

Exclusion Criteria for Constipation Self-Care

- Age < 2 years old
- Dark, tarry or bloody stool
- Daily laxative use
- Fever/Nausea/vomiting
- Anorexia
- Chronic medical condition that precludes self-care laxative treatment
- Severe abdominal distention, cramping, or pain
- Severe or unexplained flatulence
- Severe change in stool character
- Unexplained bowel habit changes, especially with weight loss
- Bowel symptoms that continue for >2 weeks OR recur over 3 months or longer
- Bowel symptoms that persist after dietary or lifestyle changes or laxative use

Non-Pharmacological Treatment (FIRST-LINE)

Lifestyle changes

- Balanced Diet
- **Fiber:** 14g per 1,000kcal -OR-
Women: 25 g/day
Men: 38 g/day

Fluid Intake

- 2 L water/day
- Pregnancy: extra 300 mL/day
- Lactating: extra 750 - 1,000 mL/day

Exercise

- 150 minutes/week

Bowel Training

- Regularly-scheduled attempts (Usually first thing in the morning)

SHELBS for Constipation

Saline	Liquid and solid (PO), Liquid (rectal) ▸ Mag Citrate/Hydroxide/Sulfate ▸ Dibasic/Monobasic Sodium phosphate	Draw water into the intestine/colon (PO) via Osmosis → increase intraluminal pressure → promote GI motility
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Hyperosmotic	▸ Glycerin (Rectal Suppository/Enema) ▸ PEG 3350 (PO powder)	Large, poorly-absorbed ions/molecules draw water into the colon and rectum via osmosis
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Emollients (aka Stool Softeners)	▸ Docusate Sodium/Calcium (PO Capsule and Syrup)	Anionic Surfactants
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Lubricants	▸ Mineral oil (PO/PR Liquid)	Coats stool and prevent colonic absorption of fecal water → softens fecal contents
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SHELBS for Constipation (cont)

Bulk-Forming (DOC)	<ul style="list-style-type: none"> ▸ Methylcellulose, polycarbophil, psyllium-containing products (PO) 	(Mimic what the body does naturally) Absorb water in intestine → provides bulk → promotes peristalsis
Stimulants	<ul style="list-style-type: none"> ▸ Senna, Bisacodyl (PO Caps/Tabs; PR Supp.) 	(Increase gastric motility in colon) Local irritation of mucosa or more selective action on intramural nerve plexus of intestinal smooth muscle + increased water and electrolyte secretion by the intestine

Fast vs. Slow Relief OTC

Faster Relief (within 15 min - 6 hours)	Lubricants	<ul style="list-style-type: none"> ▸ Mineral oil (PR): 5-15 minutes
	Saline Laxatives	<ul style="list-style-type: none"> ▸ Magnesium citrate (PR): 2-15 min ▸ Magnesium citrate (PO): 30 min - 3 hours ▸ Magnesium hydroxide: 30 min-6 hours
	Hyperosmotic	<ul style="list-style-type: none"> ▸ Glycerin (PR): 15-30 minutes
	Stimulants	<ul style="list-style-type: none"> ▸ Bisacodyl (PR): 15-60 minutes ▸ Senna (PO): 6-10 hours ▸ Bisacodyl (PO): 6-10 hours
Slower Relief (6+ hours, up to 72 hours)	Bulk-Forming Agents	<ul style="list-style-type: none"> ▸ Methylcellulose, Polycarbophil, Psyllium-containing products (PO): 12-24 hours, up to 72 hours
	Emollients (Stool Softeners)	<ul style="list-style-type: none"> ▸ Docusate Na/Ca: 12-72 hours, up to 3-5 days
	Lubricants	<ul style="list-style-type: none"> ▸ Mineral oil (PO): 6-8 hours
	Hyperosmotic	<ul style="list-style-type: none"> ▸ PEG 3350 (PO): 12-72 hours (up to 96 hours)



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Contraindication, Caution, and DDI with OTC

Saline **AVOID IN:**

- Intolerant of fluid loss, Electrolyte imbalances, Renal impairment, Newborns, Older adults, or CHF (sodium phosphate)
- PR Sodium phosphate: megacolon, GI obstruction, anus perforation, colostomy

Hyperosmotic **PEG 3350:** Caution in renal disease, IBS

Glycerin: Pre-existing rectal irritation

Emollients (aka Stool Softeners) **Caution:** Electrolyte imbalances

Lubricants **Avoid in:** < 6 years, Pregnancy, Bedridden, Older adults, Difficulty swallowing, Risk for aspiration because Risk of Lipid Pneumonia when taken PO

DDIs: Fat-soluble vitamins (ADEK) and Docusate (emollient)

Bulk-Forming (DOC) **Avoid in:** Difficulty swallowing, esophageal strictures, intestinal ulcerations/stenosis/disabling adhesions, and psyllium allergy

Caution: Renal disease (calcium content), diabetes, restricted caloric intake, fluid intake

DDIs: Digoxin, Anti-coagulants, Salicylates (separate by 2 hours)

Stimulants **Senna:** Melanotic pigmentation of colonic mucosa, may discolor urine (pink/red/violet/brown)

Special Populations

Children **Mild constipation**

- Dietary Modifications: > 2 yo extra fiber intake = $(age + 5 \text{ g/day})$
- Behavioral Modifications: establish regular stooling time (if toilet trained)

IF Modifications insufficient in 2 – 6 years old

- **PO:** Senna, Docusate sodium, Magnesium hydroxide
- **Rectal:** *Glycerin*, mineral oil, sodium phosphate



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Special Populations (cont)

IF Modifications insufficient in 6 – 12 years old

- **PO:** Senna, Docusate sodium, Magnesium hydroxide, bulk-forming, mineral oil, Magnesium (any formulation), Bisacodyl
- **Rectal:** *Glycerin*, mineral oil, sodium phosphate, Bisacodyl

Pregnancy/Lactation

Goal: Achieve soft stools WITHOUT laxative use

- **First-line:** Dietary (increase fibers)
- **Second-line:** Bulk-forming with plenty of fluid, Docusate, PEG 3350, (maybe short-term) Senna/Bisacodyl
- **Breastfeeding:** Senna, Bisacodyl, PEG 3350, Docusate

Older Adults

ALWAYS FLUID and FIBER

Bulk-forming Laxative (Avoid in dehydration, frailty, bedridden, unable to maintain hydration)

- If bulk-forming is contraindicated: PEG 3350 or Docusate
- **AVOID:** Mineral oil and Saline because of fluid and electrolyte imbalance



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