

## PIC QUESTION OF THE WEEK: 11/2/09

Q: What are the general treatment options for constipation?

A: Constipation is usually defined as a sensation of fullness or the inability to produce a bowel movement. Its prevalence rate is approximately 20%. The general signs and symptoms associated with constipation consist of irregularity, sluggishness of the bowels, and intestinal hypomotility. This common patient complaint presents in many forms and may be related to diseases of the colon, metabolic disturbances, neurological disorders, an adverse reaction to drugs, diet, and a sedentary lifestyle. Medications frequently producing constipation include tricyclic antidepressants, oral iron preparations, antiepileptic drugs, opiates, anticholinergic compounds, and aluminum-containing antacids. Two of the following criteria must be present at least 25% of the time in order to confirm a diagnosis of constipation: straining to have a bowel movement, hard stools, a sensation of incomplete evacuation, a feeling of anorectal obstruction, and the need for *manual* stimulation to facilitate defecation. Primary assessment by the physician usually encompasses a metabolic evaluation and physical examination and the exclusion of possible irritable bowel syndrome (IBS). Baseline laboratory tests may be useful in identifying possible underlying conditions. A simple initial management approach is to increase consumption of dietary fiber and enhance fluid intake. These patients should receive 25 g of fiber and 1.5-2 liters of fluid daily. The American Gastroenterological Association (AGA) recommends that if further treatment is necessary, saline laxatives such as milk of magnesia can be administered. If these options have been explored and found ineffective, stimulant laxatives, fecal softeners, evacuants, or osmotic agents can be considered. The accompanying table identifies common examples of the classes of commercially available laxatives.

### Laxatives and Their Role in the Management of Constipation

| Class           | Therapeutic Use                                      | Examples  |
|-----------------|--|---|
| Bowel Evacuants | Cleansing the colon prior to GI examination          | Polyethylene glycol(Miralax®), Polyethylene glycol-electrolyte solution(NuLytely®) Sodium phosphate (Fleet®;Visicol®) |
| Bulk-Producing  | Restore and maintain bowel movements                 | Psyllium husk(Metamucil®), Polycarbophil(Fiber-Lax®)  |
| Emollients      | Intestinal lubrication for occasional constipation   | Mineral oil   |
| Fecal Softeners | Irregularity due to hardened stools                  | Docusate (Colace®)  |
| Osmotic         | Occasional or chronic constipation                   | Glycerin, Lactulose (Kristulose)  |
| Stimulant       | Occasional bowel irregularity                        | Bisacodyl(Dulcolax®), Sennosides(Senna®)  |
| Miscellaneous   | Bowel procedure preps or for isolated irregularities | Castor oil(Emulsoil®)   |

#### References:

- Locke GR III, Pemberton JH, Phillips SF. AGA technical review on constipation. *Gastroenterology* 2000;119:1766-78.
- Spinzi G, Amato A, Imperiali G, et al. Constipation in the elderly. *Drugs Aging* 2009;26:469-74.
- Coccorullo P, Quitadamo P, Martinelli M, et al. Novel and alternative therapies for childhood constipation. *J Pediatr Gastroenterol Nutr* 2009;48:S104-6.

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