CONSTIPATION – APPROACH TO THERAPY

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DISCLOSURE

- Janssen – speakers bureau, advisory board

OBJECTIVES

- At the end of this talk, you will be
- Aware of the different types of laxatives available in Canada
- Able to create an individualized management plan for patients with constipation
- Familiar with the Edmonton Chronic Constipation Protocol (ECCP)

SLOW COLONIC TRANSIT CONSTIPATION

- Infrequent bowel movements
- Little or no urge to defecate
- Lumpy or hard stools
- Progressive bloating

GOALS OF TREATMENT

GOALS OF TREATMENT AND GROUND RULES

- Frequency of BMs
- Associated symptoms

- Go fairly regularly, easily, with little or no symptoms (bloating, etc) in between

GROUND RULES

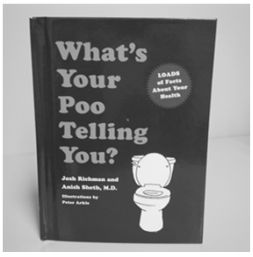
- Should take something for constipation daily to "train the bowel" to regularity
- Individualized approach
  - Nothing works instantly
  - Nothing works the same in everyone

LIFESTYLE MODIFICATIONS

- Increase dietary fibre (bulking agents)
  - All-Bran, Bran Buds cereals
  - Psyllium (Metamucil), Methylcellulose (Benefibre)
  - Target 20-25g perday
  - 1 Tbsp of Metamucil = 5g
  - Start small and increase gradually
  - 1 Tbsp daily x 1 week, then increase by 1 Tbsp at 1 week intervals to a maximum of 4 Tbsp per day

LIFESTYLE MODIFICATIONS

- Diet
  - Balanced dietary intake
- Stress reduction
- Sleep



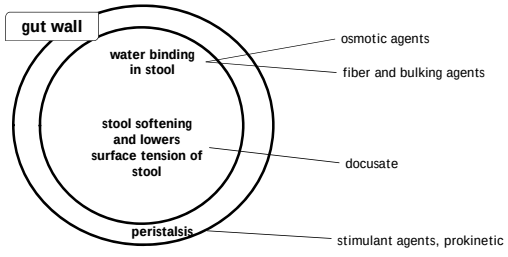
LIFESTYLE MODIFICATIONS

- Increased fluid intake
  - No evidence that it helps on its own (colon will simply reabsorb more water)
  - Should increase fluid intake when taking fibre
  - Also part of other laxatives, such as PEG
- Increased physical activity
  - Little evidence except in bedbound elderly patients
  - Many benefits for general wellbeing

LAXATIVES

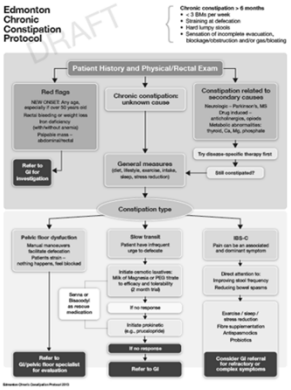
- Stool softeners
  - Docusate (Colace)
- Osmotic laxatives
  - PEG 3350 (Lax-A-Day, Restoralax, Golytely, Colyte)
  - Milk of Magnesia
  - Lactulose
- Stimulant
  - Senna (Senokot) *herbals*
  - Bisacodyl (Dulcolax, Ex-lax)
- Prokinetic
  - Prucalopride

LAXATIVES MECHANISM OF ACTION



Tack & Müller-Lissner. *Clin Gastroenterol Hepatol* 2009;7:502

Therapy	Potential adverse effects/precautions[2]
Bulking agents (Methylcellulose, Psyllium)	• Bloating, flatulence and abdominal pain • Mechanical obstruction if fluid intake is insufficient; contraindicated with acute or suspected bowel obstruction • Calcium and iron malabsorption
Stool Softeners/ Emollients (Docusate)	• Abdominal cramping, electrolyte depletion • Contraindicated in patients with acute or suspected bowel obstruction
Osmotic (Lactulose, PEG, milk of magnesia)	• Poorly absorbed sugars can cause electrolyte abnormalities, bloating, flatulence, diarrhea, abdominal cramping • Saline: Electrolyte abnormalities can occur • Polyethylene glycol (PEG): Abdominal bloating and diarrhea
Stimulant (Senna, Bisacodyl)	• Electrolyte imbalances • Link with damage to colonic mucosa or the enteric nervous system poorly established • Potential for overuse/abuse; fluid depletion, hypokalemia, and metabolic alkalosis can manifest as a result of abuse • Contraindicated in patients with acute or suspected bowel obstruction
Prokinetic (Prucalopride)	• Day 1 – diarrhea, abdominal pain, headache, nausea • No signal for QT prolongation



APPROACH TO MANAGEMENT

- Modify or eliminate any reversible factors
  - Medication (eg. Opioids, TCA)
  - Metabolic (eg. Hypothyroidism)

THE CLEANOUT

- If patient is known to have significant fecal retention, clean out bowel prior to instituting daily bowel regimen
- Colyte/Golytely 4L
- Fleet enema if impacted stool in distal colon

APPROACH TO MANAGEMENT

- Fibre supplementation
  - Daily
  - Start small and increase slowly

APPROACH TO MANAGEMENT

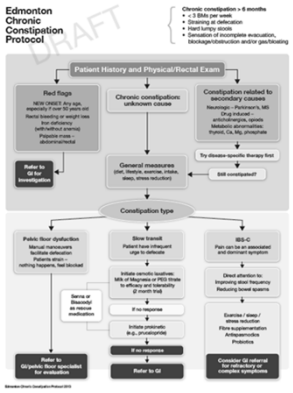
- Osmotic laxatives
  - PEG 3350 17g (1 cupful)
  - Lactulose 30g (30cc)
  - MOM
  - Daily!
  - Adjust up or down to target frequency and consistency of BMs
  - 2 months' trial

APPROACH TO MANAGEMENT

- Prokinetic agent
  - Prucalopride (Resotran) 2mg PO OD
  - Warn patient of side effects on first day (diarrhea, headache, nausea, abdominal pain)
- Rescue
  - PRN stimulant laxative

APPROACH TO MANAGEMENT

- Keep adding on other laxatives vs. substitution?
- If something works even a little bit, keep it and add something else
- If side effects or no benefit, stop and switch to something else
- With each change you make, patient should try it daily for at least 2 months




THANK YOU FOR NOT MENTIONING DR. OZ.
MEDICINE
RADICAL MEDICINE