

### Drugs used to palliate CONSTIPATION

| Drug Class                                       | Medications                               | Mechanism  | Indications                               | Side Effects                                 | Contraindications  | Comments   |
|--|---|--|---|--|--|--|
| Bulking Agent                                    | Dietary Fiber<br>Psyllium                 | Increases stool weight<br><br>Fluid retention in stool   | Constipation                              | Flatulence                                   | -Debilitated<br>-End of life<br>[Inability to intake appropriate amount liquid (1.5-2 liters/day)] | Must have adequate fluid intake  |
| Osmotic Laxatives:<br>Nonabsorbable sugars       | Lactulose<br>Sorbitol                     | osmotic load into the colonic lumen stimulates movement  | Constipation                              | Bloating<br>Cramps<br>Flatulence             |  | Very sweet taste<br><br>Require prescription   |
| Osmotic laxatives:<br>Saline and Magnesium salts | Magnesium hydroxide<br>(Milk of Magnesia) | osmotic load into the colonic lumen stimulates movement  | Constipation                              |  | Renal Failure (can cause hypermagnesemia if used regularly)  | Ions can be partially absorbed   |
| Osmotic Laxatives:<br>Saline and Magnesium Salts | Magnesium Citrate                         | osmotic load into the colonic lumen stimulates movement<br><br>High doses - RAPID bowel evacuation | Bowel prep for endoscopy, surgery         | Dehydration<br><br>Electrolyte abnormalities | Bowel obstruction<br><br>Fecal impaction<br><br>Renal Failure<br>Very cautious use in CHF          | Ions can be partially absorbed<br><br>High doses - Rapid bowel evacuation<br><br>Ischemic colitis – rare side effect         |
| Osmotic Laxatives:<br>Saline and Magnesium Salts | Sodium Phosphate<br>(Fleets Phosphosoda)  | osmotic load into the colonic lumen stimulates movement<br><br>High doses RAPID bowel evacuation   | Bowel prep for colonoscopy, colon surgery | Dehydration<br><br>Electrolyte abnormalities | Bowel obstruction<br>Fecal impaction<br><br>Renal Failure<br>Very cautious use in CHF              | Can cause acute phosphate nephropathy, intratubular deposition in calcium phosphate<br><br>Can be given rectally as an enema |
| Low dose Polyethylene Glycol                     | “Miralax”,<br>Glycolax”                   | osmotic load into the colonic lumen stimulates movement  | Constipation                              |  |  | “taste-less”<br><br>no absorption of ions  |
| High dose  | Colyte                                    | osmotic load   | Bowel prep for                            |  |  | 1-4 liters of volume   |

|                                       |   |  |  |          |  |  |
|---------------------------------------|---|--|--|----------|--|--|
| Polyethylene Glycol                   | Golytely  | into the colonic lumen stimulates movement   | colonoscopy, colon surgery                                     |          |  | of prep!<br>no absorption of ions<br>Requires prescription                               |
| Stimulant Laxatives                   | Senna<br>Bisacodyl  | Stimulate intestinal motility via myenteric plexus                                 | Constipation<br>Prevention of constipation with opiate therapy | Cramping |  | Melanosis coli with long-term use<br>Bisacodyl can be given rectally in suppository form |
| Detergent “laxative” – stool softener | Docusate (colase)   | Surfactant<br>Increases penetration of fluid into stool                            | Prevention of hard stool                                       |          |  | Recent studies have brought its utility into question                                    |
| Lubricants                            | Glycerin  | Administered rectally:<br>-Osmotic<br>-Irritant<br>-Stimulates rectal contractions | Fecal Impaction  |          |  |  |
| Lubricants                            | Mineral Oil   | Administered rectally:<br>Coats feces<br>Softens and lubricates feces              | Fecal Impaction  |          |  | NEVER use oral mineral oil in patients at risk of aspiration – Lipoid Pneumonitis        |
| Large volume enemas                   | Tap water enema<br>Sodium phosphate<br>“soap suds” - historical | Increase water content of stool<br>Distend distal colon<br>Induce peristalsis      | Fecal impaction  |          |  |  |