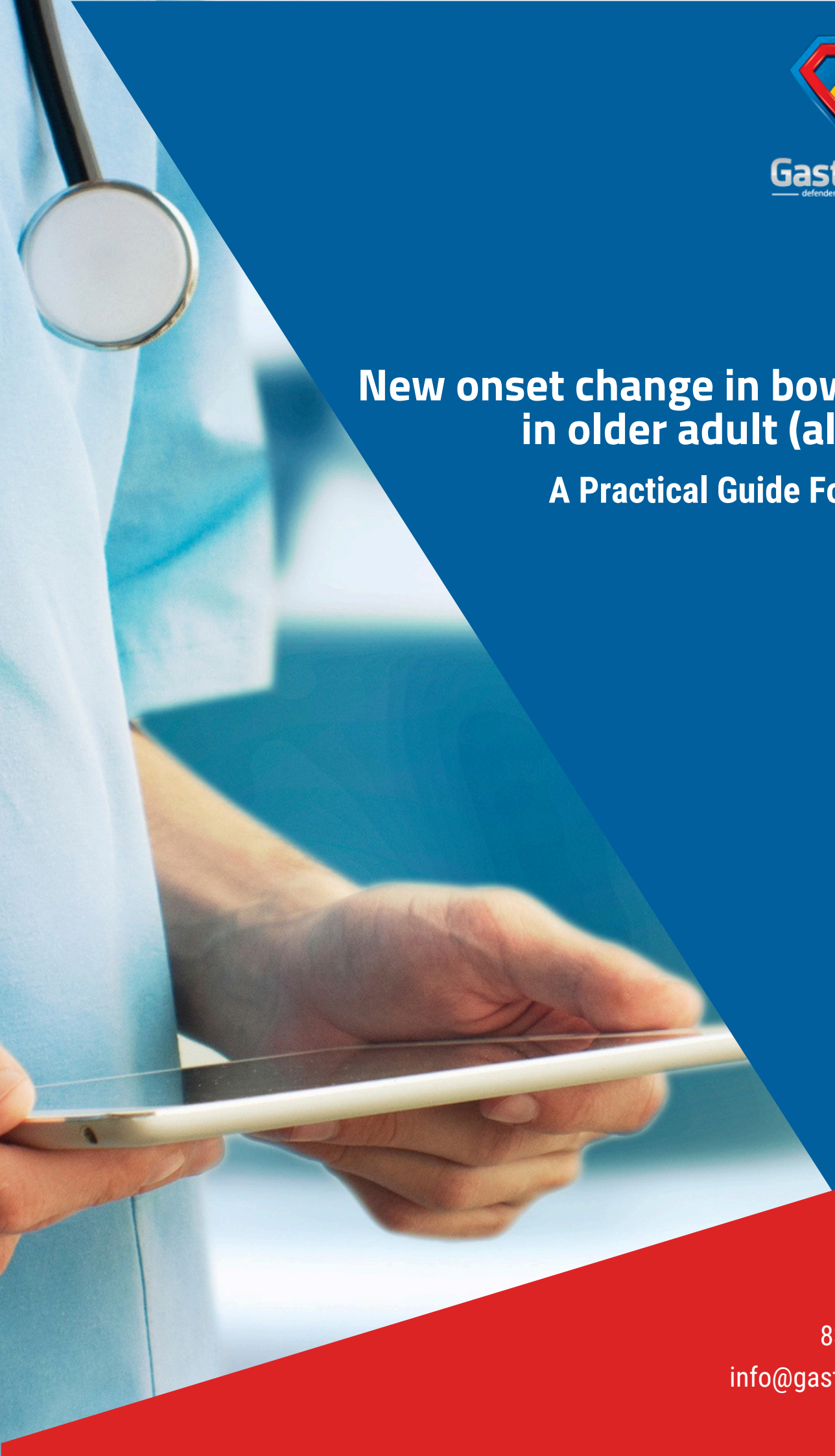


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New onset change in bowel habits in older adult (alarm sign)

A Practical Guide For Patients

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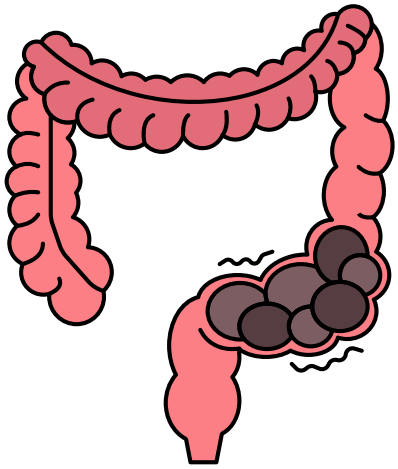
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Introduction: New onset change in bowel habits in older adult (alarm sign)



A new change in bowel habits means a noticeable departure from a person's usual bowel pattern. This may include newly developing constipation, diarrhea, alternating constipation and diarrhea, changes in stool frequency, a persistent feeling of incomplete evacuation, or changes in stool shape or caliber.
In an older adult, a persistent new bowel change deserves medical assessment rather than automatically being attributed to aging, diet, or irritable bowel syndrome.

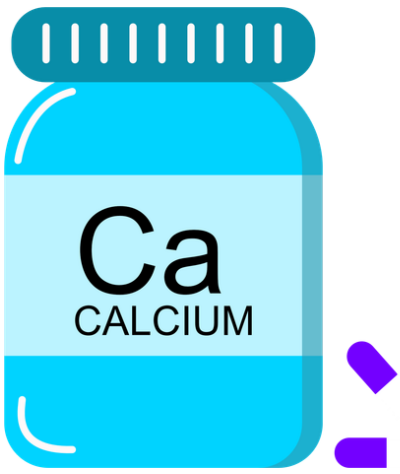
Key Takeaways

- A new bowel pattern later in life should not automatically be dismissed as normal aging.
- Changes may include new constipation, diarrhea, altered frequency, incomplete evacuation, or a change in stool shape.
- Medication changes are a common and potentially reversible cause.
- Dietary, hydration, and activity changes can contribute.
- Infection and inflammatory bowel conditions may produce new diarrhea.
- Microscopic colitis is particularly relevant because it is more common in older adults and typically causes chronic watery diarrhea.
- Intestinal obstruction or a tumor can sometimes cause new constipation or obstructive symptoms.
- Colorectal cancer may present with a change in bowel habits, bleeding, anemia, abdominal symptoms, or unexplained weight loss.

What Causes New onset change in bowel habits in older adult (alarm sign)

Known Causes

- **Medication effects:** Opioid pain medicines, iron supplements, calcium-containing products, anticholinergic drugs, some antidepressants, calcium-channel blockers, and other medications may worsen constipation. Antibiotics and other medicines may contribute to diarrhea.
- **Dietary or hydration changes:** Reduced fiber, inadequate fluids, or major dietary changes may alter bowel movements.
- **Reduced physical activity:** Illness, hospitalization, mobility limitations, or a more sedentary routine may contribute to constipation.
- **Fecal impaction or significant constipation:** Stool accumulation can alter normal bowel patterns and sometimes coexist with leakage of looser stool.
- **Intestinal infection:** Viral, bacterial, or other infections may cause sudden diarrhea.



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Common Signs & Symptoms

A bowel-habit change should be assessed in relation to what was previously normal for that person. Some people normally move their bowels several times each day, while others go less frequently. The important feature is a persistent and unexplained change from baseline.

Core Symptoms Include:

- New constipation
- New diarrhea
- Alternating constipation and diarrhea
- Change in stool shape or caliber
- New urgency
- Abdominal bloating or fullness
- Abdominal cramping or discomfort



Severe cases can also cause:



- Blood in or on the stool
- Black or very dark stools
- Unexplained weight loss
- Iron-deficiency anemia or low iron
- Increasing fatigue or weakness
- Persistent or severe abdominal pain
- Progressive abdominal distension
- Repeated vomiting
- Fever

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Diagnosis & Medical Testing

Because the symptom is new onset later in life, evaluation should focus on identifying the cause rather than immediately labeling the problem as IBS or ordinary age-related constipation. A clinician will usually review when the change started, whether it is persistent or progressive.

Diagnostic Tools

- **Medical history:** Reviews when the bowel change began, stool frequency and consistency, bleeding, pain, weight loss, appetite, previous colonoscopy, and family history.
- **Medication review:** Looks for newly started medicines, dose changes, supplements, laxatives, antibiotics, and other agents that can affect bowel movements.
- **Physical examination:** May include abdominal examination for tenderness, distension, or masses.
- **Digital rectal examination:** Can assess stool, bleeding, rectal abnormalities, or other findings.
- **Complete blood count:** May identify anemia or other abnormalities.



Diet

There is no single diet that should be prescribed before the cause of a new bowel-habit change is known. Dietary treatment differs substantially depending on whether the problem is constipation, diarrhea, microscopic colitis, obstruction, food intolerance, or another disease.for uncomplicated constipation, adequate fiber, fluids, regular meals, and physical activity may help.

Key Insights

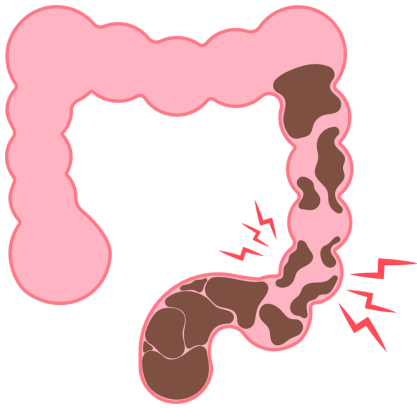
- Keep meals reasonably regular.
- Drink adequate fluids unless a clinician has prescribed fluid restriction.
- If uncomplicated constipation is confirmed, gradually increase appropriate dietary fiber.
- Avoid suddenly adding large amounts of fiber when significant abdominal distension, vomiting, or possible obstruction is present.
- Replace fluids and electrolytes when diarrhea is significant.
- Note foods that clearly worsen symptoms.
- Avoid unnecessarily eliminating multiple food groups before an evaluation.
- Review new supplements, protein drinks, artificial sweeteners, and other products that may affect stool consistency.
- Keep a short food-and-bowel diary to help identify patterns.
- Seek dietitian guidance when symptoms are causing weight loss or substantial dietary restriction.

Medications & Treatment Options

There is no single medication for a new change in bowel habits because the symptom may represent many different conditions. Treatment should target the underlying diagnosis rather than simply suppressing diarrhea or repeatedly using laxatives without understanding why the bowel pattern changed.

Treatment Options

- **Medication adjustment:** A clinician may change or stop a medicine contributing to constipation or diarrhea when medically appropriate.
- **Constipation treatment:** Fiber supplements, osmotic laxatives, or other therapies may be considered after the symptom pattern has been assessed.
- **Hydration and electrolyte replacement:** Important when diarrhea causes significant fluid loss.
- **Antidiarrheal medication:** May be appropriate for selected causes of diarrhea but should not substitute for evaluation of a new alarm-pattern symptom.
- **Antibiotics or infection-specific therapy:** Used only when a treatable infection has been identified or strongly suspected.



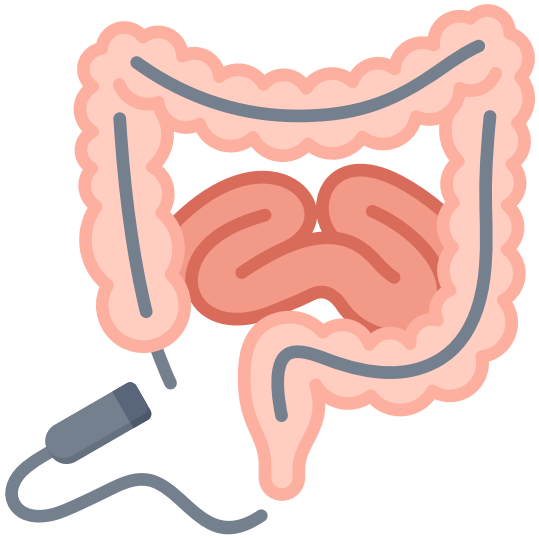


Advanced Therapies & Procedures

Most patients do not need an advanced procedure simply because their bowel movements have changed. Procedures are selected according to what the evaluation finds.

Therapy Options

- **Diagnostic colonoscopy:** Evaluates the colon and rectum directly when a structural, inflammatory, or neoplastic cause needs to be excluded.
- **Polypectomy:** Precancerous polyps found during colonoscopy can often be removed during the same procedure.
- **Biopsy:** Tissue samples can diagnose inflammation, microscopic colitis, cancer, and other abnormalities.
- **Endoscopic treatment:** Selected bleeding lesions or other abnormalities may be treated during colonoscopy.
- **CT or other imaging:** Helps investigate obstruction, masses, inflammation, or other abdominal disease.
- **Treatment of fecal impaction:** May be necessary when significant stool retention is responsible for the change.



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Coping With New onset change in bowel habits in older adult (alarm sign)

A new bowel change can be uncomfortable to discuss, but accurate details about stool appearance, timing, frequency, bleeding, medications, and associated symptoms are clinically useful. Keeping a brief record before the appointment can help the clinician recognize the pattern. NIDDK specifically recommends tracking bowel movements and stool appearance when constipation is being evaluated.

Practical Strategies

- Record when the bowel change first began.
- Note how many bowel movements occur each day or week.
- Record whether stools are hard, formed, loose, or watery.
- Note persistent changes in stool shape.
- Record any visible blood or black stool.
- Track abdominal pain, bloating, or urgency.
- Monitor unexplained weight changes.
- Note nighttime bowel movements.
- Keep an updated list of prescription medicines.
- Include over-the-counter medicines, laxatives, vitamins, and supplements.
- Record recent antibiotic use.
- Bring information about previous colonoscopies and polyps.
- Know your family history of colorectal cancer or polyps.
- Avoid repeatedly changing diets or medications without medical guidance.

FAQS About

New onset change in bowel habits in older adult (alarm sign)



Q1: Why is a new change in bowel habits more concerning in an older adult?

A: New gastrointestinal symptoms later in life are considered a warning feature because conditions that require investigation—including colorectal disease—become more important to exclude.

Q2: Does a change in bowel habits mean colorectal cancer?

A: No. Medication effects, However, colorectal cancer can also cause constipation, diarrhea, incomplete evacuation, altered stool shape, bleeding, abdominal discomfort, or weight loss, so persistent new symptoms need appropriate evaluation.

Q3: Will I need a colonoscopy?

A: Not every bowel change automatically requires colonoscopy, but colonoscopy is commonly used to investigate unexplained changes in bowel movements, especially when warning features such as bleeding, iron deficiency, unexplained weight loss.

Q4: When is a change in bowel habits urgent?

A: Prompt medical assessment is particularly important when the bowel change occurs with rectal bleeding, blood in the stool, unexplained weight loss, persistent abdominal pain, fever, vomitings.

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Take Action

A new and persistent change in bowel habits later in life is an alarm pattern that deserves evaluation, even when the symptoms seem mild. It may have a straightforward explanation such as medication-related constipation, but colorectal disease, microscopic colitis, inflammation, obstruction, and other important conditions may need to be excluded.

Visit **GastroDoxs.com** to schedule an appointment and access more resources on digestive health.



Your health matters
take the next step
today!

SCHEDULE AN APPOINTMENT

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