

Bonnel

Interest Group



Cost of Constipation Report

SECOND EDITION 2019

Bowel

Interest Group



The Bowel Interest Group is an independent multi-disciplinary organisation dedicated to improving bowel health.

For more information visit www.bowelinterestgroup.co.uk

Welcome from the Bowel Interest Group

On behalf of The Bowel Interest Group (BIG), I am delighted to present the second edition of the Cost of Constipation Report.

The Bowel Interest Group is an independent multi-disciplinary organisation dedicated to improving bowel health. We aim to provide useful and up-to-date resources to healthcare professionals in order to benefit patients with bowel conditions. This is alongside our work to increase awareness of constipation in patients.

This new Cost of Constipation Report updates our 2016 report and reveals the scale of the challenge that constipation currently has on the UK. It not only explores the cost to the NHS, which is significant, but also how constipation can have a significant impact on patients' lives and the knock-on effect to their health and wellbeing that can make life a misery.

Some of the headline figures from the report highlight why research into the impact of constipation is so important.

“Some of the headline figures from the report highlight why research into the impact of constipation is so important.”

The cost of constipation is not only evident in the sheer number of people that are affected by the condition – up to one in seven adults and one in three children – but the financial burden that this has on the NHS. In 2017/18, 71,430 people in England were admitted to hospital with constipation equivalent to 196 people a day and £162 million was spent by NHS England on treating the condition.

The Bowel Interest Group has produced this report with the aim of raising awareness of the scale of constipation to society through healthcare and the wider public. We want to encourage increased understanding of the condition and start implementing solutions that can begin to alleviate the problem.

Dr Ben Disney

Consultant Gastroenterologist, University Hospitals Coventry and Warwickshire. Board Member of the Bowel Interest Group.

Executive summary

Constipation is a symptom many of us have experienced transiently, and which generally improves with a slight lifestyle change and maybe a single dose of over-the-counter laxatives. But for many people, the symptom is not short-lived.

Our bowels have a significant impact on our health and wellbeing. Poor bowel health and chronic constipation affects millions of people and prevents them from fully enjoying their lives. Many people are needlessly suffering because of the taboo nature of the subject, and a lack of understanding of the issue.

This report summarises the breadth of this disruption in terms of cost to the individual and financial burden to the NHS. Ranging from rate of hospital admissions to cost of laxative prescriptions and time off work, the impact of this seemingly innocuous symptom is far-reaching and occasionally shocking.

The message is especially important as much can be done to alleviate symptoms by sensitively and selectively addressing the range of causes of constipation as well as emerging treatments which can effectively improve the condition.

Nearly
1 in 5 people
feel embarrassed
talking to their
GP about
constipation.

£162 million
was spent by NHS
England on treating
constipation in
2017-18 alone

What is the real cost of constipation?

The condition affects both the physical and mental health of patients, and the economic burden on the NHS is huge. £162 million was spent by NHS England on treating constipation in 2017-18 alone. This is equivalent to the cost of funding 7043 newly-qualified nurses for a year.

There is an urgent need for better bowel care. New data shows that being unable to manage constipation effectively is leading to thousands of hospital admissions each year, often through A&E. The cost of constipation due to hospital admissions is high, and the latest findings of the research show that little has changed, despite the fact that more people are being diagnosed with the condition.

The data shows that:

71,430

people in England were admitted to hospital with constipation in 2017/18, equivalent to **196 people a day.**

52,715

(around three quarters) of those were unplanned emergency admissions, equivalent to **144 per day.**

6.3

The average number of patients that a **GP sees each week** with constipation.

Females account for around

60%

of admissions for constipation.

The total cost for treating unplanned admissions due to constipation was

£71 million

in 2017/18.

This figure is likely to be much higher for the total NHS expenditure on constipation when GP visits, home visits and prescriptions are taken into account.

The **prescription cost of laxative medication** in England for 2017-18 was

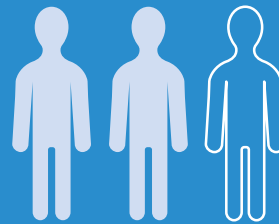
£91 million

(over the counter costs of laxatives will undoubtedly be higher).

Up to

1 in 7

adults are affected by constipation



Up to

1 in 3

children are affected by constipation

There are a number of factors contributing to the high number of hospital visits for constipation. A YouGov survey of 2352 people asked them about their knowledge of the issue and how they would deal with it. Here are the results:

If they thought they were suffering from constipation, over a fifth of people said they would try to solve it themselves, without speaking to anyone about it.

Talking to a GP about bowel health was found to be equally as embarrassing as talking to them about erectile dysfunction. 19% said they would be embarrassed to talk about either of these issues.

In addition to the stigma and embarrassment associated with constipation, the survey also shows that there is a lack of understanding of what constipation is, what is

'normal' when it comes to bowel health and how to treat it.

Constipation is a manageable and treatable condition. Being comfortable discussing constipation with a healthcare provider is essential to preventing more intensive interventions and seeking help earlier.

MYTH:

You should have 1 bowel movement every day

Introduction

Good health is something to be valued above almost anything. Whether suffering from a cold, or managing a long-term illness, ill health can restrict participation in everyday activities that many of us take for granted, such as socialising, enjoying hobbies, going to work and maintaining relationships. The right advice and treatment from our GP is what we want to ensure that we get better and return quicker to our day-to-day activities.

Yet, there is one preventable and manageable illness which affects 2 million people in the UK – and we're too embarrassed to seek help. Research shows that chronic constipation is causing people to suffer in silence and pain, leading to 71,430 hospital admissions in 2017/18, equivalent to 196 people a day. The total cost for treating unplanned admissions due to constipation was £71 million in 2017/18.

Our bowel habits are an important indicator of our health and need the same attention and care as we would give our heart, joints and eyesight.



MYTH:
There is no treatment for constipation apart from surgery

A conservative estimate is that there are around

6.5 million

people in the UK today with some form of bowel problem; that's 1 in 10 of us.

196

PEOPLE A DAY

are admitted to hospital with constipation.

There is little awareness of how common chronic constipation is and what treatments are effective. The issue is rarely discussed in the media, leaving patients to believe it's a less common, and less serious health issue than it actually is.

With 52,715 emergency admissions for constipation last year alone, this is clearly a national problem that we are not talking about. We should be.

What is the cost of not talking about our bowels?

A survey by YouGov revealed that a significant proportion of the population does not think constipation is a serious health issue. Many admit they would wait for several weeks before addressing the issue, due to confusion and myths about what normal and healthy bowels actually are.

11% could not identify or did not know the symptoms of constipation.

Nearly 1 in 5 people thought that passing stools less than once a day is a symptom of constipation.

A third of people said they would search online for how to treat constipation if they thought they might be suffering from it.

35% of people said they would wait to see if their symptoms cleared up before speaking to their GP.

Nearly 1 in 10 people who would seek advice from a healthcare professional would wait between 2 weeks and a month (after first noticing constipation symptoms) before talking to them.

218,000
GP appointments
per week are for
constipation

FINANCIAL COST

Constipation is a preventable, treatable and manageable condition. New data shows that £162 million was spent by NHS England on treating constipation in 2017-18. The cost of unplanned hospital admissions due to constipation in 2017/18 was £71 million.

In 2017-18, patients with constipation spent 163,128 days in a hospital bed.

As well as the cost of hospital admissions and stays, some stark figures have emerged from a survey of GPs conducted by the Bowel Interest Group (BIG).

THE RESULTS SHOW THAT ON AVERAGE A GP SEES 6.3 PATIENTS WITH CONSTIPATION A WEEK.

This equates to:

- **Over 2 million minutes a week in consultations for constipation**
- **£9 million spent on GP consultations a week**
- **Over 200,000 GP appointments a week.**

These figures cover GP appointments only. The cost of prescribed laxative medication in England for 2017-18 was £91 million, and the costs of over the counter laxatives will undoubtedly be higher.

All of this adds up to a significant strain on NHS resources.

The financial 'ripple effect' of constipation should not be underestimated.

COST TO MENTAL AND PHYSICAL WELLBEING

Although constipation is seen by many as a minor health issue, the serious long-term impact on physical, mental health and wellbeing cannot be ignored. These implications are not being properly addressed, leading to needless suffering.

For those who suffer from constipation, their quality of life can diminish enormously:

- 40% of patients with constipation experience an anxiety disorder
- 38% experience depression.

Chronic constipation can cause debilitating psychological and physical distress. It can cause chronic pain and urinary tract infections (UTIs), caused by urine retention and bacterial growth. If it's not dealt with early on it can lead to complex problems such as haemorrhoids, anal fissures or rectal prolapse.

For those with an existing health condition, constipation can be a secondary health issue, cruelly adding to their health complications. Constipation makes it hard for people to travel freely and socialise because of the necessity to identify every accessible toilet.

These factors can all have a devastating knock-on effect on mental wellbeing, damaging confidence and self-esteem. £12 billion is spent on mental health each year. Better bowel care can help to alleviate the suffering of some of those people.



Women are twice as likely to suffer from constipation



Constipation is common during pregnancy



Older adults are five times more likely to have constipation

Who is affected?

Constipation is far from an unusual problem, with up to 1 in 7 adults, and 1 in 3 children affected at any one time. Studies have shown that women are twice as likely to suffer from it. Constipation is also common during pregnancy and older adults are five times more likely to have constipation.

Sufferers can be divided into two medical groups: Functional and Neurogenic.

The majority of the population would fall into the 'Functional' category.

FUNCTIONAL

Functional constipation is diagnosed when a person is experiencing constipation symptoms, but there are no underlying anatomical or physiological causes.

Many people who suffer from functional constipation are too embarrassed to visit their GP, or worried that there might be a more serious condition underlying it. This is very rarely the case. However, it's always best to speak to your GP or healthcare provider who may want to make sure that there aren't any other problems causing the symptoms.

NEUROGENIC

Neurogenic constipation is common in people who have an existing nerve-related health condition, such as spina bifida, Multiple Sclerosis (MS) or Parkinson's.

These conditions can affect the control of defecation, resulting in faecal incontinence or constipation. Nerve endings in the rectum help to alert people of the need to pass a stool when it enters the rectum, a lack of nervous control prevents the bowel from functioning properly. Control of the external anal sphincter may also be disrupted, increasing the risk of incontinence.

Approximately 68% of people with MS will develop bowel problems such as chronic constipation and faecal incontinence.



MYTH:
Constipation
just means
I need
more fibre

“I can go for maybe 14 days without going to the toilet once, and I mean, it’s indescribable how that makes you feel because you feel completely exhausted all the time and you just feel unconfident.”

Patient stories

KAREN AND YVONNE

‘The elephant in the room: the impact of bowel dysfunction on people with multiple sclerosis’, is a clinical paper published in the Journal of the Association of Chartered Physiotherapists in Women’s Health in autumn 2012. The aim of this study was to investigate the relationship between constipation and the quality of life of people with Multiple Sclerosis (MS).

The paper lays bare the realities of living with constipation. Karen, 27, told the researchers how constipation was a “massive feature” of her life and described how the condition made her feel “disgusted” with herself.

“I can go for maybe 14 days without going to the toilet once, and I mean, it’s indescribable how that makes you feel because you feel completely exhausted all the time and you just feel unconfident. You don’t want to leave the house because you feel disgusted with yourself, because your stomach is, you know, so full, and you feel so bloated and uncomfortable, and it’s just dreadful.”

Karen found it extremely hard to talk about her constipation because of the stigma around the condition. “You’re not allowed to say anything. People don’t want to. And then, my brothers and sisters, where there’s a problem with incontinence, it’s like the elephant’s in the room.”

Yvonne, 60, described many of the same feelings: “When you are constipated, you feel bloated and horrible. You know, you put on something and you look in the mirror and you’re just disgusted with yourself, I hate myself sometimes.”



Up to
1 in 3
children are affected by constipation

MYTH:
Constipation
is an inevitable
part of ageing

Constipation in children

June Rogers MBE, Specialist

Children's Nurse, "Constipation in children is often unrecognised which can result in the child becoming faecally impacted with overflow soiling, this triggers families to seek help. However, when a child has additional needs it is assumed this is because of the child's 'condition' rather than an underlying problem with constipation. As a result, many children with additional needs suffer unnecessarily.

This case study is typical of some of the cases we see.

T is a 10-year-old boy with Autism Spectrum Disorder (ASD) who was referred to us because of ongoing soiling and bowel problems since he was two. The family were advised this was probably due to his ASD and he may 'grow out of' the problem.

T was soiling on a regular basis which was causing the family stress. T was also becoming aware of the issue and feeling embarrassed.

As clinicians we know that overflow soiling happens outside the child's control. However, the family were unaware of this. Once understood

there was a feeling of guilt: "I know that this is something we have all since felt guilty over, not believing him when he told us he didn't know. To us it's like, 'How can you not know?'"

NICE sets out clear guidelines on the management of children with constipation so we suggested mum take T to the GP. To support the family we wrote an email suggesting the cause of the soiling and a proposed treatment.

"I got T into the doctors and she was lovely! She had been through the same thing with one of her children and she loved your email and advice. She was very impressed and said that's exactly the process she went through and what she was going to recommend."

T's progress was reviewed 2 weeks later, he was opening his bowels on the toilet every day and had fewer accidents.

This child and family had endured the problem for nearly 8 years, but a simple solution began to resolve the problem in a few weeks – treating constipation is not rocket science!

"When a child has additional needs there is often the assumption that the soiling is because of the child's 'condition' rather than an underlying problem with constipation"

Later, mum wrote: "I really am over the moon that I found the organisation and appreciate all the help you have given us."

The key message is – do not presume that soiling is because of additional needs. All children have the right to appropriate assessment and treatment and it is within our duty of care to ensure that happens."

“I was still going to work and hiding it very well, but it was becoming intolerable”

“I can’t get rid of it. If I could remove my bowel I would, but I can’t do that”

Patient stories

TARA

Tara, 51, was born with Spina

Bifida. Her spinal cord was fused to her spinal bones. Surgery was performed when Tara was 18 months old, but the nerves to her bladder and bowel were damaged. This left her doubly incontinent. Tara lives on her own in Central London and goes to work every day.

“When I was young, I had no control over the bowels. You get the pulsating that moves the faeces throughout, but I’d have accidents.

“As a child taking lots of medications and the laxatives, I hated it. I stopped the laxatives because there were too many accidents. I’d rather be constipated and strained than have accidents at school or at home. I just couldn’t deal with it.

“The accidents were less as a young woman because I was heavily constipated. After the ileosis deplasty I would get bouts of diarrhoea so I’d go Monday to Friday and eat, and I’d be constipated. Perhaps day seven or ten, where I’d eaten so much, it just pushed everything out so I’d end up with diarrhoea.

“It got so bad whatever I ate, I just had chronic diarrhoea. I went to my gastroenterologist because I was having accidents two or three times a week. I was still going to work and hiding it very well, but it was becoming intolerable.

“I can’t get rid of it. If I could remove my bowel I would, but I can’t do that.”

Tara has been using a trans-anal irrigation system for the past decade. Before Tara started using the system she suffered from frequent panic attacks.

“It’s the panic of, is it going to happen? If it happens, where do I go? Have I got a spare set of clothes?”

“The panic attacks would be more frequent, and the, ‘Why would anybody want to spend their life with me? What have I got to offer anybody?’.”

Having struggled in the first few months to achieve a good evacuation with the transanal irrigation system, Tara made small tweaks to her routine, which makes the treatment more successful

“Yeah, it was a bit like, ‘Wow, I’m going to the toilet just like everybody else,’ and I did it when I wanted to. It didn’t dictate, ‘You have to go to the toilet now.’

“A couple of months down the road, it was like, ‘Wow, this is life-changing’. It enables me to hold down my job, and socialise and meet with friends and family, whereas I probably would have restricted my life dramatically. It’s given me quality of life and I think I deserve that.”

Key facts

What's the solution?

Bowel health is one of the most important bodily functions, essential to our overall good health and wellbeing. People need to have a better understanding of what constitutes a healthy bowel and need to feel comfortable and confident talking about any issues they may have.

When pressed on their reasons behind unwillingness to talk about bowel health or suffering from constipation, the research reveals the lack of knowledge around this crucial component of our health and wellbeing, leading to a knock-on effect when it comes to people accessing the right treatment. All of this contributes to the high cost of constipation, not only in financial terms, but also in terms of the physical and psychological health of patients.

Nearly 1 in 5 people would feel embarrassed talking to their GP about constipation.

Talking to a GP about bowel health was found to be equally as embarrassing as talking to them about erectile dysfunction (19% of adults would be embarrassed to talk about either of these issues).

39%

feel it is not worth seeking medical help for constipation, because it's a minor health issue.

1/2

of those questioned feel it was not worth seeking medical help for constipation and that they could treat the condition at home without help.

24%

of people said they would only speak to a healthcare professional about constipation after trying to treat it themselves.



Patients with constipation spent

163,128

days in hospital beds in 2017/18.



71,430

people in England were admitted to hospital with constipation in 2017/18, equivalent to 196 people a day.



Females account for around 60% of admissions for constipation.



Children (age under 15) account for around 20% of admissions.

£162 million

was spent by NHS England on treating constipation in 2017-18.

£9,366,215

is spent on GP appointments for constipation each week.



The cost of prescribed laxative medication in England in 2017-18 was

£91 million.

► **Next steps**

For further information on constipation, please visit:
www.nhs.uk/conditions/constipation/
www.bladderandbowel.org

Variations across England

Laxative spend and hospital admissions rates for constipation vary across England.



LAXATIVE COST

According to data from Hospital Episode Statistics (HES), the average rate of laxative spend in England was £1424 per 1000 population in 2017/18.

Sustainability and Transformation Partnership (STP) areas, that spend more than this per 1000 population could make significant savings if they reduced spend to the average.

For example, Cumbria and North East STP had a rate of laxative spend of £2224 per 1000 population, so their saving would be £800 per 1000 population which equates to around £3 million in a 12-month period.

If all STPs that spend more than the average achieved the average rate of spend, £10 million could be saved in a 12-month period.



ADMISSIONS

The average rate of admissions is 1.3 per 1000 people.

If all STPs achieved the national average admission rate there would be around 6500 fewer admissions. This amounts to a saving of around 21,000 bed days in hospital.

If all STPs achieved the lowest rate then there would be around 30,500 fewer admissions, saving around 83,000 bed days per annum.

Cumbria & North East
STP has the highest
spend on admissions, at
£6,185,990.

Cheshire and
Merseyside, South
Yorkshire and
Bassetlaw, and
Cumbria and North East
STPs have the highest
rate of admissions.

Bristol, North Somerset
and South Gloucestershire
STP has the lowest spend
on admissions, at

£925,604.

North Central London,
Herefordshire and
Worcestershire, and Bristol,
North Somerset and South
Gloucestershire STPs have
the lowest rate of admissions
due to constipation.

According to the HES data, there appears to be a clear North/South divide at play in hospital admissions for constipation.

The question is, why are people in the North of England more likely to be admitted to hospital for constipation than those in the South?

Conclusions

What can we conclude from the Second Edition of the Cost of Constipation Report?

Two things emerge – lack of change, and lack of education. Unfortunately, constipation is seen as a low priority condition that is easily tackled. The results of this report clearly demonstrate that this is not the case. What can we take from this report to ensure that things do not remain the same in the future?

There has been little change in admissions over three years – to see a large improvement over this period would require a national change in the diagnosis and management of constipation throughout the NHS. Unfortunately, this has not been the case. There are individual trusts that have developed ‘bowel management’ pathways so that patients can be triaged from, for example, emergency departments directly to clinics that deal with constipation, and in turn this can lead to a reduction in admissions. To see a national change would require large scale adoption of these services.

A second reason for a lack of change, is the lack of new drug developments within the field of constipation over recent years. Education of both primary and secondary care professionals is also a key issue. Laxatives are often

seen as a short-term, quick fix to the problem. However, a significant proportion of patients have a reason for chronic constipation, such as slow transit constipation; opiate use; antihistamines; antidepressants and coexisting medical conditions such as neurological disorders or diabetes.

Up to 14% of the population suffer with constipation – that’s a staggering 9 million people in the UK, and 46 million in the USA. Our daily lives have changed; people live a more sedentary lifestyle, and often have a poor diet relying on processed food with a lack of fibre and adequate fluid intake. It is helpful, and important, to have a regular, unhurried toilet routine in which people listen to their body in responding to the urge to defecate.

Constipation is more common amongst women; up to 80% of patients in specialist constipation clinics are female. Women have a higher incidence of constipation for a number of reasons, including pelvic floor disorders. This is reflected in constipation-related hospital admissions where 60% are female and this likely reflects the willingness of women to seek healthcare.

A further risk factor for constipation, aside from female

gender, is older age. In patients aged 65 and older, approximately 26% of men and 34% of women complain of constipation. This is due to a number of factors such as drug-induced; medical comorbidity; a decrease in physical activity and fluid intake.

My tip to health professionals is to take an accurate history. It is important to know if the constipation is acute in onset as opposed to chronic. If chronic, this may suggest slow transit, in which case patients may require long term laxatives. It is also important to ask about vaginal or rectal digitation during defaecation as this points towards an obstructive cause. Exclude secondary and serious causes for constipation with investigations and referral to secondary care as needed. I would also recommend anticipating when constipation may occur, when for example starting a patient on iron supplements or opiates, and co-prescribing a laxative.

By working together, both patients and healthcare professionals can effect the change that is needed to bring the cost of constipation down, reducing the cost to the NHS, and to the wellbeing of the patients who are needlessly suffering.

Let's talk about constipation

The facts, figures, and personal stories in this report speak for themselves. The total financial costs to the NHS, including emergency hospital admissions, time spent in hospital beds, and prescription costs continue to rise year-on-year. The stigma and lack of understanding surrounding constipation are having a serious impact on our health service and on patient health and wellbeing.

MYTH:
**Laxatives make
my bowel lazy**

Opening up conversations about constipation will help more people to understand the severity of long-term constipation. Being able to talk more comfortably about constipation will help to raise awareness of the correct advice and treatments, by openly addressing bowel health early on. This will save the NHS money and keep the population more active, healthy and happy.

A survey on constipation, commissioned by the Bowel Interest Group, questioned GPs on their experiences of dealing with patients with constipation. When asked what the major cause of constipation was in the patients that they saw, the majority (62.7%), cited 'Patient lifestyle' as the main culprit – a diet lacking in fibre, not drinking enough fluids, and not taking enough exercise to maintain bowel health. It appears that in many cases of functional constipation, good bowel health starts at home.

To support this, individuals suffering from constipation should first try some lifestyle changes - regular mealtimes, improved high-fibre diet, staying hydrated and taking regular exercise.

If these don't work, probiotics and over the counter laxatives have been known to help people with chronic constipation.

However, advice about improved diet, exercise and laxatives doesn't necessarily work for everyone, and may not be suitable for people with long-term conditions or immobility. Instead, some people with chronic constipation may need a nonpharmacological treatment such as transanal irrigation, which regulates bowel movements.

Addressing the topic of constipation and a lack of awareness of bowel health will help those suffering from constipation to access the right treatment early on and prevent further suffering, hospital admissions and medication.

Empowering the population with the knowledge to take control of their bowel health will prevent escalating costs for the NHS and the detrimental impact on individual wellbeing and long-term health.

The current cost of constipation is high, but it doesn't have to stay that way.

Bowel

Interest Group

NOTES TO EDITORS

ABOUT THE YOUNGOV RESEARCH

Total sample size was 2352 adults. Fieldwork was undertaken between 1 February – 2 February 2016. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

THE BIG GP SURVEY

The survey involved 147 participants, mainly from primary care. The survey was run between 15 May – 30 June 2019

ABOUT THE CALCULATIONS

No of GPs (England) FTE: 34,736 (full time equivalent)
General Practice Workforce, England, March 2019 final, Primary Care Workforce Team, NHS Digital

Appointments per week: 115
Safe working in general practice: BMA

Working days per year: 221
Safe working in general practice, BMA

Working days equivalent weeks: 44.2

GP appointment cost: £42.80, *PSSRU 2018*

Constipation patients per week per GP: 6.3
The BIG Constipation Survey

Average time of a GP appointment: 10 minutes

For any further information please contact
enquiries@bowelinterestgroup.co.uk

MEDICAL VERIFICATION

This report has been verified and is endorsed by some members of the Bowel Interest Group (BIG); a group of medical experts who take a special interest in bowel health. The group supports health care professionals with an interest in the subject and works with patients and professionals to raise awareness of bowel health and effective bowel management.

SOURCES

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