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Health Tips

Haemorrhoids are the most common perianal problems.

During flare-ups, they can cause excruciating pain.

Prevention of constipation, having a regular bowel habit, avoidance of prolonged sitting or standing and exercising regularly can reduce the risk of developing haemorrhoids and flare-ups.

In this Issue

Page

Haemorrhoid Flare-up - A No Laughing Matter 1

'Change for Health' 5

Data Brief 6

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Haemorrhoid Flare-up - A No Laughing Matter

Haemorrhoids (piles) are abnormally enlarged or congested veins inside the anal canal or around the anus, which is usually caused by increased intra-abdominal pressure restricting blood flow (venous return) around the anal region. Depending on whether they originate from above or below the anal dentate line, haemorrhoids can be classified as internal (i.e. those above the dentate line inside the canal) or external (i.e. those below the dentate line around the anus). A person can have both internal and external haemorrhoids at the same time.

Manifestations of Haemorrhoids

Both internal and external haemorrhoids have certain symptoms in common, such as blood in faeces, anal itching, and mucous or faecal soiling. However, each of them also has other specific manifestations.^{1, 2} Internal haemorrhoids are usually painless. Most people therefore may not be aware that they are having them. Internal haemorrhoids may cause rectal bleeding usually in the form of bright red blood covering the stool, on toilet paper, or in the toilet bowl. They can also be so distended that they are pushed outside the anus (prolapsed haemorrhoids), causing a lump around the anus that may become painful. Depending on the extent of prolapse, some prolapsed internal haemorrhoids may be reducible (spontaneously or manually), while others may become irreducible and constantly remain outside the anal canal. For external haemorrhoids, they are generally painful. When inflamed or thrombosed, they may bleed and cause excruciating pain.

Epidemiology of Haemorrhoids

Haemorrhoids are the most common perianal problems in both men and women. However, the true incidence of this condition cannot be estimated as haemorrhoids may cause no symptom. Therefore, people may have haemorrhoids for many years but remain undetected. Since talking about haemorrhoids can be embarrassing, many symptomatic individuals may prefer self-treatment with over-the-counter topical preparations and be reluctant to seek help from healthcare professionals. Nevertheless, overseas epidemiological studies reported haemorrhoids prevalence varying from 4.4% among adults in the United States to over 30% of encounters

in general practice in London. In Australia, patients requiring management of haemorrhoids amounted to 300 000 general practitioner encounters per year.³⁻⁵ In both genders, people aged between 45 and 65 years have the highest prevalence of haemorrhoids, while the development of haemorrhoids before the age of 20 is infrequent.¹

Local Situation

The Behavioural Risk Factor Survey April 2010⁶, which interviewed by telephone over 2000 randomly selected community-dwelling people aged 18-64 in Hong Kong, found that 13.5% of respondents had haemorrhoids at the time of survey. Among them, 56.8% got haemorrhoid flare-ups (i.e. having intense anal pain or bled) at least once in the 12 months

before enumeration. Females (14.5%) and blue collar workers (17.8%) were more likely than their corresponding counterparts to report that they had haemorrhoids at the time of survey. Also, the older the respondents, the more likely they reported so (Table 1).

Haemorrhoids are seldom life-threatening. In 2009, not a single registered death in Hong Kong was attributed to haemorrhoids. However, hospitalisations resulting from haemorrhoids are not uncommon. In the same year, there were over 18 000 hospital separations attributed to haemorrhoids in public and private hospitals. As shown in Table 2, the corresponding rate was higher in males (279.9 per 100 000 population) and people aged 45-64 (449.8 per 100 000 population).⁷

Table 1: Rate of people aged 18-64 reported having haemorrhoids at the time of survey by demographic characteristics

Demographic characteristic	Rate*
Sex	
Male	12.3
Female	14.5
Age group	
18-24	2.4
25-34	9.5
35-44	15.5
45-54	16.4
55-64	19.6
Occupation	
Managerial/Professional worker	12.9
Clerk	10.6
Service worker	11.8
Blue collar worker	17.8
Non-working person (including unemployed person, home-maker, full-time student and retiree)	14.3

Notes: *Rate per 100 people in the respective group.

Excluding respondents with unknown information on having haemorrhoids.

Source: Behavioural Risk Factor Survey April 2010.



Causes of Haemorrhoids

The most common causes of haemorrhoids are constipation and frequent straining during defecation. Other risk factors include pregnancy, frequent heavy lifting and prolonged periods of sitting or standing. Certain medical conditions that cause pooling of blood in the abdomen and pelvic area (such as chronic heart failure and liver cirrhosis) and chronic misuse of laxatives can also lead to haemorrhoids. Furthermore, haemorrhoids are more common in people who are obese or have a family history of haemorrhoids.

Treating Haemorrhoids

Treatment of haemorrhoids depends on the severity of symptoms, the extent to which they affect one's lifestyle and the presence of any other medical conditions. For those with mild symptoms, haemorrhoids can be treated conservatively with dietary advice and appropriate lifestyle changes, such as eating a high fibre diet and avoiding straining.

During flare-ups, sufferers can try applying haemorrhoidal cream or suppositories as directed and taking warm soaks to relieve the pain and swelling. Such topical treatments do not 'cure' haemorrhoids, but they may ease anal pain, itchiness and discomfort. If experiencing extreme pain, large amounts of rectal bleeding or suspicious symptoms of other more serious conditions (such as passing tarry stools or blood clots), sufferers should consult a doctor for proper diagnosis and early treatment. In severe cases, surgical procedures may be necessary (such as banding, injection sclerotherapy, infrared coagulation and haemorrhoidectomy).

Table 2: Number (Rate) of hospital separations attributed to haemorrhoids in public and private hospitals by sex and age group in Hong Kong, 2009

Age group	Male	Female	Total [†]
	Number (Rate*)	Number (Rate*)	Number (Rate*)
44 and below	3 401 (183.2)	3 718 (172.0)	7 119 (177.2)
45-64	4 613 (449.8)	4 796 (449.7)	9 409 (449.8)
65 and above	1 212 (292.8)	1 145 (238.7)	2 357 (263.8)
Total[†]	9 227 (279.9)	9 659 (260.5)	18 886 (269.7)

Notes: *Rate per 100 000 population.

[†]Total included one separation with unknown age.

Sources: Hospital Authority, Department of Health and Census and Statistics Department.

Prevention of Haemorrhoids

As with all diseases, prevention of haemorrhoids is better than treatment. Here are some tips for reducing the risk of developing haemorrhoids and flare-ups.

☑ Prevent constipation. Eat enough foods rich in dietary fibre every day. For children, the daily requirement of dietary fibre (in grams) is equivalent to their age plus 5 (e.g. the dietary fibre requirement for an 8-year old child is about $8 + 5 = 13$ grams a day). Adolescents and adults need 25 grams or more of dietary fibre every day. Examples of foods rich in dietary fibre include oatmeal (1/3 medium-sized bowl has about 2.7 grams of dietary fibre), brown rice (one medium-sized bowl has about 4.5 grams of dietary fibre), whole-wheat bread (every 50 grams contain about 3.4 grams of dietary fibre), fresh fruit (an apple with skin has about 4.4 grams of dietary fibre), fresh vegetables (1/2 medium-sized bowl of broccoli has about 2.6 grams of dietary fibre) and beans (1/2 medium-sized bowl of cooked Adzuki beans contain about 8.4 grams of dietary fibre). Stay well-hydrated with 6-8 glasses of water and other non-stimulating beverages a day, such as clear soup, low-sugar soy milk, low-fat or skimmed milk.

☑ Have a regular bowel habit. Avoid excessive straining during bowel movement. Do not spend too long sitting on the toilet which may encourage you to strain. For example, do not read while sitting on the toilet.

☑ Avoid prolonged sitting or standing at work or during leisure time. Try to stand up, pace around, or take a break for 5 minutes every hour.

☑ Exercise regularly. It can promote venous return in the anal region. Adults should have at least 30 minutes of moderate-intensity physical activity daily. This not only helps to prevent constipation but also maintain an optimal body weight.

☑ Use laxatives appropriately. They should be used only when it is necessary and as per doctor's prescription.

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‘Change for Health’

for Prevention and Control of Non-communicable Diseases

The Department of Health (DH) officially launched a new ‘Change for Health’ website on 20 January 2011 as one of the key initiatives in the prevention and control of non-communicable diseases (NCD) in Hong Kong.



The ‘Change for Health’ website aims to:

- ◆ disseminate up-to-date information about the actions on prevention and control of NCD to members of the public and relevant stakeholders;
- ◆ provide a channel for communication between the Government, relevant stakeholders and members of public on issues related to prevention and control of NCD; and
- ◆ encourage members of the public to make changes in their lifestyle towards a healthier one, and empower them with appropriate knowledge and skills for adopting and practising healthy lifestyle (such as healthy eating and participation in physical activity) .

Among various functions, visitors can access on-line information on upcoming health promotion events organised by DH, other government departments and non-governmental organisations.

The ‘Change for Health’ website is implemented in phases in terms of subject areas, functions and user coverage. While the initial phase covers information and actions relating to promotion of *Healthy Diet* and *Physical Activity*, more topics will be added in subsequent phases.

Contents will also be updated and enriched at regular intervals.

To have a better understanding about its contents and functions, please visit ‘Change for Health’ webpage at <http://www.change4health.gov.hk>.

Happy Surfing!



Data Brief

A high fibre diet can reduce the risk of developing constipation and haemorrhoids. Other than whole grains and cereals, fruit and vegetables also contain various proportions of soluble and insoluble fibre that helps to regulate peristalsis and bowel movement. For optimal health, individuals should have at least 2 servings of fruit and 3 servings of vegetables a day, equivalent to at least 5 servings of fruit and vegetables a day. However, most people in Hong Kong do not eat enough fruit and vegetables.

The Behavioural Risk Factor Survey in April 2010 conducted by the Department of Health showed that about one-fifth of community-dwelling people aged 18-64 would eat 2 or more servings of fruit a day; less than three-tenths had a daily intake of 3 or more servings of vegetables. Overall, males and people aged 18-24 are less likely to have consumed at least 5 servings of fruit and vegetables a day.

To keep the gut healthy, aim for “2 Plus 3 a day” and try a variety of fresh and unadorned fruit and vegetables.

Pattern of fruit and vegetable consumption among community-dwelling people aged 18-64, 2010

	2 or more servings of fruit a day	3 or more servings of vegetables a day	5 or more servings of fruit and vegetables a day
Sex			
Male	17.4%	22.5%	13.4%
Female	23.6%	35.9%	23.7%
Age group			
18-24	16.8%	26.8%	15.8%
25-34	15.3%	33.5%	18.1%
35-44	18.1%	29.4%	18.7%
45-54	21.3%	26.1%	16.9%
55-64	33.6%	33.5%	26.2%
Overall	20.8%	29.8%	19.0%

Source: Behavioural Risk Factor Survey, April 2010.

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Non-Communicable Diseases (NCD) WATCH is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of our commitments in responsive risk communication and to address the growing non-communicable disease threats to the health of our community.

The Editorial Board welcomes your views and comments. Please send all comments and/or questions to so_dp3@dh.gov.hk.