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Nicholas J. Talley and Eric G. Tangalos

Undernutrition and Anorexia in the Older Person **393**

Renuka Visvanathan and Ian McPhee Chapman

Minimizing frailty in older age is important to individuals and society, as the increasing prevalence of chronic disease is leading to greater disability and health care costs. Nutritional frailty can be defined as the disability that occurs in old age due to rapid, unintentional loss of body weight and sarcopenia (lack of lean mass). This article provides a brief overview of the prevalence and consequences of undernutrition, age-related changes to appetite, food intake, and body composition, the factors contributing to the development of anorexia and undernutrition, and recommended management strategies.

Oropharyngeal Dysphagia **411**

Ian J. Cook

Although the aging process per se can produce measurable changes in the normal oropharyngeal swallow, these changes alone are rarely sufficient to cause clinically apparent dysphagia. The causes of oropharyngeal dysphagia in the elderly are predominantly neuromyogenic, with the most common cause being stroke. The evaluation of oropharyngeal dysphagia in the elderly involves early exclusion of structural abnormalities, detection of aspiration by videofluoroscopy which might dictate early introduction of nonoral feeding, and exclusion of underlying systemic and neuromyogenic causes that have specific therapies in their own right. Such conditions include Parkinson disease, myositis, myasthenia, and thyrotoxicosis. Management is best delivered by a multidisciplinary team involving physician, speech pathologist, nutritionist and, at times, a surgeon.

Celiac Disease in the Elderly **433**

Shadi Rashtak and Joseph A. Murray

It has become apparent recently that celiac disease, once believed to be primarily a childhood disease, can affect people of any age. Epidemiologic studies have suggested that a substantial portion of patients are diagnosed after the age of 50. Indeed, in one study, the median age at the diagnosis was just under the age of 50 with one-third of new patients diagnosed being older than 65 years. The purpose of this review is to address the prevalence, clinical features, diagnosis, and consequences of celiac disease in the elderly. The authors also review management strategies for celiac disease and adjust these with emphasis on the particular nutritional and nonnutritional consequences or associations of celiac disease as they pertain to the elderly.

Inflammatory Bowel Disease in the Elderly

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Michael F. Picco and John R. Cangemi

This article reviews the epidemiology, clinical manifestations, diagnosis, prognosis, and treatment of inflammatory bowel disease (IBD), which will grow in prevalence as the population ages. Prognosis of late-onset ulcerative colitis (UC) is generally similar to that of early-onset UC, whereas in Crohn disease it is probably better because of a tendency for colonic involvement. Disease complications are related more to the duration of the inflammatory bowel disease than the subject's current age. The diagnosis in elderly patients can be challenging due to the large number of conditions that mimic IBD on radiologic, endoscopic, and histologic testing. Distinguishing these conditions from IBD will significantly alter prognosis and treatment. Complications related to IBD and its treatment are common and must be recognized early to limit their impact in a vulnerable elderly population.

Chronic Constipation in the Elderly

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Earnest P. Bouras and Eric G. Tangalos

Chronic constipation is a common problem in the elderly, with a variety of causes, including pelvic floor dysfunction, medication effects, and numerous age-specific conditions. A stepwise diagnostic and therapeutic approach to patients with chronic constipation based on historical and physical examination features is recommended. Prudent use of fiber supplements and laxative agents may be helpful for many patients. Based on their capabilities, patients with pelvic floor dysfunction should be considered for pelvic floor rehabilitation (biofeedback), although efficacy in the elderly is uncertain. Clinical awareness and focused testing to identify the physiologic abnormalities underlying constipation, while being mindful of situations unique to the elderly, facilitate management, and improve patient outcomes.

Diarrhea and Malabsorption in the Elderly

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Lawrence R. Schiller

Acute and chronic diarrheal disorders are common problems at all ages. It has been estimated that 5% to 7% of the population has an episode of acute diarrhea each year and that 3% to 5% have chronic diarrhea that lasts more than 4 weeks. It is likely that the prevalence of diarrhea is similar in older individuals. This article reviews the impact of diarrhea in the elderly, many of whom are less fit physiologically to withstand the effect of diarrhea on fluid balance and nutritional balance.

Fecal Incontinence in the Elderly

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Felix W. Leung and Satish S.C. Rao

Fecal incontinence affects up to 20% of community-dwelling adults and more than 50% of nursing home residents, and is one of the major risk factors for elderly persons in the nursing home. Institutionalization itself is

a risk factor (eg, immobility due to physical restraints). Management should focus on identifying and treating underlying causes, such as diet- or medication induced diarrhea, constipation, and fecal impaction. Use of absorbent pads and special undergarments is useful. Anorectal physiologic testing of nursing home residents has revealed an association between constipation, stool retention, and fecal incontinence. Impaired sphincter function (risk factor for fecal incontinence), decreased rectal sensation, and sphincter dyssynergia (risk factor for constipation and impaction) are found in a high proportion of incontinent nursing home residents. Biofeedback and sacral nerve stimulation may be useful in refractory patients and should be considered before colostomy in community-dwelling adults. Despite appropriate management, nursing home residents may remain incontinent because of dementia and health or restraint related immobility.

Diverticulosis and Acute Diverticulitis

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John G. Touzios and Eric J. Dozois

Colonic diverticulosis is a common, usually asymptomatic, entity of Western countries, with an incidence that increases with age. When these diverticula become infected and inflamed, patients can present with a wide variety of clinical manifestations. Management of acute, uncomplicated diverticulitis can often be treated successfully with antibiotics alone and the decision to proceed with more aggressive measures such as surgical intervention is made on a case-by-case basis. The treatment algorithm for diverticular disease continues to evolve as the pathophysiology, etiology, and natural history of the disease becomes better understood.

Intestinal Ischemia in the Elderly

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John R. Cangemi and Michael F. Picco

Mesenteric ischemia in the elderly is an uncommon but often fatal disorder for which the prognosis depends entirely on the speed and accuracy of the diagnosis. A high index of suspicion is required as the early signs and symptoms, at a time when ischemic changes are reversible, are typically nonspecific or absent. This article reviews the clinical spectrum of mesenteric ischemia in the elderly with particular emphasis on the varied presentations, evaluation, and management of ischemic disorders of the intestines.

Solitary Rectal Ulcer Syndrome and Stercoral Ulcers

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Yair Edden, Shirley S. Shih, and Steven D. Wexner

Colonic ulcerations can affect the entire colon and rectum, and have variable clinical presentation according to the anatomic location and underlying pathology. Diverse causes may lead to colonic ulceration, such as inflammatory bowel diseases, oral drugs (mostly nonsteroidal anti-inflammatory drugs), local or diffuse ischemia, and different intestinal microorganisms. An ulcer may also herald a concealed malignant disease. In

most cases, colonic ulcerate is associated with diffuse colitis in the acute setup or with inflammatory bowel diseases, and to the lesser extent the ulceration is defined as solitary. This article focuses on two of the less commonly diagnosed diseases: solitary rectal ulcer syndrome and stercoral ulceration, both related to local tissue ischemia and often seen in the elderly population.

Pharmacologic Consideration of Commonly Used Gastrointestinal Drugs in the Elderly

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Barbara J. Zarowitz

Gastrointestinal (GI) manifestations in older adults can be caused or alleviated by drug therapy. GI medications, such as proton pump inhibitors and histamine-2 receptor antagonists, are among the most commonly used medications in long-term care facilities in the United States. This article reviews the alterations in pharmacokinetic disposition of medications that occur with aging and highlights the pharmacology of commonly used GI drugs. Selected GI conditions that are drug induced and preventable are identified, and recommendations for GI drugs to be avoided in older adults are provided.

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