

# Laxative Guidelines for Adults

## Key Messages:

- Lifestyle advice of **fluid intake**, fibre & exercise **must** be continued throughout laxative therapy
- Never use two of the same class of drug (i.e. lactulose & macrogol)
- Always use a stimulant first line for drug induced (esp. opioids) as osmotics just cause bloating
- Always add in another laxative type (not replace) as often the synergistic action of softening, bulking and stimulant is much more effective and lowers the side-effects of individual agents.
- **Always consider impaction and overflow if patient reports diarrhoea on laxatives**

## Printable resources:

[Patient.co.uk Constipation in adults Patient information leaflet](http://Patient.co.uk)  
[Nutrition & dietetic Patient information leaflets](#)

	Drug induced	Chronic (>12 weeks)	Chronic (with IBS <sup>1</sup> )	Chronic frail / low mobility	Pregnancy/ breastfeeding
<p>Start at the top and use <b>ONE</b> option in category</p> <p>Then <b>ADD</b> in the next step (unless other-wise stated)</p> <p><b>Reduce &amp; remove the last step when controlled</b></p>	<b>** Increase fluid intake, dietary fibre and exercise **</b>				
	Start laxatives on initiation of high dose opioids. <sup>2</sup>	Investigate possible causes	Antispasmodics Use soluble fibre <sup>3</sup>	Still encourage fibre, fluid & exercise	Ensure non-drug interventions first
	Stimulant	Bulk forming with plenty of fluid	Softener	Softener	Bulk forming With plenty of fluid
	Softener	Softener	Osmotic	Stimulant	Lactulose
	Osmotic	Stimulant	Stimulant	Osmotic	Senna <sup>4</sup>
	<p><b>DO NOT use bulk forming</b></p> <p>See palliative care guidelines for the use of co-danthramer &amp; co-danthrusate</p>	Osmotic	<p><b>STOP ALL LAXATIVES</b> then start Linaclotide</p> <p><b>REFER to Secondary care to consider Prucalopride (women)</b></p>	Bulk forming may cause blockage	Only use these drugs in pregnancy and breast-feeding except on consultant advice

A referral can be made to the continence service for assessment, advice and support at all stages. Especially consider for impacted, neurological conditions or failure of traditional laxatives. GP & Nurses can send written referral to RCHS, or contact for advice on 01709 423283

<p><b>Bulk forming</b></p> <p>Ispaghula one sachet twice a day</p>
<p><b>Softener</b></p> <p>Docusate 200mg twice a day</p>
<p><b>Stimulant</b></p> <p>Bisacodyl 2 at night (max 4 daily) OR senna 2 at night (max 2 BD) OR glycerin suppositories PRN</p>
<p><b>Osmotic</b></p> <p>Macrogol 1 to 3 sachets daily OR lactulose 15ml BD</p>
<p>Linaclotide 290mcg once daily (See overleaf)</p>
<p><b>Prucalopride - RED refer</b> ( See overleaf )</p>

## Neurological / MS / Stroke / spinal injuries etc

These patients may require a more complicated regime including rectal stimulation and manual evacuation. Over use of traditional laxatives (especially osmotics) can result in faecal incontinence. Seek advice from their specialist team or the continence service.

**Impaction** - Prevent reoccurrence with lifestyle advice and regular laxatives. Exact treatment depends on cause and size of impaction, advice maybe required from the stoma service or secondary care.

### Options include:

- Glycerin or bisacodyl suppositories
- Phosphate or arachis (peanut) oil enemas
- Macrogol disimpaction regimen (use with caution)

<sup>1</sup> Irritable Bowel Syndrome [www.patient.co.uk](http://www.patient.co.uk) leaflet

<sup>2</sup> Greater than 120mg codeine /day (i.e. co-codamol 30/500) or strong opioids (i.e. morphine MR)

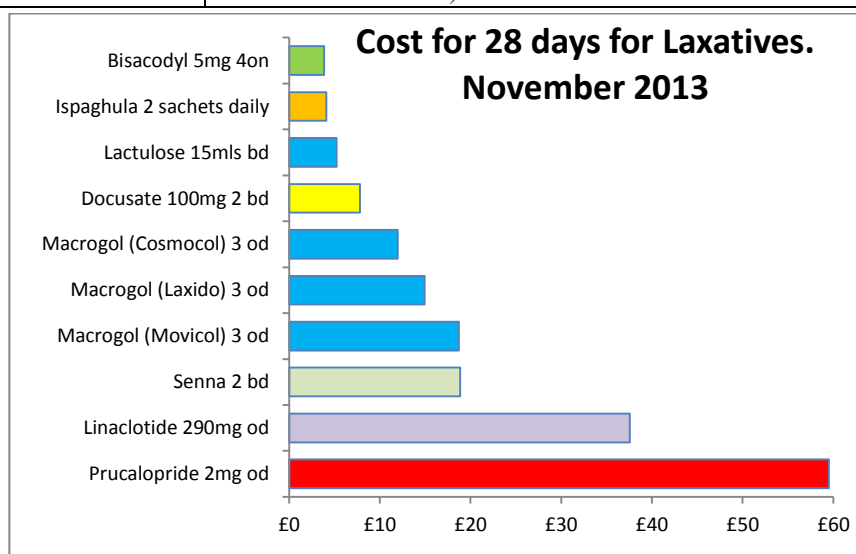
<sup>3</sup> fruit, root vegetables & oats – NOT insoluble fibre of bran, whole grains & cereals

<sup>4</sup> not near term or unstable pregnancy

Background information	Advantages	Disadvantages
<b>Bulk-forming laxatives</b> (such as ispaghula) retain fluid within the stool and increasing faecal mass, leading to stimulation of peristalsis. They also have stool-softening properties.	Useful first-line choice in adults when it is difficult to get enough fibre in the diet. Better tolerated than bran. <b>2-3 days to effect</b>	<b>Adequate fluid intake</b> is important, to prevent intestinal obstruction. Must not be taken immediately before bed. This may be difficult for the frail and elderly. Not recommended for people taking constipating drugs. Side-effects of flatulence and bloating
<b>Osmotic laxatives</b> (macrogols & lactulose) increase fluid in the large bowel. This produces distension, leading to stimulation of peristalsis. Prescribing macrogol by brand provides cost-savings due to drug tariff pricing (Cosmocol <sup>®</sup> /Laxido <sup>®</sup> )	Produce softer stools with a larger volume and improved propulsion. <b>2-3 days to effect</b>	It can be difficult to drink the prescribed volume of macrogol. If <b>adequate fluid</b> is not taken it can lead to dehydration. They may be counter-productive in patients with IBS. Side-effects include flatulence, bloating, cramping and nausea. Lactulose causes colic due to breakdown by bacteria, and is NOT recommended for IBS patients.
<b>Stimulant laxatives</b> cause peristalsis by stimulating colonic nerves (senna) or colonic and rectal nerves (bisacodyl).	Rapid effect <b>6-12 hours to effect</b>	Also require the stool to be softened by increasing dietary fibre and liquid or another laxative (softener / osmotic). Side-effects include cramps & diarrhoea, and should be avoided in intestinal obstruction
<b>Surface-wetting agents</b> (docusate) reduces the surface tension of the stool, allowing water to penetrate and soften it. It also has a weak stimulant effect.	A useful alternative for people who find it hard to increase their fluid intake. <b>12-72 hours to effect</b>	Side-effects of abdominal cramps and diarrhoea. Often needs an additional laxative to be added (either stimulant or osmotic).
<b>Linaclotide</b> is a Guanylate cyclase-C receptor agonist causing decreased visceral pain, increased intestinal fluid secretion and accelerated intestinal transit.	Linaclotide is only licensed for patients with Irritable Bowel Syndrome (IBS) with constipation and recommended for a limited number of patients in whom ALL other laxative treatment options have been ineffective or contraindicated. (Antispasmodics may still be used. Tricyclic antidepressants are an option for their analgesic effect, but use with caution as they may worsen constipation.) <b>Review after 4 weeks &amp; at regular intervals thereafter.</b>	
	Novel action so is an alternative to traditional laxatives.	There is no long-term data for the efficacy or side-effects of this treatment.
<b>Prucalopride</b> is a selective, high-affinity, serotonin (5HT <sub>4</sub> ) receptor agonist, and has enterokinetic effects, enhancing intestinal motility.	<b>RED lighted so prescribing remains with the consultant.</b> As per NICE TA211. For women only, after 6 months treatment of at least two classes of laxatives at maximum tolerated doses. <b>Review after 4 weeks.</b>	
	Novel action so is an alternative to traditional laxatives.	The most common adverse effects include headache and gastro-intestinal symptoms (abdominal pain, nausea or diarrhoea)

### RED flags:

- Persistent unexplained change in bowel habit?
- Persistent rectal bleeding without anal symptoms?
- Narrowing of stool calibre?
- Palpable mass in the lower right abdomen or the pelvis?
- Unexplained weight loss, iron deficiency anaemia, fever, or nocturnal symptoms?
- Family history of colon cancer, or inflammatory bowel disease?
- Severe, persistent constipation that is unresponsive to treatment?



### References:

- Clinical knowledge Summaries
- The management of constipation MeReC bulletin July 2004
- COMPASS Therapeutic notes on the management of constipation in Primary Care January 2012