

Medications to Treat Constipation

Many of the medications discussed in previous chapters have a systemic effect and an effect on body systems other than the one for which the medication is prescribed. For example, medications that change smooth muscle tone to open up the respiratory tract in an asthmatic patient or that decrease the blood pressure in a cardiac patient can also affect the rate at which food moves through the body. When peristalsis slows, **constipation** or infrequent, hard stools can result. Some medications that contribute to constipation are diuretics, which remove fluid from the body and thereby cause hard stools. One such medication is furosemide (Lasix). As a result, the colon reabsorbs too much fluid, the feces become hard, and the alimentary canal does not clear. Laxatives are a class of medications that can help relieve constipation by promoting bowel movements. Laxatives can help diagnose GI disorders by cleansing the bowel to allow observation of the intestinal walls during examination. These medications should not be used for losing weight because they could lead to a dependency on them to have a bowel movement and may also cause electrolyte imbalances. A **cathartic** is a stronger medication that facilitates fast emptying of the colon. Laxatives are classified as bulk-forming agents, osmotics, stimulants, or stool softeners.

- **Bulk-forming laxatives.** Bulk-forming laxatives such as psyllium (Metamucil) increase bulk and water content of the stool because they resemble dietary fiber. This medication is available as a powder that can be added to liquid, as a capsule, and as a wafer to be eaten. Prunes and bran have the same effects. Bulk-forming laxatives are the best laxatives to take during pregnancy and if needed on a routine basis; they absorb water and create larger, softer stools. These larger stools stimulate peristalsis and thus purge the body of feces. These laxatives take 12 hours to 3 days to work.
- **Lubricant laxatives.** Lubricant laxatives such as mineral oil increase the water-to-fecal mass to ease the passage of stool and are usually taken as suppositories. Lubricant laxatives are typically oily. They take 6 to 8 hours to work.
- **Osmotic laxatives.** Osmotic laxatives, given rectally, such as glycerin or sorbitol exert an immediate action that draws water into the stool and irritates the bowel to increase peristalsis. The result is evacuation of stool, sometimes in the form of diarrhea, within 15 to 60 minutes. These laxatives are contraindicated in patients with hypertension, edema, or congestive heart failure because of the stress on the cardiovascular system caused by this rapid action. Milk of Magnesia is a mild osmotic laxative sometimes called a saline laxative. It increases the amount of water in the large intestine and usually works within 2 to 12 hours, depending on the dose. The salt ions in Milk of Magnesia can attract water molecules toward each other and thus lubricate the GI tract. Milk of Magnesia is therefore a safe option for patients with hypertension, edema, or congestive heart failure.
- **Stimulant laxatives.** Stimulant laxatives stimulate peristalsis because they act directly on the intestinal mucosa and irritate the bowel. They are typically effective within 6 to 8 hours. Some examples include bisacodyl, senna, aloe, cascara sagrada, and castor oil. Side effects include cramping, diarrhea, flatulence, and nausea. Senna, aloe, and cascara sagrada discolor urine. Castor oil should not be used during pregnancy because of the risk for premature labor or during lactation because it may cause diarrhea in the infant.
- **Stool softeners.** Stool softeners decrease the consistency of stool by reducing surface tension and attracting water and fat to the stool to soften it and improve its passage through the colon. Docusate (Colace) is a detergent stool softener. This type of laxative is typically used routinely in patients with limited mobility resulting from injury or chronic illness.
- **Bowel evacuators.** Bowel evacuators are cleansing solutions that are used to remove stool before diagnostic tests, such as colonoscopy. They are made as mixes similar to body fluids, so material held in the bowel is rejected. Typically, the patient is asked to drink 1 gallon of fluid mixed with a bowel evacuator within a 2- to 3-hour time frame. Side effects can include bloating, nausea, and fullness. Examples of bowel evacuants include polyethylene glycol electrolyte solution (Colyte, GoLYTELY, MoviPrep, NuLYTELY, PEG-3350 with Electrolytes, TriLyte) and polyethylene glycol 3350 (GlycoLax, MiraLax).