

AN ASSESSMENT OF THE USE OF DIETARY FIBRE IN NURSING HOMES

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The use of dietary fibre for the management of constipation is well established, as a general principle. In practice, the implementation of a programme to increase fibre intakes for this purpose by residents in nursing homes is fraught with difficulties. Some reasons for these are entrenched use of laxatives and beliefs about constipation of residents and of their attending nurses and doctors. In this study we looked at the different strategies used by three nursing homes in Adelaide to overcome these difficulties and achieve particular goals.

One of the homes in the study had already published findings of its use of fibre (Hope, 1983). The other two had reported increased use of foods containing fibre (personal communications). Evidence for fibre increases was obtained from whatever data each nursing home had kept during the previous two years. Information was also collected on frequency of bowel motions of, and administration of aperients, suppositories and enemas to, selected residents of each institution. These residents were interviewed to ascertain their feelings about their increased fibre diet.

Ways in which fibre intakes were increased in each institution and in which data were collected.

Nursing Home	Method of Introduction	Data Collected
A	More fruit and vegetables; bran on breakfast cereals	Fortnightly grocery records
B	Addition of bran fortified breakfast cereals to porridge; bran-apple-prune supplement	Records of daily fibre intakes for each individual
C	One high fibre dish per day usually made with a whole-meal cereal flour or grain	Weekly menus before & after introduction of fibre programme

Except in a few individuals, increased fibre intake had no significant influence on the mean number of daily bowel motions. All three homes substantially decreased their use of aperients and nursing interventions once fibre was increased. Of the 20 residents interviewed, 6 noted an improvement in their bowel motions, 12 noted no change and two reported that their motions were worse. The programme at Home A appeared to produce least problems with fluid intakes and be the best adapted for the particular residents in the institution.

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