# LAXATIVE GUIDELINES (ADULTS)

## Guidelines for prescribing laxatives for adults

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**Procedure Number**

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**Written by**

Jay Mannath and Melanie Gettings, reviewed by Medicines Information GRH

**Checked by**

Gloucestershire Gastroenterology Group

**Date**

October 2004 (reviewed March 2007)
Objective

- To provide guidelines for the rational treatment of constipation in adults in GHNHST.

Identify possible causes

- Poor diet.
- Dehydration.
- Intestinal obstruction (e.g. gastrointestinal carcinoma, ileus, ovarian or uterine tumours, benign stricture).
- Painful anal conditions (e.g. anal fissure, haemorrhoids).
- Metabolic conditions (e.g. hypothyroidism, hypercalcaemia, hypokalaemia).
- Neurological conditions (e.g. spinal or pelvic nerve injury, Parkinson's disease, MS, autonomic neuropathy - most commonly due to diabetes mellitus).
- Psychiatric conditions (e.g. depression).
- Adverse effects of drugs (e.g. opioids, anticholinergics, iron preparations).
- Pregnancy, due to the muscle relaxing effect of progesterone.

Educate patient

- **Fibre** - high dietary fibre is effective in increasing stool weight, and increases faecal transit time. A high-fibre diet, about 30 g per day, (e.g. high in fruit, vegetables, wholemeal bread, cereals, and grain foods) should be tried for at least one month before its effects on constipation are determined, although most people will notice an effect within 3-5 days.

- **Two litres of water** each day is also recommended for people on a high-fibre diet. If adequate fluid intake is not possible, avoid increasing dietary fibre.

- **High fibre is not recommended in certain groups of people:**
  - those with megacolon or hypotonic colon or rectum will not respond to bulk in the colon
  - those taking opioids as increasing bulk may lead to obstruction.

- **Caffeine has diuretic properties**, therefore caffeine-containing drinks may make constipation worse.

- **Increase mobility.**
Drug treatments
Indications for laxative use are:

- No response to adequate non-drug treatment (e.g. after 1 month).
- Faecal impaction.
- Constipation or painful defecation associated with illness, surgery, or pregnancy.
- Elderly people with a poor diet.
- Drug-induced constipation.
- Medical conditions in which bowel strain is undesirable.
- Preparation for an operation or investigation.

Commonly used classes of drugs

<table>
<thead>
<tr>
<th>Bulk-forming</th>
<th>Stimulants</th>
<th>Faecal softeners</th>
<th>Osmotic</th>
<th>Bowel cleansing solutions</th>
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<tbody>
<tr>
<td>Ispaghula (Fybogel)</td>
<td>Bisacodyl</td>
<td>Arachis oil</td>
<td>Lactulose</td>
<td>Fleet</td>
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<tr>
<td>Sterculia (Normacol)</td>
<td>Dantron (codanthramer, codanthrusate)</td>
<td>Liquid paraffin</td>
<td>Macrogols (Movicol)</td>
<td>Klean-prep</td>
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<tr>
<td></td>
<td>Docusate sodium</td>
<td>Docusate sodium</td>
<td>Magnesium salts</td>
<td>Citramag</td>
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<tr>
<td></td>
<td>Glycerol</td>
<td></td>
<td>Phosphates (rectal)</td>
<td>Picolax</td>
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<tr>
<td></td>
<td>Senna</td>
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</table>
Arachis oil enema contains peanut oil and should be avoided in patients with peanut allergy.

Arachis oil enemas and Glycerine suppositories should be retained by the patient for effect to be achieved.

The smallest effective dose of a laxative should be used, and this dose reduced once symptoms resolve.

Osmotic laxatives (e.g. lactulose) should be reserved for liver failure or when other laxatives have failed to produce an effect. In addition to being expensive, they commonly cause flatulence, bloating, and cramping, and some people find them unpalatable.

Magnesium salts should be used cautiously in renal failure.
Frail elderly or immobile younger adults

Examine rectum

Impacted
- Phosphate enema in the morning
  OR
- Glycerine suppositories (4g)
  (not to be used more than 7 days)
  If no response try Movicol 8 sachets per day (over 6 hours) for up to 3 days
  OR
  bowel prep such as Klean-Prep (consider giving via NG tube if necessary)

Non-impacted
- Docusate sodium up to 500mg/day in divided doses (start at 200 mg BD)
  AND
  after 2-3 days add senna 15-30 mg at night (2-4 tablets)
  If poor response after a maximum of 7 days, stop docusate and senna and change to Movicol
  1-3 sachets daily (adjust dose to response)

Prevent recurrence

Bulk-forming laxatives are not appropriate; they should only be used in more active people who are also able to drink sufficient fluids.

Co-danthramer (a combination of dantron and poloxamer) and co-danthrusate (a combination of dantron and docusate) are indicated only in people who are terminally ill because of accumulating evidence confirming that dantron is genotoxic.

Osmotic laxatives (e.g. lactulose) should be reserved for liver failure or when other laxatives have failed to produce an effect. In addition to being expensive, they commonly cause flatulence, bloating, and cramping, and some people find them unpalatable.

Sodium picosulfate is relatively expensive, and tends to be reserved for bowel clearance.

Arachis oil enemas and Glycerine suppositories should be retained by the patient for effect to be achieved.
Start regular laxatives as soon as weak or strong opioids are prescribed, increasing the laxative as the dose of the opioid is increased.

Stimulant laxatives can cause abdominal cramp - avoid if intestinal obstruction is a possibility.

Bulk-forming laxatives are not usually sufficiently effective in terminal care.

Liquid paraffin can cause anal seepage and irritation, lipoid pneumonia, and malabsorption of lipid-soluble vitamins. It is not recommended.

Rectal phosphates have a risk of phosphate absorption. Arachis oil enemas and Glycerine suppositories should be retained by the patient for effect to be achieved.
**Pregnancy**

Increased dietary fibre, fluid intake, and exercise are effective in most cases.

Use drugs with caution for short periods only.

Ispaghula (Fybogel) 1 Sachet bd OR Sterculia (Normacol) 1-2 Sachets bd

Senna 15 mg nocte (Not to use near term or unstable pregnancy)

**In pregnancy any drug should be used with caution.** In particular, caution should be taken with senna if near term or if pregnancy is unstable (i.e. if there are risk factors for premature delivery).

**Docusate** has not been shown to cause fetal toxicity, but there is insufficient evidence of its safety to recommend its routine use.

**Lactulose** has been used during pregnancy without evidence of adverse effect, but it has a tendency to cause bloating and colic, and can take 2-3 days to have an effect

**Breast-feeding**

Increased dietary fibre, fluid intake, and exercise are effective in most cases.

Use drugs with caution for short periods only.

Ispaghula (Fybogel) 1 Sachet bd OR Sterculia (Normacol) 1-2 Sachets bd

Lactulose

Glycerine Suppositories/Arachis oil enemas

**Management of post-partum third degree tears**

Fybogel and Lactulose
Gloucestershire Hospitals NHS Foundation Trust

Critical Care Patients (ITU and HDU)

Bowels Not Open (BNO) for 3 days

Rectal examination (PR)

Rectum full

2 x Glycerine suppositories plus Relaxit and commence senna and sodium docusate

Bowels Open (BO) review in 3 days

Rectum empty

Commence senna and sodium docusate

BO review in 3 days

BNO for 4 days commence Movicol and stop senna and sodium docusate

BO review in 3 days. Stop Movicol and continue with senna and sodium docusate.

BNO 5 days and rectum full, 2x glycerine suppositories and Relaxit

BO review in 3 days. Continue senna and sodium docusate.

Suggested doses:
- Senna – 15mg nocte
- Sodium docusate – 100mg tds
- Movical – 1 sachet od

- Caution in bowel surgery and known bowel problems – refer to surgeon.
- Caution in children and pregnancy – refer to paediatrician or obstetrician.

BNO refer to Dr, ? X-ray, ? surgeons

BNO 5 days and rectum full, 2x glycerine suppositories and Relaxit

BNO refer to Dr, ? x-ray, ? surgeons