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
Hyperosmotic	‣ Glycerin (Rectal Suppository/Enema) ‣ PEG 3350 (PO powder)	Large, poorly-absorbed ions/molecules draw water into the colon and rectum via osmosis
Emollients (aka Stool Softeners)	‣ Docusate Sodium/Calcium (PO Capsule and Syrup)	Anionic Surfactants
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-F-orming (DOC)	‣ Methylcellulose, polycarbophil, psyllium-containing products (PO)	(Mimic what the body does naturally) Absorb water in intestine → provides bulk → promotes peristalsis
Stimulants	‣ 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** ‣ Mineral oil (PR): 5-15 minutes
	Saline Laxatives ‣ Magnesium citrate (PR): 2-15 min ‣ Magnesium citrate (PO): 30 min - 3 hours ‣ Magnesium hydroxide: 30 min-6 hours
	Hyperosmotic ‣ Glycerin (PR): 15-30 minutes
	Stimulants ‣ 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** ‣ Methylcellulose, Polycarbophil, Psyllium-containing products (PO): 12-24 hours, up to 72 hours
	Emollients (Stool Softeners) ‣ Docusate Na/Ca: 12-72 hours, up to 3-5 days
	Lubricants ‣ Mineral oil (PO): 6-8 hours
	Hyperosmotic ‣ 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 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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