# Healthy Gives

Digestive Health: Conditions and Treatment of the Digestive System

Michelle Nolph RN, MSN, Adult Nurse Practitioner Nursing Instructor, Lincoln University School of Nursing Jefferson City, Missouri

# **Constipation in the Elderly Population**

Here is a hard question: how well do your bowels move? Constipation is a challenge and we are going to discuss ways to improve it! Slow bowels are a very common problem for people to have. The definition of constipation is "a hard, dry stool that can be painful to pass that occurs less than three times a week." Constipation is very common. Almost one-third of older adults complain of constipation daily and 50 percent of the population living in nursing homes is constipated.

Causes of constipation include not eating enough fiber, not drinking enough hydrating fluids, like water, and decreased exercise. Constipation can also be caused by things like narcotic pain medications, as they slow the bowels down, and other health issues.

What can you do to keep constipation at bay? Regular exercise is helpful for bowels to move. Having a bowel regimen and using the bathroom to pass stool when the urge comes instead of pushing it off to a later time is best. Having had more birthdays greater than 65 is not a reason to have constipation, but it can be more common in this age group due to other factors such as nerve issues, medications that cause stools to be dry or hard, muscle weakness, dietary flaws that prevent good intake of magnesium and dehydration states that keep the stools hard and dry. These are all reasons that the older population have problems with constipation. Alarm signals that need immediate attention include bloody bowel movement, black stools, continuous pain, that is not relieved with the passage of stool, or no stool passage at all with gas enlarging your stomach area. Accompanied by pain, any or all of these items need to be evaluated by your provider.

What can you do if you think you are constipated? First,

try to see if you can increase your activities. Walking daily after a meal is a great time to take a stroll. Try to do things that will help to stimulate the bowels, like a relaxing warm bath. Sip some hot tea and consider increasing your intake of water. Once these items have been tried if they do not help, you may want to consider a single dose of a laxative like MiraLax<sup>®</sup>. If this gentle non-cramping laxative does not help, you may want to seek the help of your medical provider for advice. Making sure that other more challenging causes are not an issue such as a bowel obstruction due to hemorrhoids, a tumor or issues with the colon are the cause. Once the bowels have moved, the recommendation at that time would be to add some fiber to the diet slowly, like fresh fruit and vegetables. Pay attention to the bowels and try to keep them moving. You should be able to continue to pass soft formed stools every day or every other day. It is much easier to keep the bowels doing their job than to treat repeated episodes of constipation.

# 

# Colorectal Cancer: Facts to Prevent You From Becoming a Statistic

Michelle Nolph RN, MSN, Adult Nurse Practitioner Nursing Instructor, Lincoln University School of Nursing Jefferson City, Missouri

Fifty thousand sounds great if we are talking about money, but is a terrible number when we are talking about deaths. Fifty thousand is the estimated number of deaths from colorectal (colon and rectal) cancer in the United States for 2017. Worse yet, African Americans in the U.S. are more likely to die from colorectal cancer than their white peers. With some help in planning and knowledge about this disease, the outcome could change.

The colon is the large tube that is at the end of the digestive tract. This is the part of the body that deals with food and waste. For the average person, the colon is the area of the bowel that has the highest cancer risk in the digestive tract.

Colon cancer is the fourth leading cancer diagnosis in the U.S. today. Colorectal cancer is the second leading cause of cancer death among both men and women in this nation. This type of cancer is preventable with some simple screening and knowledge about the progression of the disease.

Colon cancer can be prevented. We know that some people are more at risk than others. Your risk is higher if you have a family history of the disease. If your mother, father, sister and/or brother were previously diagnosed with colon cancer, you have a 1 in 5 risk of getting the disease.

Early detection is the best way to prevent colon cancer. There are several options for screening. It can include a yearly visit to your doctor's office for a stool test to check for blood and/or a stool test to check for cancer markers. Another option is a test (sigmoidoscopy) that looks at the lower part of the colon. Ideally, this testing, which looks directly at the colon. would be done every five

years. A colonoscopy is a test that looks at the entire colon. It is best to have one every 10 years if no polyps are found in the colon.

Early detection of the disease allows for the treatment of polyps versus cancers. Polyps are small changes to the inside of the colon. They can be precancerous or just fast-growing tissues in the colon. Polyps can be removed during tests, such as a sigmoidoscopy or colonoscopy, with minimal difficulty and lower risk. Polyp removal is a relatively safe and effective way to prevent precancerous cells from developing into cancer.

Screening should begin at age 50. However, there are special exceptions for anyone with a family member who has had colon cancer. African Americans, especially males, should begin screening at age 45. This is recommended because they have a higher risk of developing the disease early. Any person with a known genetic disease that is linked to colon cancer or previous colorectal cancer should be tested earlier and more often.

Prevention is key! So, get checked on time. And keep to your schedule, so that if polyps are found, they can be removed. This will help keep you from being a colon cancer statistic.



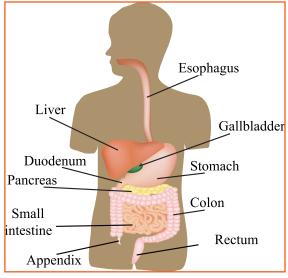
The Human Digestive System

And the Effects of Aging

You have by no doubt noticed that your digestive system does not function as well as it once did. Do you suffer from heartburn, gas, nausea, diarrhea or constipation? This is your body telling you that you need to make changes in both your eating habits and your lifestyle.

The function of the human digestive system is to break down food and drink so their nutrients can be absorbed to provide nourishment and energy throughout the body. As we age, the digestive process slows down and the body may not get enough nutrients. This can lead to a decline of other body systems and disease. Successful aging depends on a well-functioning digestive system. There are a number of steps we can take to improve digestion. But first, let's gain a basic understanding of how the digestive process works:

- 1. Digestion begins in the mouth with the chewing of food (mastication). The teeth start the process with the help of saliva. Saliva contains some enzymes which begin the breakdown of starches and fats while they are still in the mouth.
- 2. With each swallow the food is forced down the esophagus and travels to the stomach by means of muscular contractions (peristalsis). Food and acid is kept from flowing backward by circular bands of muscles called esophageal sphincters.
- 3. In the stomach the food is broken down into small particles by acids and enzymes (secreted from the pancreas and liver), into proteins, fats and carbohydrates. The stomach is the primary place where proteins are broken down.
- 4. These particles then enter the small intestine. Nutrients that the body needs for energy, growth and repair are absorbed through the intestinal walls and transferred to the liver for further processing.
- 5. At the end of the small intestine all that is left is water and waste material. This material now enters the large intestine, whose main function is to remove the water from the waste products and return it to the body.



6. At the end of the large intestine is the colon, where the waste material sits until it leaves the body through the anus.

As we age, the digestive process becomes less efficient:

- In the mouth, food may not be properly broken down due to missing teeth or gum problems as well as lowered saliva production.
- The lower sphincter that regulates the flow of food from the esophagus into the stomach can weaken resulting in reflux, a back flowing of food or acid (heartburn).
- Loss of muscle tone causes food to move more slowly along the digestive tract.
- The stomach becomes less elastic and cannot hold as much food.
- The production of acids and enzymes declines.
   A decline in the production of lactase, an enzyme that digests dairy products, can lead to lactose intolerance, a condition that causes bloating and gas when milk products are consumed.

Go to following website for more information: <a href="http://www.healthy-aging-for-women-baby-boomers.com/digestive-system.html">http://www.healthy-aging-for-women-baby-boomers.com/digestive-system.html</a>

# How to Improve Digestion For Healthier Aging

You can take a number of steps to improve digestion by helping your aging digestive system work more efficiently.

Tooth health - Digestion begins in the mouth and that is the first place you can improve digestion. If you're missing teeth or have gum problems, this will have an effect on your digestion. Brush your teeth after meals and floss. Have regular checkups and a professional cleaning every six months.

# Eat slowly and chew your food thoroughly

- When food is eaten too quickly, without properly chewing, it is only partly digested. This means not only do we get a small percentage of its nutrient value, but undigested food left in the colon rots and ferments resulting in indigestion and gas.

# Stop eating when you're satisfied, not full

- It takes 20 minutes for your brain to know your stomach is full. This is another good reason to eat slowly.

**Eat less at each meal and compensate** by eating more meals - If you do not overload your digestive system, it will function much better. Try having 5-6 small portioned meals per day instead of three big ones.

Eat the last meal of the day 2-3 hours before you go to sleep - Give your food enough time to digest. Going to sleep on a full stomach can have a twofold effect, causing heartburn and restless sleep. If you feel you must eat, have something light.

**Listen to your body** - Notice what foods cause you heartburn or gas and avoid them. Foods known to be hard to digest for many baby boomers are spicy foods, fried foods, and raw vegetables, such as green peppers and onions.

**Exercise** - A sedentary lifestyle causes a slow-down of the entire digestive process. Regular exercise stimulates peristalsis, the muscular contractions that push food contents through your di-



# **Healthy Aging**



gestive system. Lack of physical activity is a major cause of constipation.

**Reduce stress** - Stress slows digestion. It can cause stomachaches, constipation or a runny stool and worsen existing conditions such as ulcers.

**Quit smoking** - Smoking can increase the occurrence of heartburn because it lowers the pressure in the lower esophageal sphincter (the circular muscle that keeps acid and food from moving up the esophagus).

**Reduce alcohol consumption** - Alcohol dehydrates, causing a reduction of saliva. Alcohol is a major cause of heartburn. It relaxes the esophageal sphincter. If this muscle is relaxed, acid flows back to the esophagus causing heartburn.

More tips for a Healthier Digestive System - Begin your meals with fresh fruit or a fresh vegetable salad. They can help supplement the acids our stomach is missing. Fresh papaya and pineapple contain an enzyme which is helpful in the digestion of protein.

**Drink lots of water.** - When we do not drink enough we force the body to absorb more water from the large intestine causing dry, hard stools, in other words – constipation. You should drink eight glasses a day, but...

Do not drink with your meals. - It not only encourages less chewing, it dilutes gastric juices.

Eat foods high in fiber. - Fiber adds bulk to stools and softens them because it absorbs water, thus making them easier to pass. Foods high in fiber are beans (including peas, chickpeas, and lentils), 100 percent whole grain breads and cereals, brown rice, apples and other fresh fruits and vegetable with their skin.

**Keep away from processed foods**, especially those made with white flour and white sugar. These foods have no nutritional value and among other problems can create high blood sugar and cause constipation.

# Take an enzyme product with your meals.

- Digestive enzymes are designed to help improve digestion. They should be taken during or immediately after eating. Most of the foods we eat are carbohydrates, fats or proteins. So take an enzyme supplement that contains a combination of protease for protein digestion, amylase for carbohydrate digestion, and lipase for fats. Before taking digestive enzyme supplements, check with your doctor regarding compatibility with medications you might already be taking.

Food combining. - Food combining can be especially beneficial for those with very sensitive digestive systems. Food combining refers to eating foods that are compatible in terms of digestion. The theory behind it states that different foods require different digestive enzymes to improve digestion, some acid and other alkaline. For example, when a protein, which requires an acidic enzyme, is eaten with a starch which requires a more alkalize enzyme, they are not digested properly and can cause gas, heartburn or stomach pain.

The practice of food combining is controversial. Many argue that it is ineffective. But if you constantly suffer from bloating and gas and are otherwise healthy, why not try it? There is nothing in this concept that can hurt you, and many people find it very effective.

Go to following website for more Information: <a href="http://www.healthy-aging-for-women-baby-boomers.com/improve-digestion.html">http://www.healthy-aging-for-women-baby-boomers.com/improve-digestion.html</a>

# **Greek Yogurt Parfait**

This high protein breakfast is a great way to start your day! It is also a fantastic, light dessert.



Servings: 1

1 5.3 oz. container nonfat Greek yogurt (vanilla works well)

1/4 cup granola

2 tablespoons pecans (or your favorite nut)

1 cup berries

1/2 apple or 1/2 banana

Slice fruit and place on Greek yogurt. Pour granola and nuts over top. Enjoy!

(http://sbchealthplex.crmc.org/specialuse-pages/latest-blog-posts/supportblog/2016/10/13/recipe-greek-yogurt-parfait)

Nutrition information (per serving)		
Calories =	394	
Sodium: =	80 mg	
Protein: =	17g	
Total Fat: =	13 g	
Phosphorus: =	334 g	
Saturated Fat: =	2 g	
Dietary Fiber: =	7 g	
Total Carbohydrate =	54 g	
Potassium =	565 mg	

# **Additional Resources**

Compiled by Paula J. Carter Center on Minority Health and Aging Staff

# 1. Articles

- 1. Colon (Large Intestine) Facts, Function and Diseases <a href="http://www.livescience.com/52026-colon-large-intestine.html">http://www.livescience.com/52026-colon-large-intestine.html</a>
- 2. Five Signs of Colon Cancer <a href="http://wikiillnesssymptoms.com/5-surprising-signs-of-colon-cancer/">http://wikiillnesssymptoms.com/5-surprising-signs-of-colon-cancer/</a>
- 3. Racial Disparities in Colon Cancer http://onlinelibrary.wiley.com/doi/10.1002/cncr.22362/pdf
- 4. What does the Small Intestine Do <a href="http://www.news-medical.net/health/What-Does-the-Small-Intestine-Do.aspx">http://www.news-medical.net/health/What-Does-the-Small-Intestine-Do.aspx</a>

# 2. Fact Sheet/Brochures

1. Colorectal Cancer Screening Fact Sheet <a href="https://www.cdc.gov/cancer/colorectal/pdf/basic\_fs\_eng\_color.pdf">https://www.cdc.gov/cancer/colorectal/pdf/basic\_fs\_eng\_color.pdf</a>

### 3. Websites

- 1. American Cancer Society: Colorectal Cancer <a href="https://www.cancer.org/cancer/colon-rectal-cancer.">https://www.cancer.org/cancer/colon-rectal-cancer.</a> <a href="https://www.cancer.org/cancer/colon-rectal-cancer.">httml</a>
- 2. Aging and Digestion <a href="https://www.mylifestages.org/health/digestive-health/aging-and-digestion.">https://www.mylifestages.org/health/digestive-health/aging-and-digestion.</a>
  <a href="page-2">page-2</a>
- 3. Colorectal Cancer Rates in Missouri <a href="https://www.cdc.gov/cancer/colorectal/statistics/state.htm">https://www.cdc.gov/cancer/colorectal/statistics/state.htm</a>
- 4. Digestive Disease Glossary of Terms <a href="http://www.webmd.com/digestive-disorders/digestive-diseases-glossary-terms#1">http://www.webmd.com/digestive-disorders/digestive-diseases-glossary-terms#1</a>
- 5. Digestive Disorders <a href="http://www.digestivesystemdisorders.com/">http://www.digestivesystemdisorders.com/</a>
- 6. Disorders of the Large Intestine <a href="http://www.aboutgimotility.org/disorders-of-the-large-intestine.html">http://www.aboutgimotility.org/disorders-of-the-large-intestine.html</a>
- 7. Disorders of the Small Intestines <a href="http://www.aboutgimotility.org/disorders-of-the-small-intestine.">http://www.aboutgimotility.org/disorders-of-the-small-intestine.</a>
  <a href="http://www.aboutgimotility.org/disorders-of-the-small-intestine.">http://www.aboutgimotility.org/disorders-of-the-small-intestine.</a>
- 8. Disorders of Stomach <a href="http://www.aboutgimotility.org/disorders-of-the-stomach.html">http://www.aboutgimotility.org/disorders-of-the-stomach.html</a>
- 9. Easy to Digest Food <a href="http://www.md-health.com/Easy-To-Digest-Foods.html">http://www.md-health.com/Easy-To-Digest-Foods.html</a>
- 10. Harmful Effects of Medication on the Digestive System <a href="http://www.healingwell.com/library/ibd/">http://www.healingwell.com/library/ibd/</a> info8.asp
- 11. How Aging Affects Your Digestive Health <a href="http://www.everydayhealth.com/digestive-health/dealing-with-a-sensitive-gut.aspx">http://www.everydayhealth.com/digestive-health/dealing-with-a-sensitive-gut.aspx</a>
- 12. Pictures of Intestines www.webmd.com/digestive-disorders/picture-of-the-intestines#1
- 13. Small Intestine Diseases <a href="http://www.buzzle.com/articles/small-intestine-diseases.html">http://www.buzzle.com/articles/small-intestine-diseases.html</a>



### **LUCE-PJCCMHA Staff**

Yvonne Matthews, LUCE Associate
Administrator and PJCCMHA Coordinator
Deborah Jenkins, M.A., Research Assistant I
Glenda Meachum-Cain, M.S.
Community Outreach Worker

### Contact us at:

Lincoln University Cooperative Extension Paula J. Carter Center on Minority Health and Aging Lorenzo J. Greene Hall 900 Leslie Boulevard Jefferson City, MO 65101

Additional contact information: Phone: (573) 681-5530

Fax: (573) 681-5534

Email: PJCCMHA@LincolnU.edu

Visit our website at:

http://www.lincolnu.edu/web/programs-and-projects/minority-health-and-aging



**COOPERATIVE EXTENSION** 

Lincoln University of Missouri and the U.S. Department of Agriculture Cooperating. Albert E. Essel, Ph. D., Dean, Director of Research and 1890 Administrator, College of Agriculture, Environmental and Human Sciences. Publications are distributed without regard to race, color, national origin, sex, age, religion or handicap. Lincoln University is an equal opportunity provider and employer.

Wonne Matthews, Associate Administrator, Cooperative Extension. Distributed in furtherance of Food and Agriculture Act. 1977 PL-113 Section 1444 and 1445, as amended by PL 97-98, December 22, 1981. Lincoln University is an 1890 land-grant institution and is part of the Missouri state system of higher education. Lincoln University was founded in 1866 by enlisted men and officers of the 62nd and 65th Colored Infantries.



# **LUCE-PJCCMHA Advisory Board**

Carol Beahan (CLAIM)

Michael Brewer J.D. DHSS - DSDS Bureau of Senior Programs

Valerie Butler (DHSS Office of Minority Health)

Michael Couty (Prenger Family Center)

Bianca Farr, MSW, LCSW, MARS (Dept. of Mental Health)

Jerry Hitzhusen (Retired - University of Missouri)

Jessie Kwatandia (Greater MO Chapter Alzheimer's Association)

Joseph (Joe) Matherne (Jefferson City Police Department and Community Action Team)

Glenda Meachum-Cain (Retired - Dept. of Health and Senior Services)

**Donald Glover (Retired Farmer)** 

Cassandra Gould (Pastor, Quinn Chapel AME Church)

Marietta Monroe (Retired - Columbia Public Schools)

Carolyn F. Prim (CLAIM, Kansas City)

Catina Shannon, (Government Relations, Ameren)

Chuck Walker (Retired - Detective/Jefferson City Police Department Community Action Team)

Janet Whittler (SSM Health St. Mary's Health Center)

**Bishop Russell Freeman (Community Member)** 

Florence Vaugh (Community Member, Retired Nurse)

**Ex-Officio Members** 

Joseph Palm (Office of Minority Health)

Yvonne Matthews (Lincoln University Cooperative Extension)





