

## COMPARISON CHART FOR CONSTIPATION MEDs

<u>Class of agent, Examples &amp; Onset of Action</u>	<u>Mechanism of Action</u>	<u>Contraindications, Precautions &amp; SE</u>	<u>Administration Instructions</u>
<p><b><u>Bulk-forming Agents:</u></b>                      Psyllium (Metamucil &amp; Prodiem)                      Methylcellulose (Citrucel)                      Polycarbophil (Fiber-Con)                      Sterculia gum (Normacol)                      Benefiber (wheat dextrin)  <b>Onset: 12-72 hrs</b></p>	-Retain H <sub>2</sub> O in stool & increase stool bulk which stimulates intestinal motility	-NOT FOR pt w/ esophageal strictures, GI ulcerations, stenosis or possible obstruction -Use sugar-free version for diabetics <b>SE:</b> flatulence, diarrhea, bloating, abdominal pain	-Do not take within 2 hrs of other Rx or effect of other Rx is reduced -Do not prepare mixture in advance -Take w/ 250ml H <sub>2</sub> O or juice -Increase fluids
<p><b><u>Hyper-osmotic Agents:</u></b>                      Lactulose                      Sorbitol 70% solution  <b>Onset: (24-48 hrs)</b>                      Glycerin suppository  <b>Onset: (15-30min)</b>                      Polyethylene glycol 3350 (Miralax, PEG) <b>(0.5-1hr)</b></p>	-Pulls fluid into GI tract by osmosis & this increases pressure which stimulates GI motility	-*diabetics ? -Avoid antacids w/ lactulose <b>SE:</b> flatulence, cramps, bloating, diarrhea (Supp-local irritant)	-Use water-soluble lubricant to administer supp & have pt turn & remain on L side. PEG powder can be mixed w/ H <sub>2</sub> O, juice, tea, coffee or soda
<p><b><u>Lubricants:</u></b>                      Mineral oil  <b>Onset: 6-8 hrs</b></p>	-Coats & softens the stool & prevents reabsorption of H <sub>2</sub> O into colon	-DO NOT administer w/ stool softeners d/t increased absorption of mineral oil -Decreased absorption of fat soluble Vits (ADEK) <b>SE:</b> rectal seepage, irritation	-use with <b>extreme caution</b> d/t risk of aspiration pneumonia -Use only for short periods -DO NOT give at bedtime, to prevent aspiration
<p><b><u>Osmotic-Saline Agents:</u></b>                      Magnesium Hydroxide (MoM)                      Magnesium Citrate (Citro-Mag)  <b>Onset: 0.5-3 hrs</b></p>	-Draw H <sub>2</sub> O into stool by osmosis, increasing pressure & stimulating intestinal motility	-Caution in elderly & renal pts since Mg is eliminated by kidneys: increased Mg can cause CNS depression, muscle weakness, decreased BP & ECG changes <b>SE:</b> diarrhea, abdominal pain	-Caution in pts at risk of dehydration -MoM has antacid properties so give 2 hrs apart from: ketoconazole, itraconazole, tetracyclines & quinolones
<p><b><u>Stool Softeners:</u></b>                      Ducosate Na (Colace)                      Ducosate Ca (Surfak)  <b>Onset: 12-72 hrs</b></p>	-Decrease surface tension & allow fat & H <sub>2</sub> O into stools to soften them	-Insignificant Na for Na-restricted diets (HTN, CHF) <b>SE:</b> stomach upset	-Take w/ lots of H <sub>2</sub> O to improve effectiveness -do not give w/ mineral oil

<b><u>Class of agent &amp; Examples</u></b>	<b><u>Mechanism of action</u></b>	<b><u>Contraindications, Precautions &amp; SE</u></b>	<b><u>Administration Instructions</u></b>
<b><u>Stimulants:</u></b> Senna (Senekot) Bisacodyl (Dulcolax) Cascara sagrada <b>Onset: 6-12 hrs</b> Bisacodyl supp <b>Onset: 0.5-1hr</b>	-Increase intestinal motility by direct action on the smooth muscle of the intestine -May also stimulate secretion of H <sub>2</sub> O & electrolytes into colon -Bisacodyl causes contractions of entire colon. (EC)	-DO NOT give to pregnant women as may induce contractions -Do not give to pt w/ appendicitis d/t risk of rupture <b>SE:</b> flatulence, griping, diarrhea, excessive diarrhea may lead to electrolyte loss & dehydration (Senna & Cascara-discolor urine: red, pink, brown, black) **Long term use may lead to cathartic colon, but may be necessary for pts on opioids long-term	-Bisacodyl: do not take with milk -Bisacodyl (EC) tabs should not be chewed or crushed to prevent contractions in stomach & small intestine -Bisacodyl must be given 1-2 hrs apart from antacids, H <sub>2</sub> -antagonists & PPI's, as they will dissolve EC => cramping!
<b><u>Enemas :</u></b> <b><u>(onset: 5-15 min)</u></b> 1. Tap H <sub>2</sub> O: 500 ml PR 2. Na <sup>+</sup> Phosphate (Fleet): 120ml PR 3. Mineral oil: 100-250ml PR	-Various mechanisms of action	<b><u>SE: mechanical trauma to rectal wall</u></b> 1. H <sub>2</sub> O intoxication & hypoNa <sup>+</sup> 2. hypophosphatemia & hypocalcemia 3. incontinence	-NOT for < 2 yrs  1. Warm H <sub>2</sub> O 2. Avoid prolonged retention

**\*Lactulose:** indicated in Patient Self-Care, 2<sup>nd</sup> ed. (2010, p.269) that it CAN be used by diabetics but taste is ++ sweet & is NOT for pts who should not take galactose BUT bottle of Lactulose clearly indicates diabetic patients should consult MD before using (because it contains lactose & galactose).

**SE:** side effects