



*food solutions with health & lifestyle benefits*

# Natural Bowel Care Program Results







## **THE BENEFITS of using VALLEY FLAX FLOUR as a COMPONENT of the NATURAL BOWEL CARE PROGRAM**

1. In North Queens Nursing Home, where the original program was initiated, there was an 80 % reduction in the number of residents requiring medical interventions for bowel care.
2. This resulted in reduced nursing time required to manage resident bowel care, increased resident control over their own bowel care, and reduced pharmaceutical costs.
3. Less than 30 % of their residents required any pharmaceutical treatment for bowel care over a three year period.
4. The program has resulted in a cost saving of approximately \$200.00 / month for the 44 bed facility. (\$4.55 / resident / month at a usage level of about 14 g or 2 Tbsp / day)
5. A survey of Nova Scotia nursing homes using flax flour, in 2000, indicated a reduction in the use of laxatives, suppositories and enemas in the range of 60 to 80 %.
6. Approximately 74 % of the residents in the surveyed nursing homes were consuming flax flour.
7. The average amount of flax flour being consumed was 15 ml (1 Tbsp) at a cost of less than \$0.05 / day.

In another NS nursing home study, carried out in 2001, the researcher found that:

1. Increasing the fibre intake using flax flour resulted in a 66 % increase in the number of bowel movements per week.
2. 73 % of the study participants reduced the amount of bowel medications required while on the study.
3. 75 % of the residents consuming flax flour had soft, formed, medium size stools during the program.
4. Many residents personally vocalized their appreciation and positive feelings about flax. Residents were pleased they did not require as many pharmaceuticals to help regulate their bowel.

For more results from recent implementations in long term care facilities, visit the [www.flaxnet.org](http://www.flaxnet.org)

## Natural Bowel Care: A Case Study from the Espanola Nursing Home by Jody Pilon

Constipation is a significant issue in the long term care setting. It negatively affects the quality of life of many of the residents and it involves a higher degree of nursing intervention.

But it doesn't have to be this way.

Staff at the Espanola Nursing Home, located in northern Ontario, decided to do something about reversing the negative impact of constipation on the quality of life of the residents living there. They knew that almost half — 47 percent — of the residents had issues with constipation, having had a study done in the spring of 2006. The study also confirmed that the affected residents relied on chemical stimulants and invasive nursing treatments in order to have a bowel movement.

“For too many years we accepted the fact that the elderly will need to be dependent on laxatives and medications, and that invasive procedures are often the only reasonable method of treatment.” –

Catherine Gray, Director of Care

### Espanola's approach

Guided by the principle that clients come first and that they desire a higher quality of service and care, a leadership team consisting of the Director of Care, the Food Service Nutrition Manager and the Clinical Manager Infection Control/Staff Education decided to develop quality, client-focused, best practice regarding constipation issues. This was in early 2006.

The thrust of this multidisciplinary natural bowel management program was the use of ground flax flour.

Flax is a naturally occurring fibre obtained from the seed of the flax plant. A natural laxative, flax reduces the need for pharmaceutical interventions such as laxatives, suppositories and enemas. Flax seeds have a nutty flavour and contain high-quality protein and omega-3 fatty acids.

Adding flax to the raw food budget would mean an extra monthly cost of about \$60, but staff members were keen on introducing a program that would enhance the residents' quality of life.

Using information contained in a resource binder purchased from Valley Flax Flour Ltd in Middleton, Nova Scotia, the team put together a plan for using flax. The program included three main components: the adjustment of the majority of in-house recipes, the development of the nursing care pathway, and education sessions for staff and residents. The natural bowl program includes significant amendment to favourite recipes, with an ultimate goal of adding a minimum of 2 teaspoons of ground flax to everyone's diet. All standing orders from physicians for the use of pharmaceuticals would be discontinued to coincide with the planned implementation date.

The end result has been a significant reduction in the use of government-issued pharmaceuticals

Residents who require additional support would receive an additional 2 to 4 tablespoons of flax with meals throughout the day. The additional flax is determined based on a nursing care pathway.

The plan was presented to the residents during a Residents' Council meeting, which helped to secure the program's success. With a resounding endorsement from the residents, the program was then presented to the Medical Advisory Committee for a final go-ahead.

The program was unrolled to care staff at a number of education sessions. Several resources from Valley Flax Flour were used to educate staff on the benefits of introducing flax into residents' diets, including pamphlets and a video.

## The new menu

The spring 2006 menu served as the first introduction of the ground flax program. Soups, stews, casseroles, meatloaf, breading for fish and chicken dishes, and baked goods were all "boosted" with ground flax. Staff taste-tested the recipes as the ground flax was added to ensure that palatability and presentation were not compromised. It was hoped to add between two and four teaspoons of ground flax to each person's daily consumption.

Once the meal plans had been worked out, the next step was to get all departments onboard during the introduction of other new strategies in the fall of 2006:

- discontinuing physician orders for routine bowel care medications and replacing these with additional flax flour based on identified needs following the nursing care path; and
- developing a protocol for medical intervention, which involved having frontline staff identify which residents on a given day would require pharmaceutical support in addition to the extra flax at mealtime and communicating that information to the registered nursing staff.

## Conclusion

After six months, the results of the natural bowel movement program were in! Nursing interventions had decreased by

71.5 percent — far exceeding the team's expectations. This meant that many residents were no longer having to endure invasive treatments or consume oral pharmaceuticals in order to support their daily bowel routines. Some residents also had increased control over their own bowel

care. And, residents are pleased that they do not have to take as many medications every day as they used to.

After six months, nursing interventions had decreased by 71.5 percent, many residents were no longer having to endure invasive treatments or consume oral pharmaceuticals in order to support their daily bowel routines, and some residents also had increased control over their own bowel care.

Staff are not only pleased with the results but that they have been able to offer the residents at Espanola Nursing Home a non-invasive method for their bowel routines

One year later only three of the 62 residents continue to regularly rely on pharmaceutical and nursing interventions in order to have bowel movements. Based on doctor's orders for pharmaceuticals to aid in bowel movements recorded June 2006, it was determined that in one month there would have been at least 1480 interactions between the RPN and the residents. If each interaction is estimated to take 60 seconds, this represents 24 hours a month. In an already hectic day, a few minutes saved without compromising resident care and safety is much welcomed.

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### EGH Famous Pasta Sauce

Recipe Yields 50 Portions of 1/2 C

11 lbs lean ground beef  
 6 lbs Arrezio tomato sauce  
 12 lbs diced tomatoes  
 1 qt water  
 1 qt ketchup  
 3-1/4 C chopped onion  
 1 T crumbled bay leaf  
 1 T ground thyme  
 1 T garlic powder  
 1/4 C worcestershire sauce  
 1 T ground oregano  
 1 T celery salt  
 1-1/2 C ground flax

Brown beef and pour off excess fat. Add all ingredients to browned beef. Simmer uncovered, stirring frequently until thickened — approximately two hours.



Valley Flax Flour: 1-866-825-8256; info@flaxnet.org;  
[www.flaxflour.com](http://www.flaxflour.com).

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Long Term Care September/October 2007

## Flax Flour has big impact at Garden Terrace

Friday, June 11, 2004 - Natalie Miller

PETERBOROUGH - Flaxflour is just what the nutritional care manager ordered.

And the introduction of two tablespoons a day into residents' diets is having a dramatic impact on their regularity and quality of life at Garden Terrace, according to Andrea Smith, the long-term care home's nutritional care manager.

"The idea is to use flaxflour in their diet to improve their laxation," Andrea tells the OMNIway while in Peterborough this week for the nutritional care managers' retreat.

She goes on to say, "The whole goal of this is to reduce the number of pharmaceutical laxatives in long-term care."

The Kanata home is piloting the Natural Bowel Care Program. Andrea shared with her colleagues Thursday the home's success with two trial projects. The most recent trial was conducted during the month of May with residents in the special care unit on the first floor of the home.

At the end of the month, staff had administered a total of eight laxatives compared to 564 in April.

"It's working and we have the documentation to prove it's working," she says.

On the day the trial began, after receiving consent from residents' families, nursing staff stopped administering pharmaceutical laxatives and the nutritional care department began adding two tablespoons of flaxflour to residents' diets. The flax seeds are ground and then added to residents' breakfast cereal or spread on toast with jam. In some cases, they've also added the flaxflour to mashed potatoes and soup. "It's really simple," she says.

The flaxflour has a "nutty" flavour and a texture similar to bran. "Residents seemed to enjoy it," says Andrea, noting they said they became accustomed to the taste quickly. "The residents have affectionately called it the 'Get up and Get Moving' program."

Flaxseed, aside from being rich in dietary fibre, contains omega-3 fat, which may protect against cancer and heart disease, according to the Flax Council of Canada. The flour also contains protein which aids in skin care management, notes Andrea.

Andrea first learned of the benefits of flaxflour during an internship in Nova Scotia with a dietician who works in a long-term care setting and owns Valley Flaxflour Inc.

The introduction of flaxflour, aside from improving regularity, has enhanced residents' quality of life and dignity, notes Andrea. "They're not as irritable," she says. It also eases their worries related to regularity, she says.

The project wouldn't have been successful without strong communication between nutritional care and nursing staff and accurate documentation, Andrea stresses.

She expects the program will be expanded to all residents at Garden Terrace within the next few months and hopes it will eventually be introduced at the other 15 OMNI homes.

## Things running smoothly thanks to flax flour

Wednesday, March 9, 2005 - Shelley Jordan

The Natural Bowel Care Program continues to run smoothly at Garden Terrace home in Kanata, and success has meant expanding the program to serve 60 per cent of residents.

Administrator Karl Samuelson says the program has improved quality of life for residents of Garden Terrace. He says it's common for the elderly to have difficulty with their bowels due to the effects of medications and reduced mobility, and supplementing their diet with flax flour has eased this problem for the majority taking part.

"Flax is gaining popularity in our general society," says Karl. "You see more cutting edge grocery chains offering flax products as people are becoming more aware of the known and suspected benefits.

Initially the Natural Bowel Care Program started as a pilot project, helping residents on one floor of the home improve laxation and thereby decreasing the need for laxatives from 564 supports in May to eight by April 2004. The program is now used on a volunteer basis on all floors of the home. Karl says most joined because they recognized how flax flour could help them, while the other 40 per cent declined because they didn't like the taste or texture of foods supplemented with flax flour. Some preferred to only treat a bowel condition when it came along through the program, or by other means they were familiar with such as pharmaceuticals.

Karl says the known benefits of eating flax flour includes a reduced risk of chronic diseases such as heart disease and cancer. Benefits that have not yet been proven or are still under scientific investigation include reduced menopausal symptoms such as hot flashes, as well as a lowered incidence of type two diabetes.

Flax flour, made from ground flax seeds, contains soluble and insoluble fibre. While the soluble fibre aids in laxation, the insoluble fibre prevents the body from going overboard by providing bulk, thus controlling diarrhea. Alpha Lipoic Acid, or ALA, an omega 3 fatty acid is also abundant in flax flour. According to a publication through the University of California Berkeley Wellness Letter, ALA is important for preventing cell damage and also aids the body in processing vitamins C and E.

"The bottom line is the upside is huge, and the downside is not recognizable," says Karl.

This story was originally published in [omni-way.com](http://omni-way.com) courtesy of [AxiomNews.ca](http://AxiomNews.ca) Additional information to help plan, implement and maintain this program is available from:

Valley Flaxflour Limited, Middleton, NS, Canada, BoS iPo

Phone 825-1528 Toll free 1 866 825 8256 [www.flaxflour.com](http://www.flaxflour.com)

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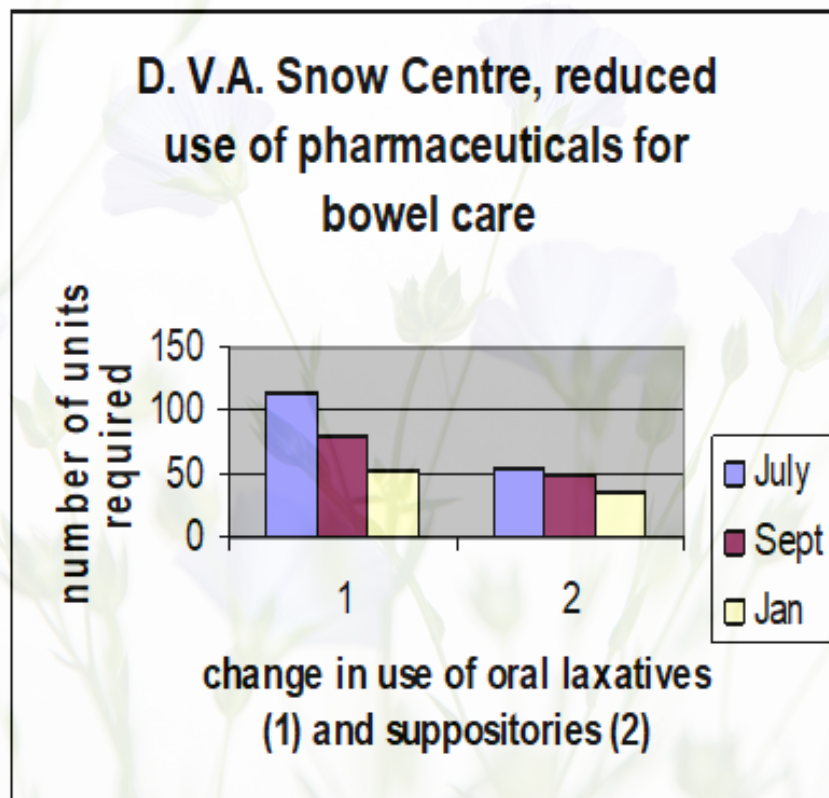


## Statistics from Dr. V.A. Snow Centre, Hampton, NB

Approximately 2 Tbsp of flax flour is added to both the hot and cold cereal each day at breakfast. Flax flour is used in the home-made fruit lax and in muffins. A night lunch containing flax flour is usually served three times a week.

In September, 2003 (first month using flax flour)

- there was an overall reduction in the use of oral laxatives of 25.5%
  - wing one 22% decrease
  - wing two 28% decrease
- overall use of suppositories was down 17.2%
  - wing one 3.6% decrease
  - wing two 27.8% decrease
- in the most constipated residents, oral laxative use was down 21% and the use of suppositories was down 7%
- before starting the use of flax flour, 75% of residents needed pharmaceutical treatment for bowel care
- with the use of flax flour, 66% of residents continued to require pharmaceuticals for bowel care.
- There was no change in the number of Fleet enemas used.





## **DIETARY INTERVENTION: Bowel Care and Maintenance in Long-term Care**

**MAINTENANCE OF BOWEL HABIT IS A MAJOR QUALITY-OF-LIFE ISSUE FOR THE ELDERLY. THE AUTHORS DESCRIBE A PROGRAM THAT SUCCESSFULLY REDUCED THE USE OF PHARMACEUTICAL LAXATIVES IN A NOVA-SCOTIA NURSING HOME.**

**HOWARD SELIG BSc PDt**

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**JOY BOYLE, RN**

**Joy Boyle is the Assistant Director of Care at North Queens Nursing Home, Caledonia, Nova Scotia. She is currently involved in a study looking at calcium supplementation in a continuing care population.**

**Acknowledgment: Special thanks to Joan Regimbal, PDt, Bonnie DeLong, LPN, and Pascale Love, PDt, for their ongoing commitment to this project.**

The use of pharmaceutical laxatives in long-term care is of concern to care providers. Seventy-four per cent of nursing home residents are using at least one type of laxative.<sup>1</sup> This activity continues even with abundant evidence that many of the products being used have considerable adverse side effects. Complications can include dependency, loss of bowel function and product-specific complications. For example, the use of saline laxatives such as milk of magnesia can result in watery stools, increasing the risk of fecal incontinence, dehydration and hyper-magnesemia.<sup>2</sup> The management of bowel care requires a multi-disciplinary approach. The initiation of a new bowel care protocol requires the reduction of orders for pharmaceuticals as well as the increased use of dietary fibre, increased fluid intake and exercise as essential components of a successful bowel care program.<sup>3</sup> The approval of the physician is needed to discontinue the routine use of laxatives.

The dietary department must be involved to increase the fibre content of meals and snacks, the nursing department to monitor and encourage fluid intake, and activity coordinators to monitor and provide enhanced opportunities for resident activity. Each individual or department maintains involvement in the program and is kept current with progress. A team approach may also enhance the resolution of difficulties with specific components of the program as they arise.

A variety of natural laxative mixtures consisting of fruit or fibre blends have been used widely for residents in long-term care. These include Fruit Spread, Superlax, Power Pudding, Anti-Constipation Fruit Paste and PAB Mixture.<sup>4</sup> Generally favourable results have been observed. Beverley and Travis<sup>5</sup> found that their natural laxative mixture was as effective as other methods for managing constipation. They were able to delete aperients as a routine treatment option and reduce medication costs, and the natural laxative mixture was frequently rated as "very easy" to administer. Brown and Everett<sup>6</sup> reported that their special recipe for bowel management reduced costs, saved time for the unit nurses, enhanced the comfort and dignity of the patients, and was as effective as laxatives. Using another specialized recipe to banish constipation, Behm\* reduced the use of magnesia products by 85.6 per cent, with a similar cost saving.

The ongoing challenge to provide continuous quality improvement for the 44 residents at North Queens Nursing Home, Caledonia, Nova Scotia, led to the formation of a team to address the concerns regarding the use of pharmaceutical products for bowel care and maintenance. The goal was to reduce the number of pharmaceutical products, including peristaltic stimulants, laxatives, suppositories and enemas, required for bowel care and maintenance.

**“WITH THE START OF THE BOWEL CARE PROGRAM, EVERY RESIDENT WAS ENCOURAGED TO EAT IN THE DINING ROOM. THIS ENSURED THAT EVERYONE RECEIVED AT LEAST A MINIMAL AMOUNT OF EXERCISE THROUGHOUT THE DAY. RESIDENTS WERE ALSO ENCOURAGED TO MAINTAIN INDEPENDENT MOVEMENT ON THEIR OWN BY MOBILIZING WITH THEIR WALKERS OR WHEELCHAIRS”**

## THE PROGRAM

The care team included the assistant director of care, the dietitian, a physician and a licensed practical nurse.

**Natural laxative formulation.** Through a review of the current literature, the care team identified products that would increase the fibre content of the residents' diet and be compatible with the long-term care environment. Their formulation included apple sauce, bran, prune puree, prune juice and flaxseed.<sup>7</sup>

The formula developed for the trial consisted of 1 cup of flaxseed. 3 cups of water. 4 1/2 cups of stewed pureed prunes. 4 1/2 cups of natural bran. 1 cup of apple sauce and 3 cups of prune juice.

**Water.** Inadequate fluid intake is a common problem among nursing home residents. Dehydration can result in fluid/electrolyte imbalance, leading to “acute confusion, incontinence, constipation, and adverse drug responses.”<sup>9</sup> Recognizing the importance of water to the success of any bowel management program, the team implemented a regimen of water rounds concurrent with the start of the dietary bowel care program. Lidded mugs were provided to the residents for use between meals, to be refilled three times a day by the nursing staff. Additional fluids were offered with every meal, thereby encouraging a total fluid intake of eight to ten glasses a day, a three-fold increase from the estimated intake of three glasses of fluid prior to the start of the program. This increase may be attributed to staff education around the importance of adequate hydration, as noted above, as well as the implementation of the water runs. Fluid intake was not specifically tracked, however.

### Exercise

Exercise was recognized as another key component of a bowel maintenance program. Physical activity has been found to stimulate peristaltic movement. Yakabowich,<sup>10</sup> citing Ellickson, states that “even a small increase in activity has been shown to stimulate the bowel. Such modest activity as sitting up in bed or turning or twisting in a chair causes some distinct changes in colonic motility.”

Table 1: Summary of the results from the initial 9-day trial with three residents

Resident	Number of Interventions*		Frequency of bowel movements	Stool Consistency
	9 days prior to trial	9 days during trial		
1	2	1	3	softer, bulkier
2	3	0	5	larger BM, bulkier
3	3	2	0 natural BMs	softer, bulkier

\* includes peristaltic stimulants, bulking agents, laxatives, suppositories, and enemas

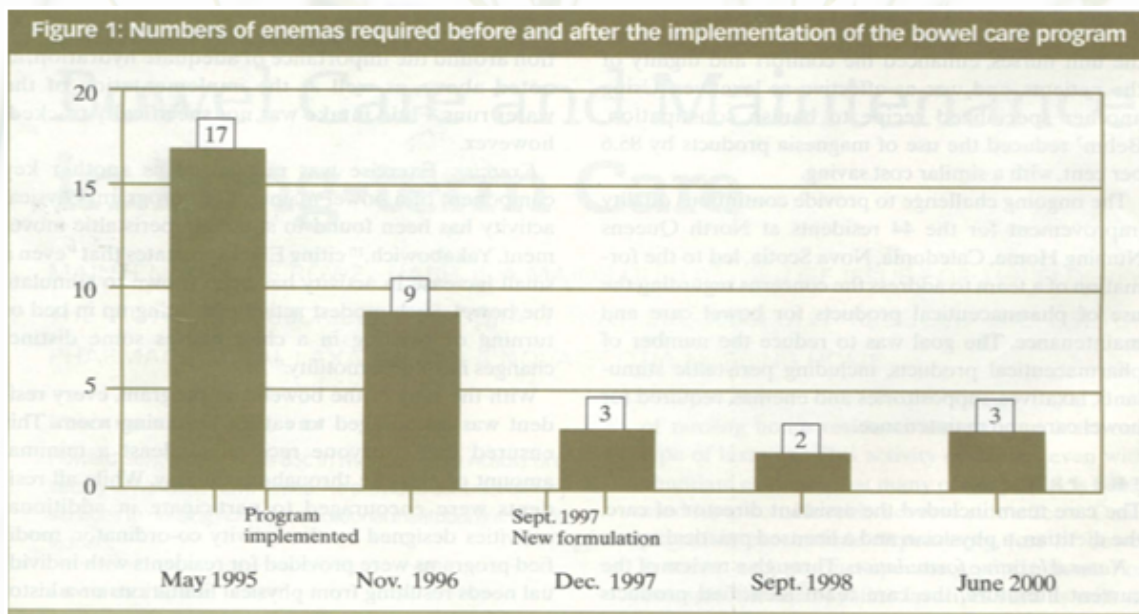
## THE PROGRAM

With the start of the bowel care program, every resident was encouraged to eat in the dining room. This ensured that everyone received at least a minimal amount of exercise throughout the day. While all residents were encouraged to participate in additional activities designed by the activity coordinator, modified programs were provided for residents with individual needs resulting from physical limitations or a history of fecal impaction. Residents were also encouraged to maintain independent movement on their own by mobilizing with their walkers or wheelchairs. Both the Nursing and Activity Departments implemented this mobilization component.

Protocol for medical intervention. The care team developed guidelines for the use of medical intervention should the need arise after the prescribed laxatives were withdrawn. The protocol was as follows. A resident who had not had a bowel movement for three days was assessed by the RN, additional dietary support, such as an increase in the amount of natural laxative or additional prune juice, was provided, or a pharmaceutical stimulant, such as Senokot® was given. This was followed two days later by a glycerine suppository, if required. The use of an enema was reserved as a final resort. These guidelines, revised from previous standing orders, were developed by the physician in discussion with the assistant director of care and formalized by the care team.

Nursing staff were requested to monitor residents on the program for bowel movement frequency as well as stool consistency and size. The “Resident Bowel Care Record” was implemented to monitor bowel movements and to help identify bowel problems that residents might experience.

The trial begins. On May 31, 1995, the trial was started. Four residents experiencing chronic constipation were provided with 15 cc of the dietary supplement. This was increased to 45 cc before breakfast over the nine-day trial. The medication nurse delivered the product with eight ounces of water.



One of the four residents selected for the trial refused to participate. The results for the remaining three were very encouraging (Table 1). Fewer interventions were needed during the trial than during the nine days before the trial, and textural changes were observed in the stools. There was no difference in the frequency of bowel movements, however. These results are consistent with those reported by Behm.<sup>11</sup>

**Implementation of the program.** Given the positive results of the trial, the team decided to expand the program to the entire heavy-care unit and, subsequently, to the entire facility. Residents for whom a high-fibre diet or seeds were contraindicated did not receive the supplement. This group included residents with active diverticular disease, fistula or recent bowel surgery. Although all residents were encouraged to participate, individuals could refuse to participate or could withdraw. The formulation was provided to most of the residents in their cooked cereal: some residents received it by spoon from a medication cup, provided as a morning medication. The dietitian reported in December 1996 that “the product was well received in the beginning but many residents quickly became tired of the product. There are still a few who take the mixture from the medication nurse. After a few months we provided the flax mixture less frequently and initiated the following: Cooked cereal with flax mixture (x2), baked products with flax mixture (x2), 2x weekly they receive raw bran in the cereal and when dry cereal is served 1/4 cup All-bran is sprinkled on top. The combination of the three seems to be working well.”

**Change in formulation.** By August 1997, 10 residents had left the natural bowel care program. At that time, the mixture ingredients and the delivery process were reviewed. The team determined that if the flaxseeds were ground, the product could be incorporated into food without the noticeable change in texture associated with the whole seeds. The residents for whom seeds were contraindicated could also receive the mixture, and the nurses would no longer be required to deliver it to any of the residents as a medication. Other benefits from the ground seeds beyond the laxative effect included the bulking characteristics, which would help control diarrhea, additional fibre from the inner portion of the seeds, and high-quality vegetable protein and omega 3 fatty acids.

IF THE FLAXSEEDS WERE GROUND, THE PRODUCT COULD BE INCORPORATED INTO FOOD WITHOUT NOTICEABLE CHANGE IN TEXTURE ASSOCIATED WITH THE WHOLE SEEDS. RESIDENTS FOR WHOM SEEDS WERE CONTRAINDICATED COULD ALSO RECEIVE THE MIXTURE, AND NURSES WOULD NO LONGER BE REQUIRED TO DELIVER IT TO RESIDENTS AS A MEDICATION

The formulation was changed by removing the apple sauce and flaxseeds and replacing the bran with flax flour. The new formulation became 8 cups of flax flour, 6 cups of water, 6 cups of prune juice and 5 cups of prune puree. This mixture was added to hot cereal and some baked goods. Flax flour was also added directly to dry cereal and other baked goods. This new formulation was introduced in September 1997.

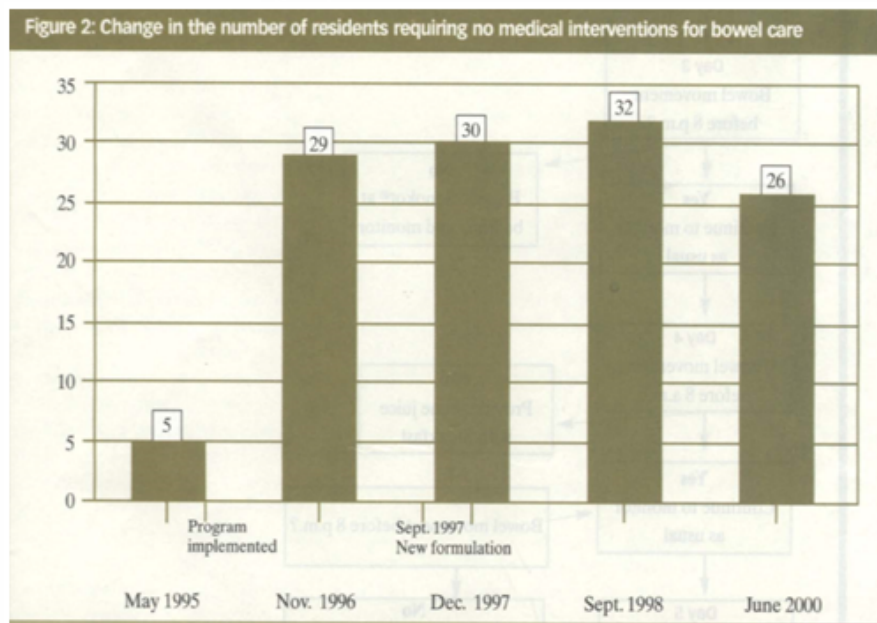
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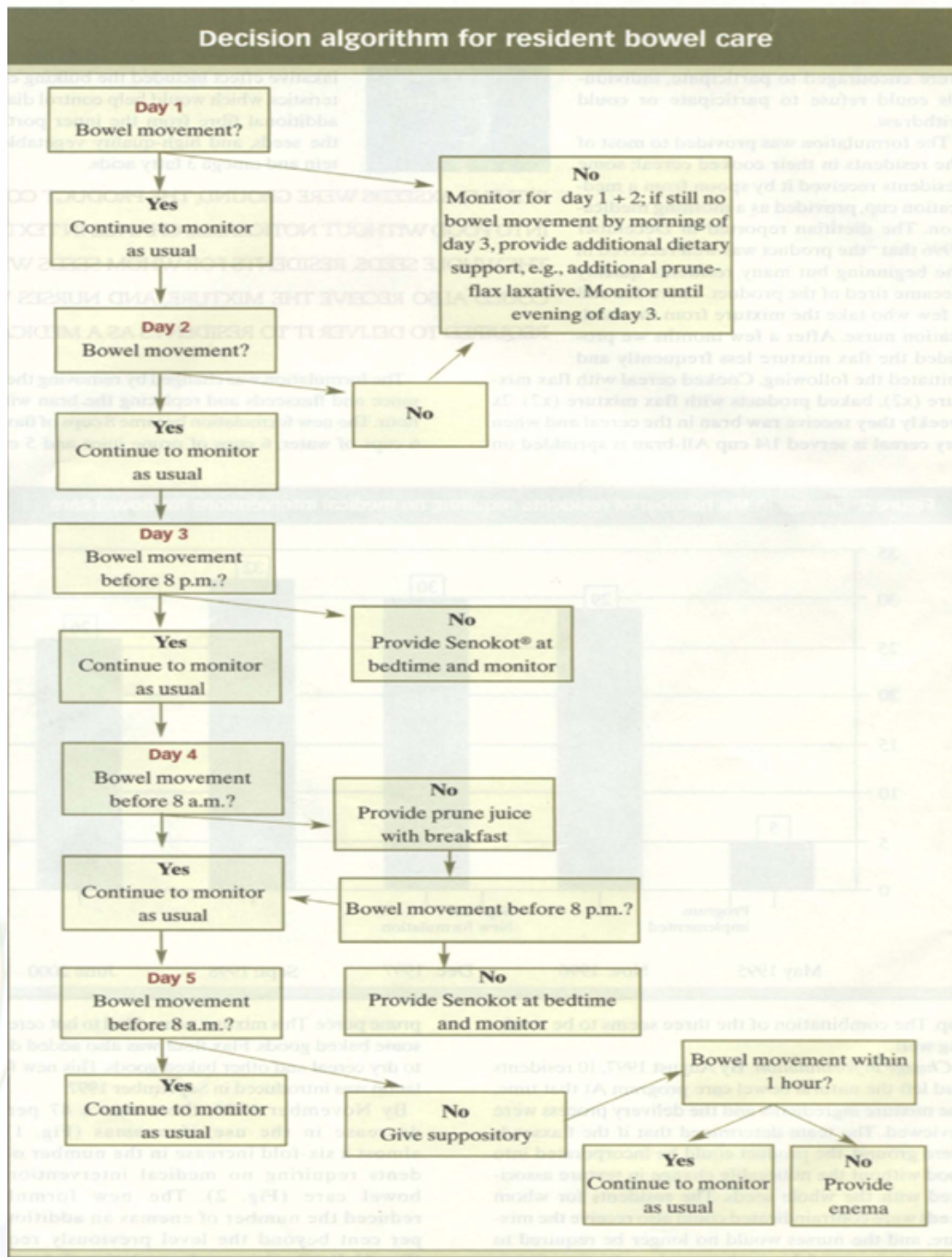
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By November 1996, there was a 47 per cent decrease in the use of enemas (Fig. 1) and almost a six-fold increase in the number of residents requiring no medical interventions for bowel care (Fig. 2). The new formulation reduced the number of enemas an additional 35 per cent beyond the level previously required (Fig. 1). While the new formulation did not alter the total number of residents requiring medical intervention for bowel care, the change did ensure that all the residents could have access to the natural product as a component of their daily diet. The flax flour also provided a more acceptable alternative to the dry bran that was being served on dry cereal.





In May 1995, before the natural bowel care program was implemented, the nursing home spent \$353.24 on pharmaceutical bowel care products. This represented about 17 per cent of the total medication budget. In June 2000, the amount spent on pharmaceutical bowel care products was \$74.14, a reduction of \$279.10 (79%). The flax flour, prune juice and prune puree added approximately \$115/month to the cost of the program, resulting in an overall saving of 46 percent relative to the cost of pharmaceutical bowel care products before the program started.

## DISCUSSION

This bowel care and maintenance program, which has been in place for six years at North Queens Nursing Home, has sparked the interest of dietary and nursing staff at other long-term care facilities. Respondents to a recent survey of 10 nursing homes in Nova Scotia using the same, or a very similar, program reported a strong association between the use of flax flour as a component of a natural bowel care regimen and a reduction in the use of oral laxatives and enemas.<sup>12</sup> Seventy-four per cent of residents in the 10 facilities were reported to be receiving flax flour as a natural stool conditioner. One facility reported a reduction from 46 to seven phosphate enemas after starting the bowel care program. These facilities also reported reduced medical costs for bowel care. The research confirmed that teamwork between dietary and nursing departments appeared to be crucial to the implementation of a successful flax flour program.

THIS BOWEL CARE AND MAINTENANCE PROGRAM, WHICH HAS BEEN IN PLACE FOR SIX YEARS AT NORTH QUEENS NURSING HOME, HAS SPARKED THE INTEREST OF DIETARY AND NURSING STAFF AT OTHER LONG-TERM CARE FACILITIES. RESPONDENTS TO A RECENT SURVEY OF 10 NURSING HOMES IN NOVA SCOTIA USING THE SAME, OR A VERY SIMILAR, PROGRAM REPORTED A STRONG ASSOCIATION BETWEEN THE USE OF FLAX FLOUR AS A COMPONENT OF A NATURAL BOWEL CARE REGIMEN AND A REDUCTION IN THE USE OF ORAL LAXATIVES AND ENEMAS

The care team at North Queens, in spite of changes in membership, has remained committed to the bowel care program. New members have seen the tremendous benefits that the residents have enjoyed as a result of the program. A reduction in excess of 80 per cent in the average number of residents requiring pharmaceutical laxatives and an equivalent reduction in the number of residents requiring the use of enemas has encouraged team members to become instrumental in maintaining the program and promoting it to other facilities.

Documentation of bowel activity has become routine for the nursing staff providing care to the residents. Periodic review of the bowel care program by the assistant director of care, dietitian, physician and other staff members has kept statistics up to date and has provided the documentation needed to keep the team members, as well as other staff and residents, attuned to the benefits of the program. With the dedication and determination of an effective team, the residents living in any facility can enjoy greater control over their own bowel care while staff experience the numerous benefits of this dietary intervention.

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