS [1,2]

3. FRAILTY-INFORMED CLINICAL REASONING

- Frailty requires a distinct clinical lens: acute deterioration may reflect **reversible interacting vulnerabilities** [1,2]
- **Atypical presentation in frailty** (delirium, falls, overflow diarrhoea)[1, 3, 5]
- **Diagnostic anchoring** on infection may delay recognition or reversible causes[2]
- Reassessment using a **frailty-informed reasoning** (CGA) enabled **clinical reframing** [1,2]
- Constipation identified as a clinically significant, **reversible driver of deterioration**[1,3]
- Findings interpreted within a **multisystem frailty context**, not single –disease pathology[1]

4. CONSTIPATION AS AN INTERACTING DRIVER OF ACUTE DETERIORATION IN FRAILTY

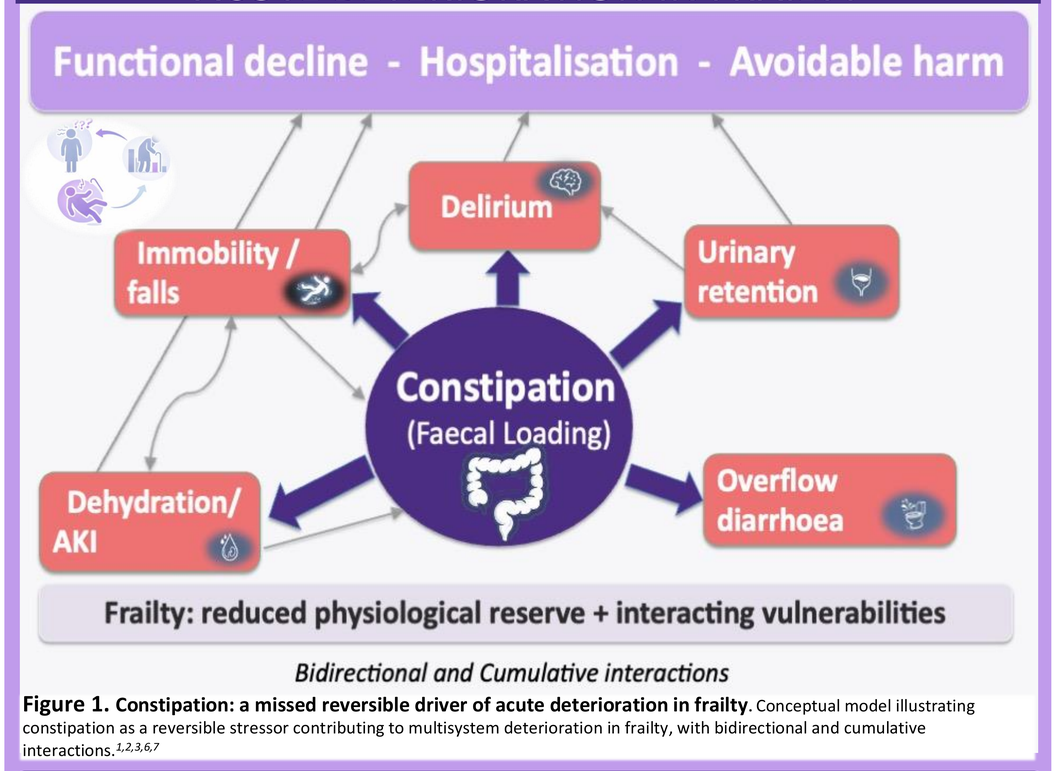


Figure 1. Constipation: a missed reversible driver of acute deterioration in frailty. Conceptual model illustrating constipation as a reversible stressor contributing to multisystem deterioration in frailty, with bidirectional and cumulative interactions.[1,2,3,6,7]

5. ACP CONTRIBUTION

Clinical	Research	Education	Leadership
• Applied a **frailty-informed clinical lens to acute deterioration**[1,2] • Identified constipation as a reversible contributor within a multisystem presentation[1,3]	• Highlights the need for **frailty-specific diagnostic frameworks in acute care**[1,5]	• Supports **reframing of acute deterioration in frailty as multisystem and interacting**[1,2]	• Challenged **diagnostic anchoring and premature closure** within acute care pathway[2]

6. WHY WAS IT MISSED?

- ❗ Infection-focused pathways
- ❗ Atypical presentation (delirium, falls)
- ❗ Cognitive impairment limiting history
- ❗ Multimorbidity increasing complexity
- ❗ Diagnostic anchoring and premature closure

FRAILTY REQUIRES A DISTINCT INTERPRETATIVE APPROACH COMPARED TO YOUNGER ADULTS

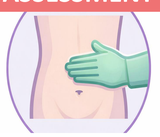
7. IMPLICATIONS FOR PRACTICE

RECOGNITION

Consider constipation in frail patients with:

✓delirium[1]
✓falls or immobility[1]
✓ urinary retention[2]

ASSESSMENT



✓ CGA approach[1]
✓Differentiate **overflow diarrhoea** from infective causes[3, 5]
✓Reassess when clinical trajectory does not align with the initial diagnosis[2]

MANAGEMENT

✓Treat constipation as a driver of deterioration[1,2]
✓**Stepwise bowel management** (e.g. macrogol +/- rectal interventions)[4]
✓Address **hydration, immobility**, and **medication burden**[1]

8. LIMITATIONS

- Single-case analysis → **limited generalisability**
- Causality cannot be definitively established
- Evidence in very frail populations remains limited[1,5]
- Improvement likely reflects multifactorial processes[1]

THIS CASE PROVIDES A CLINICALLY PLAUSIBLE, EVIDENCE-INFORMED EXAMPLE OF CONSTIPATION AS A REVERSIBLE DRIVER OF DETERIORATION IN FRAILTY.

9. CONCLUSION

- This case demonstrates that constipation is a **clinically significant, reversible driver of acute deterioration in frailty.**
- Recognition requires a shift from **disease-based to systems-based clinical reasoning**, where deterioration is understood as the result of **interacting vulnerabilities.**
- Early identification of reversible contributors is essential to reduce **avoidable harm and improve outcomes.**

REFERENCES[1]Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. *Lancet*. 2013;381(9868):752–62. [2] Boucher NA, Gan JM, Rothwell PM, Shepperd S, Pendlebury ST. Prevalence and outcomes of frailty in unplanned hospital admissions: a systematic review and meta-analysis. *eClinicalMedicine*. 2023;59:101947. [3]De Giorgio R, Ruggeri E, Stanghellini V, Eusebi LH, Bazzoli F, Chiarioni G. Chronic constipation in the elderly: a primer for the gastroenterologist. *BMC Gastroenterol*. 2015;15:130. [4]National Institute for Health and Care Excellence (NICE). Constipation in adults. Clinical Knowledge Summary. London: NICE; 2023. Available from: https://cks.nice.org.uk/topics/constipation/ [5] Emmanuel A, et al. Chronic constipation in adults: contemporary perspectives. *Int J Clin Pract*. 2017;71(1):e12974. [6]Inouye SK, Westendorp RGJ, Saczynski JS. Delirium in elderly people. *Lancet*. 2014;383(9920):911–22. [7]Bharucha AE, et al. American Gastroenterological Association technical review on constipation. *Gastroenterology*. 2013;144(1):218–38.

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