

## OTC CONSTIPATION

	Bulk-forming	Osmotic Laxatives	Stimulants	Stool softeners	Lubricant Laxatives
<b>Drugs/dose</b>	<ul style="list-style-type: none"> <li>Psyllium 3.4-6.8 mg PO OD-TID (max 30 g/d)</li> <li>Inulin 3-6 mg PO OD-TID</li> </ul>	<ul style="list-style-type: none"> <li>PEG 3350 17 g PO daily</li> <li>Lactulose 15-30 mL OD-TID (max 90 mL/day)</li> <li>Glycerin 1 supp PR PRN</li> <li>MgOH 2400-4800 mg PO HS</li> <li>Fleet enema PR</li> </ul>	<ul style="list-style-type: none"> <li>Bisacodyl 5 mg 1-2 tabs PO qHS (max 30 mg/day)</li> <li>Sennoside 8.6-34.4 mg PO qHS (max 69.9 mg/day)</li> </ul>	<ul style="list-style-type: none"> <li>Docusate sodium 100 mg PO BID</li> <li>Docusate calcium 240 mg PO OD-BID</li> </ul>	<ul style="list-style-type: none"> <li>Mineral oil 15-45 mL PO HS</li> </ul>
<b>MOA</b>	Non-absorbable, holds water in stool → increase stool weight → increase colonic distension	Promotes secretin of water into colonic lumen and stimulates peristalsis	Increases intestinal motility and colonic secretions	Anionic surfactants, easing the interaction of water with solid stool	An emollient providing lubrication for the passage of stool
<b>Onset of action</b>	12-72 hours	<ul style="list-style-type: none"> <li>PEG: 48-96 hrs</li> <li>Lactulose: 24-48 h</li> <li>MgOH: 0.5-6 h</li> <li>Glycerin/NaPO<sub>4</sub>: right away</li> </ul>	<ul style="list-style-type: none"> <li>Orally: 6-12 h</li> <li>PR: right away</li> </ul>	12-72 hours	6-8 hours
<b>Not recommended in</b>	<ul style="list-style-type: none"> <li>Dehydrated</li> <li>Esophageal strictures</li> <li>Fluid restricted</li> </ul>	<ul style="list-style-type: none"> <li>Avoid Mg/PO<sub>4</sub> in renal impairment (accumulates)</li> </ul>	<ul style="list-style-type: none"> <li>GI obstruction</li> <li>Dehydrated</li> </ul>	Well-tolerated	<ul style="list-style-type: none"> <li>Dysphagia</li> <li>Bed-ridden pts</li> </ul>
<b>Adverse effects</b>	<ul style="list-style-type: none"> <li>Flatulence</li> <li>Distension</li> <li>Bloating</li> <li>Unpleasant taste</li> </ul>	<ul style="list-style-type: none"> <li>Bloating, flatulence, diarrhea</li> <li>Abdominal pain</li> <li>Rectal irritation (supp)</li> <li>Taste (lactulose)</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal pain</li> <li>Hypokalemia</li> <li>Diarrhea</li> <li>Sennosides may discolor urine or feces</li> </ul>	Well-tolerated	<ul style="list-style-type: none"> <li>Seepage</li> <li>Perianal pruritic</li> </ul>
<b>Additional info</b>	<ul style="list-style-type: none"> <li>Increase fluid intake to prevent mechanical obstruction</li> <li>Allergy to psyllium (rare)</li> <li>Space meds by 1-2 hrs to prevent malabsorption</li> </ul>		<ul style="list-style-type: none"> <li>Bisacodyl &gt; sennoside</li> <li>No evidence to support that stimulants are harmful for long-term use</li> </ul>	<ul style="list-style-type: none"> <li>Evidence lacking to support effectiveness</li> <li>Still used in therapeutic areas (renal, cardiac post-op pts)</li> </ul>	<ul style="list-style-type: none"> <li>Lipoid pneumonia can occur in pts predisposed to aspiration</li> <li>Long-term night use may cause malabsorption of fat-soluble vitamins</li> </ul>

## RX CONSTIPATION

	Linacotide 145 µg PO daily	Prucalopride 2 mg PO daily	Naloxogel 25 mg PO daily	Methylnaltrexone SC q48h PRN
<b>MOA</b>	Guanylate cyclase-C receptor agonist	Serotonin 5-HT <sub>4</sub> receptor agonist	µ-opioid receptor antagonist	
<b>Indication</b>	Chronic idiopathic constipation		Opioid-induced constipation	
<b>Adverse effects</b>	<ul style="list-style-type: none"> <li>Diarrhea</li> <li>Abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>Nausea</li> <li>Diarrhea</li> <li>Abdominal pain</li> <li>Headache</li> </ul>	<ul style="list-style-type: none"> <li>Diarrhea</li> <li>Abdominal pain</li> <li>Flatulence</li> <li>Nausea &amp; vomiting</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal pain</li> <li>Diarrhea</li> <li>Flatulence</li> <li>Nausea</li> </ul>

### ACUTE CONSTIPATION

**SUPPOSITORIES:** glycerin, Bisacodyl  
**ENEMAS:** NaPO<sub>4</sub> (fleet enema), microlax

### CHRONIC CONSTIPATION

1. INCREASE DIETARY FIBRES x 2-4 weeks
2. PEG 3350, LACTULOSE or STIMULANT x 2-4 weeks
3. Can trial another agent
4. See doctor for assessment

### PREGNANCY/BREASTFEEDING

**BULK-FORMING AGENTS**  
**LACTULOSE** or **PEG**  
**SENNA** OR **BISACODYL** (short-term)

**AVOID:** mineral and castor oil

### OPIOID-INDUCED CONSTIPATION

**PEG 3350, LACTULOSE, SENNA** (OTC)  
**NALOXOGEL** or **METHYLNALTREXONE** (Rx)

### NEONATES/CHILDREN

**NON-PHARM** (infants > 6 m)

**GLYCERIN SUPPOSITORY**  
**LACTULOSE** 7.5 mL PO once daily  
**PEG 3350** 1 g/kg/day (max 17 g/d)  
 (neonates: 0.8 g/kg/day)

### RENAL CONSIDERATION

**DOCUSATE** 100-200 mg PO BID  
**SENNOSIDES** 24 mg PO HS prn  
**LACTULOSE** 30 mL PO BID prn  
**PEG** 17 g PO BID daily

**AVOID:** fleet enema (NaPO<sub>4</sub>), MgOH, Fruitlax (K<sup>+</sup>)

**RED-FLAGS:** acute onset of symptoms (> 50 yo); blood mixed in stool; hematochezia; weight loss ≥ 5 kg in previous 6 m; family hx of colon cancer; persistent constipation; suspected obstruction (no flatulence, vomiting, appetite loss, abd. pain or distension)