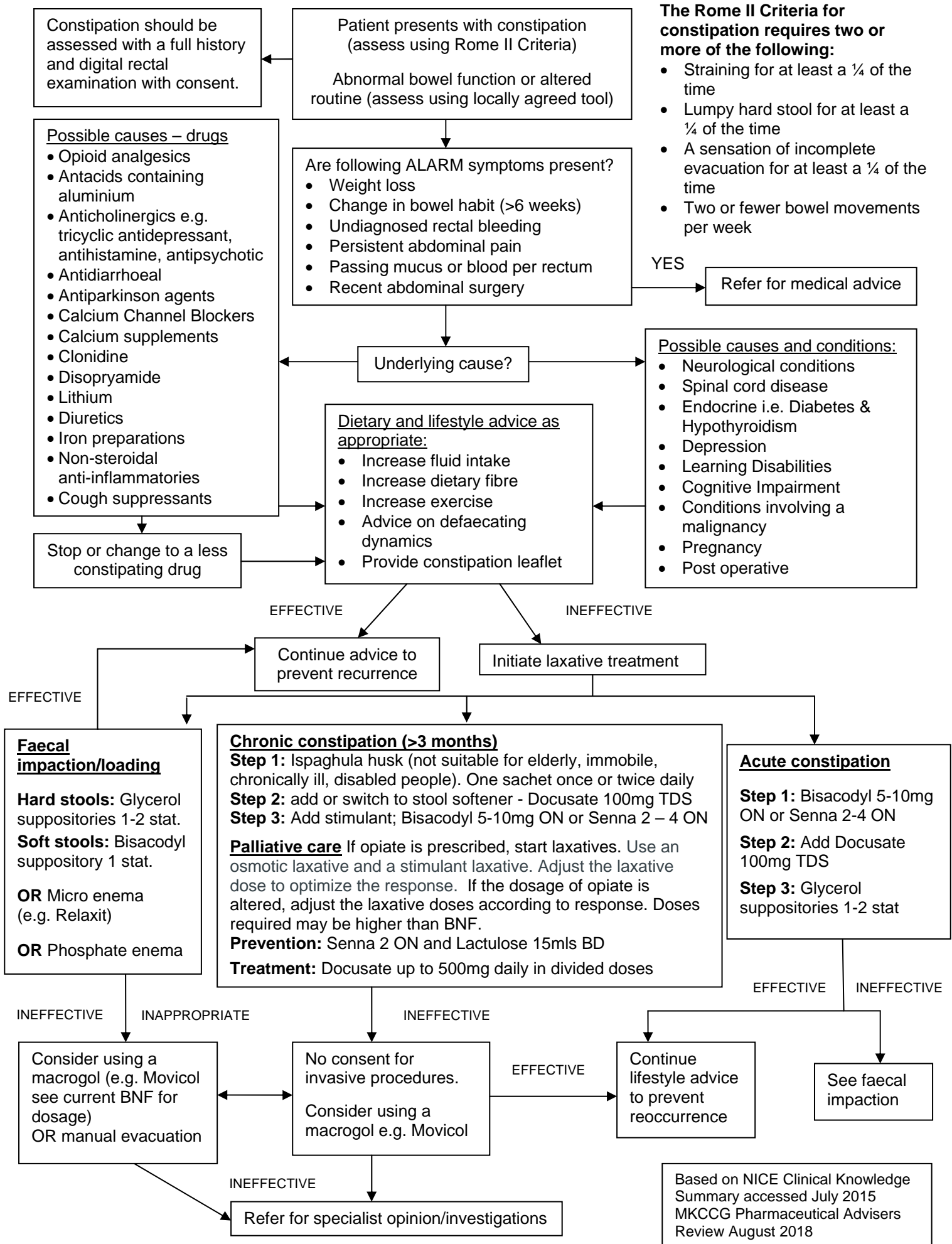


Assessment and Management of Constipation in Adults



Factors affecting choice of laxative

The final choice of laxative will often depend on individual preference, and what has previously been tried.

Laxative	Time to effect	Points to note
Bulk forming laxatives		
Ispaghula	2–3 days	Useful first-line choice in adults when it is difficult to get enough fibre in the diet. Better tolerated than bran. Must not be taken immediately before bed. Adequate fluid intake is important, to prevent intestinal obstruction. This may be difficult for the frail or children. Not recommended for people taking constipating drugs.
Methylcellulose	2–3 days	Useful first-line choice in adults when it is difficult to get enough fibre in the diet. Better tolerated than bran. Must not be taken immediately before bed. Adequate fluid intake is important, to prevent intestinal obstruction. This may be difficult for the frail or children. Tablets swell in the mouth on contact with water.
Wheat or oat bran	—	Finely ground bran can be given as bran bread or biscuits, but these are less effective than unprocessed bran. May be unpalatable. Can be added to food or fruit juice. Often poorly tolerated (causes flatulence and bloating) unless increased slowly and can be difficult to take enough to be effective on its own. Adequate fluid intake is important.
Osmotic laxatives		
Lactulose	2–3 days	Some patients find it sickly sweet. Adequate fluid intake recommended. If used alone in opioid-induced constipation, it often needs to be given in large doses that cause bloating and colic.
Macrogols (polyethylene glycol)	2–3 days	Some people find it difficult to drink the prescribed volume of macrogol. Licensed for use in faecal impaction. Idrolax [®] does not contain electrolytes. Movicol-Half [®] contains half the dose and electrolytes of Movicol [®]

Surface-wetting laxatives		
Docusate sodium	12–72 hours	Probably acts both as a softening agent and a stimulant. May be a useful alternative for people who find it hard to increase their fluid intake.
Stimulant laxatives		
Senna	8–12 hours	Licensed only for short-term use. Syrup is unpalatable.
Sodium picosulfate	6–12 hours	Licensed only for short-term use. Syrup is palatable.
Bisacodyl	6–12 hours	No syrup available. Licensed only for short-term use.
Dantron (terminal care only)	6–12 hours	Restricted to use in terminal care. Prolonged contact with the skin (e.g. faecal or urinary incontinence) can cause a dantron burn — an erythematous rash with a sharply demarcated border. Available only combined with a softener: Co-danthrusate (dantron with docusate). Co-danthramer (dantron with poloxamer) (<i>Capsules are to be discontinued Dec15, leaving expensive liquid preparations</i>). Concerns about possible carcinogenicity (from high-dose studies in rats). People should be warned that it discolours urine red (occasionally blue or green).
Rectal laxatives		
All rectal laxatives	—	Timing of effect may be more predictable than with oral laxatives. Some people find them undignified and unpleasant to use.
Glycerol suppositories (lubricating and weak stimulant)	15–30 minutes	Can be used for hard or soft stools. Licensed for occasional use only. Suppositories must be placed alongside the bowel wall so that body heat causes them to dissolve and distribute around the rectum. Suppositories should be moistened before use to aid insertion.
Bisacodyl suppositories (stimulant)	15 minutes to 3 hours	Avoid if large, hard stools, as no softening effect. Use for soft stools.
Sodium phosphate and sodium	30 minutes	People should be advised that these suppositories work by an effervescent action.

bicarbonate suppositories (Carbalax [®]) (effervescent)		
Docusate sodium enema (softener and weak stimulant)	15–30 minutes	Can be used for hard or soft stools Correct administration important to prevent damage to rectal mucosa.
Sodium citrate enema (osmotic)	5–15 minutes	Smaller volume (5 mL) than a phosphate enema (130 mL). Useful to remove hard, impacted stools. Correct administration important to prevent damage to rectal mucosa. Licensed for occasional use only.
Phosphate enema (osmotic)	2–5 minutes	Useful to remove hard, impacted stools. Correct administration important to prevent damage to rectal mucosa. Licensed for occasional use only. Use of phosphate enemas can cause hypocalcaemia and hyperphosphataemia in ill patients or in renal impairment. They can also produce rectal gangrene in ill patients with a history of haemorrhoids.
Arachis oil enema (softener)	Retention enema — used overnight and warmed before use.	Useful for hard, impacted stools. Should not be used in people with peanut allergy. Licensed for occasional use only.