### Laxative Treatment Guidelines for Adults

**Key Messages:**
- Lifestyle advice, fluid intake, fibre and exercise must be continued throughout laxative therapy.
- Never use two of the same class of drug (i.e. lactulose and macrogol).
- Always use a stimulant first line if drug induced (esp. opioids) – osmotics will just cause bloating.
- Always add in another laxative type (not replace) as often the synergistic action of bulking, softening and stimulating is much more effective and lowers the side effects of individual agents.
- Gradually titrate dose of laxative upwards or downwards.
- Adjust constipating medication if possible.
- Titrate to maximum tolerated dose before adding/switching laxatives.
- Always consider impaction and overflow if patient reports diarrhoea whilst taking laxatives.

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

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**Assessment of the patient identifies constipation (see continence assessment)**

**Any RED FLAG or signs of obstruction?**

**Patient presents with FAECAL IMPACTION?**

**CONSTIPATION** - short term or chronic

**Consider high dose macrogol** compound oral powder 8 sachets daily for max. 3 days

- Soft stools (or hard stools after a few days treatment with macrogol)?
  - YES
  - Consider starting or adding an Oral Stimulant Laxative
  - Has response been sufficient or fast enough?
    - YES
  - Add suppositories or a micro-enema
    - Suppositories: Bisacodyl (soft stools); Glycerol (alone or with Bisacodyl) (hard stools)
    - Micro Enema: Docusate or Sodium Citrate may be repeated for hard impacted faeces
  - Has patient responded to treatment?
    - NO
    - Consider Arachis Oil or Sodium Phosphate Enema
      - Be aware of contraindications (see Laxative Guide)
    - Has patient responded to treatment?
      - NO
      - Refer to GP / Specialist Healthcare Professional
  - NO

**CONSTIPATION** - drug induced

**Commence laxatives on initiation of high dose opioids**

- DO NOT USE BULK FORMING LAXITIVES
  - Use softeners for hard stools, use stimulants for stools not expelled
  - See Palliative Care Handbook/palliative specialist teams.

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**Neruological / MS / Stroke / Spinal Injuries etc.**

These patients may require a more complicated regime including rectal stimulation and digital removal of faeces. Over-use of traditional laxatives (especially osmotics) can result in faecal incontinence. Seek advice from their specialist team or the continence service.
### Bulk Forming Laxatives

<table>
<thead>
<tr>
<th>Examples</th>
<th>Route</th>
<th>Acts within</th>
<th>Extra Measures &amp; Contra-indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisacodyl</td>
<td>Oral or rectal (suppd or liquid)</td>
<td>10-12 Hours</td>
<td>Oral medication should not be used for long term treatment, which could cause loss of tone on the colon and hypokalaemia (low potassium) Not to be used in cases of intestinal obstruction e.g. faecal impaction</td>
</tr>
<tr>
<td>Senna</td>
<td>Oral</td>
<td>10-12 hours</td>
<td>May cause the urine to be coloured brown or red Not to be used in cases of intestinal obstruction Not to be used for long term treatment, which could cause loss of tone on the colon and hypokalaemia (low potassium)</td>
</tr>
<tr>
<td>Dantron (Danthron) Co-danthramer, Co-danthrusate, Normax</td>
<td>Oral</td>
<td>6-12 Hours</td>
<td>Should be limited to use by terminally ill patients per license and BNF Not to be used in patients with intestinal obstruction Use with caution in people with incontinence as can irritate the skin when leaving the body Can cause red/orange colour to the urine</td>
</tr>
<tr>
<td>Docusate Sodium</td>
<td>Oral or rectal</td>
<td>24-48 Hours</td>
<td>Has detergent and emulsifying properties which also soften the stool. Not to be used in patients with intestinal obstruction Not to be used on long term Can cause abdominal cramps</td>
</tr>
<tr>
<td>Glycerol</td>
<td>Rectal Suppositories</td>
<td>20 Minutes</td>
<td>Lubricate the anorectum Mild irritant effect which stimulates defaecation. There are no significant side-effects or contraindications for their use</td>
</tr>
<tr>
<td>Sodium Picosulphate</td>
<td>Oral: Picolax</td>
<td>Usually Within 3 Hours of first dose</td>
<td>Often used for bowel evacuation prior to investigations or surgery Not to be used for intestinal obstruction or for long term use Side effects include nausea, vomiting and abdominal cramps.</td>
</tr>
</tbody>
</table>

### Osmotic Laxatives

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<tr>
<td>Lactulose</td>
<td>Oral</td>
<td>Approx 48 Hours Accumulative</td>
<td>Broken down to form lactic and acetic acids in the colon, which stimulate peristalsis Osmotic effect which draws water into the stool, leading to softer stools Not to be used in patients with abdominal obstruction Can cause flatulence and abdominal cramps Fluid intake must be increased when taking these medications</td>
</tr>
<tr>
<td>Macrogols (e.g. Movicol)</td>
<td>Oral</td>
<td>24-48 Hours</td>
<td>Causes distention and stimulation of the bowel Less side effects than other medications in this group Reduces the need to strain Safe to use in patients with faecal impaction Can alter the dose according to stool type Fluid intake must be increased when taking these medications</td>
</tr>
<tr>
<td>Magnesium Hydroxide</td>
<td>Oral</td>
<td>Can be within 2 Hours</td>
<td>Rarely used Attract water into the bowel, increasing the volume of the stool, keeping it moist, and also stimulates peristalsis Only for short term use for rapid evacuation of the bowel Not to be used for intestinal obstruction Avoid dehydration, maintain oral fluids</td>
</tr>
<tr>
<td>Rectal phosphates</td>
<td>Rectal suppositories or enemas</td>
<td>Within 30 minutes</td>
<td>Have a direct osmotic and stimulant effect Only for short term use to produce rapid bowel evacuation Not to be used in patients with abdominal obstruction or acute gastrointestinal conditions Not for use in patients with a neurogenic bowel</td>
</tr>
<tr>
<td>Rectal Sodium citrate: Microdot, Microlax, relaxit Micro-enema</td>
<td>Administered as an enema</td>
<td>Within 30 Minutes</td>
<td>Only for short term use to produce rapid bowel evacuation Not to be used in patients with abdominal obstruction or acute gastrointestinal conditions Care should be taken in patients where sodium salts are contraindicated e.g. Cardiac Failure</td>
</tr>
</tbody>
</table>

### Stimulant laxatives (can cause abdominal cramps due to increased intestinal motility. They generally act by stimulating nerves to induce peristalsis, and they also decrease water reabsorption from the colon)

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<tr>
<td>Arachis oil</td>
<td>Rectal</td>
<td>12-12 Hours</td>
<td>Derived from peanuts – DO NOT GIVE TO PATIENTS WITH NUT ALLERGY Effective in softening the stools in cases of impaction. May increase uptake of and toxicity of drugs, and interfere with absorption of fat-soluble vitamins (Wiesel and bell, 2004) Oral faecal softeners are often viewed as unproved and unsafe, discouraging use (Wiesel and Bell, 2004) Administer before bedtime</td>
</tr>
</tbody>
</table>

There are also a number of newer medicines for constipation, which work differently to the groups above. These don’t all necessarily work by their direct effect on the gut. These include Prucalopride, Lubiprostone, and Linaclootide. NB: There are differences in the licenses for these medicines relating to duration of use and criteria for their discontinuation.

- **Prucalopride**: (NICE TA 211) Restricted to use when at least 2 laxatives from different classes have been ineffective at maximum tolerated doses for at least 6 months. Works on the muscle wall of the bowels. It increases the movement of the bowels, making stools easier to pass. It can be helpful for patients for whom constipation remains a problem despite having made changes to lifestyle and diet, and despite having tried several different laxatives.
- **Lubiprostone**: (NICE TA 318) Restricted to use when at least 2 laxatives from different classes have been ineffective at maximum tolerated doses for at least 6 months. Helps to increase secretion of fluid into the bowel. This increases the movement of the bowels, making stools easier to pass. It is helpful for people for whom constipation remains a problem despite recommended changes to lifestyle or diet.
- **Linaclootide**: (NICE CG 61) Consider for people with IBS only if: optimal or maximal tolerated doses of previous laxatives from different classes have not helped; and they have had constipation for at least 12m. Follow-up for people taking linaclootide must take place after 3 months.