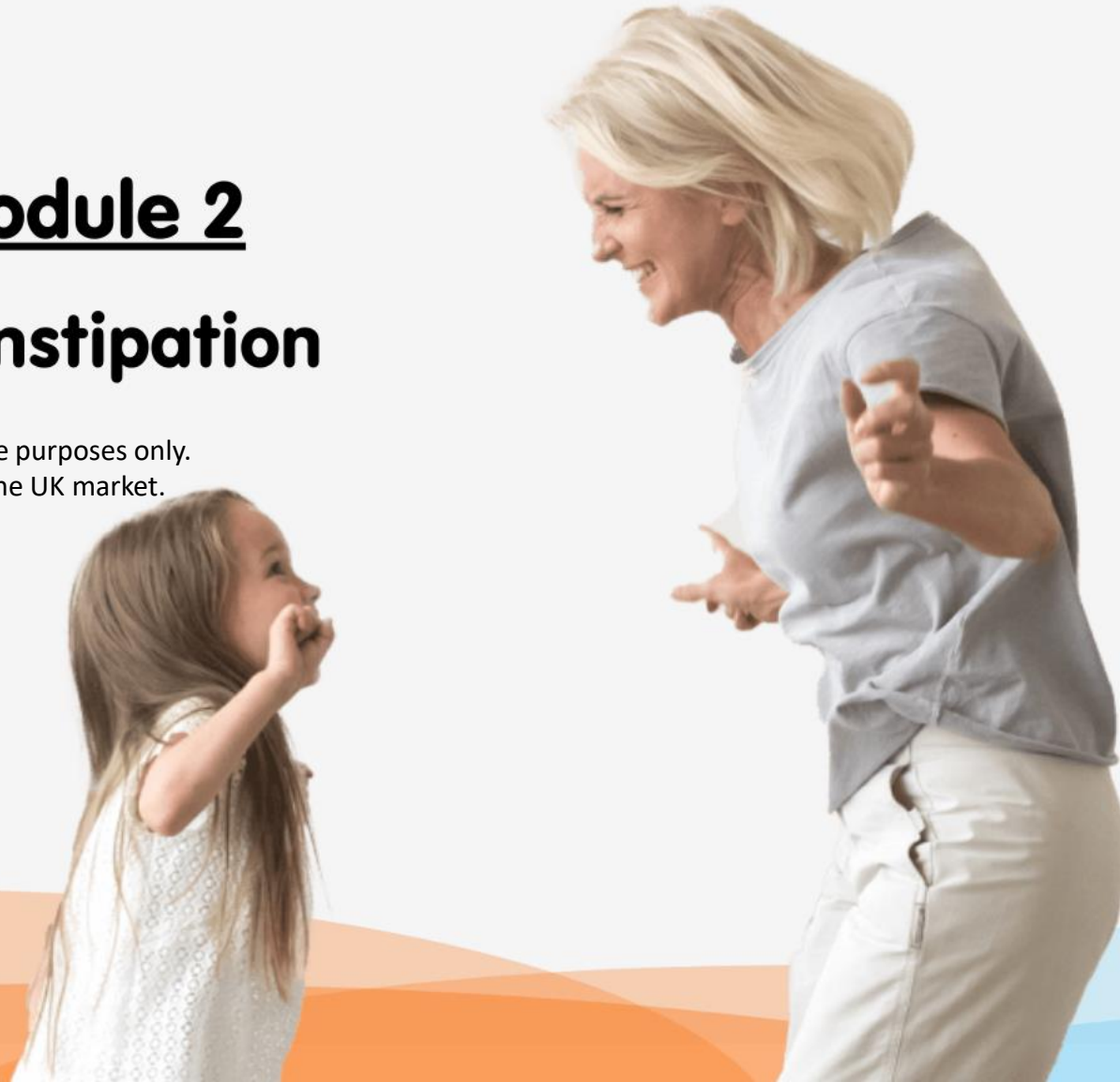


Laxido[®]

Macrogol 3350, sodium chloride,
sodium hydrogen carbonate, potassium chloride

Laxido Module 2 Treating Constipation

For internal illustrative purposes only.
This module is for the UK market.



Treating Constipation^{1,2}

Primary treatment for constipation is diet and lifestyle changes:



Increased fibre intake



Adequate fluids



Plenty of exercise

Laxatives can be used when there is:

- ✓ An inadequate response to diet and lifestyle modifications
- ✓ Faecal impaction, associated illness or other medical conditions
- ✓ Medication-induced constipation

Laxatives^{1,3}

There are many different types of laxatives:

- Bulk-Forming Laxatives
- Stimulant Laxatives
- Osmotic Laxatives
- Faecal Softeners
- Suppositories and Enemas



Bulk-Forming Laxatives¹

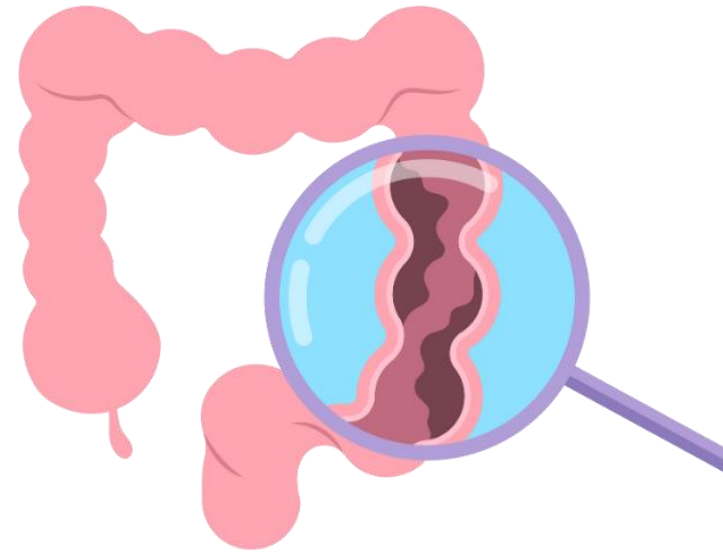
Absorb water in GI tract



Increase faecal mass

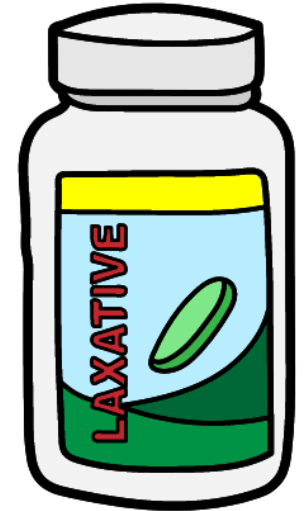


Make stools softer and easier to pass



Stimulant Laxatives^{1,2,4,5}

- ✓ Stimulant laxatives increase intestinal motility by direct stimulation of colonic nerves
- ✓ Usually given at night to help produce a bowel motion the next morning
- ✓ They should be avoided where there is obstruction
- ✓ They can cause abdominal cramps and prolonged use should be avoided because they can cause diarrhoea and fluid and electrolyte imbalance
- ✓ Mostly commonly used short-term for acute constipation



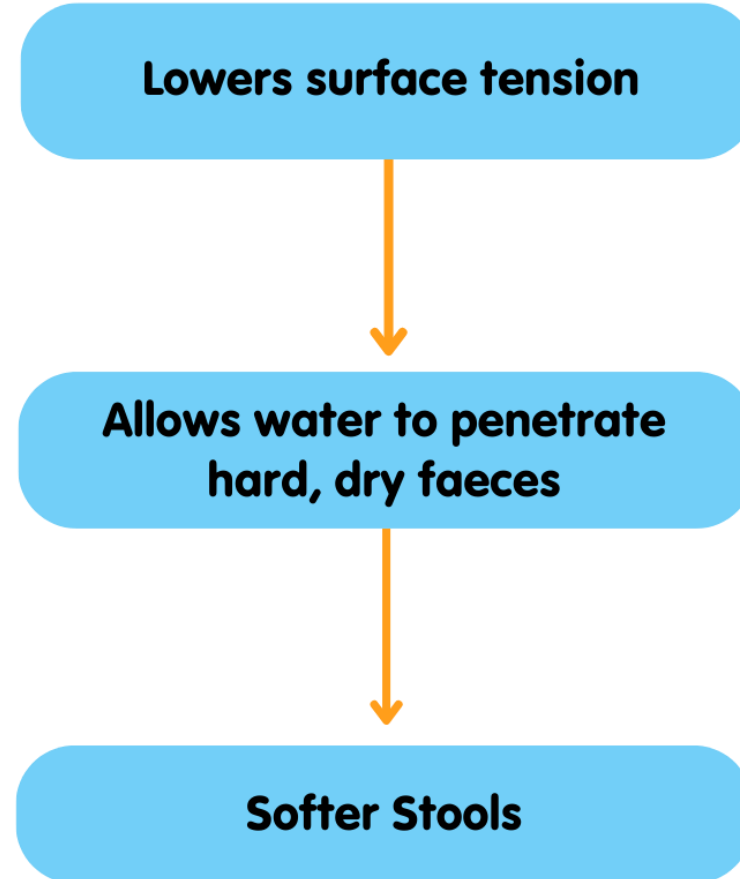
Osmotic Laxatives^{2,6}

- Osmotic laxatives increase the amount of water in the large bowel, either by drawing fluid from the body into the bowel or by retaining the fluid they were administered with – causes stools to soften and stimulates your body to pass them
- Osmotic laxatives need to be accompanied by good fluid intake

Two main types of osmotic laxatives are available:³

- ✓ **Macrogol** - brand names Laxido Orange, Movicol, Molaxole, Macrolief
- ✓ **Lactulose** - brand names Duphalac, Laxose

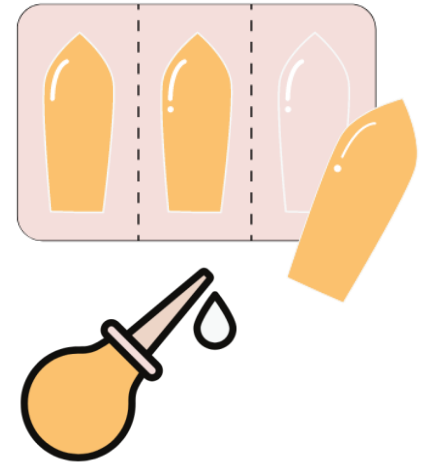
Faecal Softeners^{2,7}



Suppositories and Enemas⁸

If the response to oral laxatives is inadequate or too slow, consider using:

- A suppository such as bisacodyl for soft stools
- A suppository such as glycerol alone; glycerol plus bisacodyl for hard stools
- A mini enema such as docusate (softener and weak stimulant) or sodium citrate (osmotic)



Laxative – Time to Effect

Class	Time to effect ^{1,7}
<u>Bulking agents</u> (Unprocessed bran, Ispaghula husk, Sterculia Methylcellulose)	2-3 days
<u>Stimulant laxatives</u> (Bisacodyl (oral), Bisacodyl (rectal), Senna)	6 to 12 hours
<u>Faecal softeners</u> (Docusate sodium (oral), Docusate sodium (rectal), Glycerol suppository, Arachis oil enema)	12 to 72 hours
<u>Osmotic laxatives</u> (Lactulose, Macrogols)	2-3 days

Management of Acute Constipation⁹

Investigate, exclude and then manage any underlying secondary cause

Change lifestyle and diet

Bulk-forming laxative

Hard stools

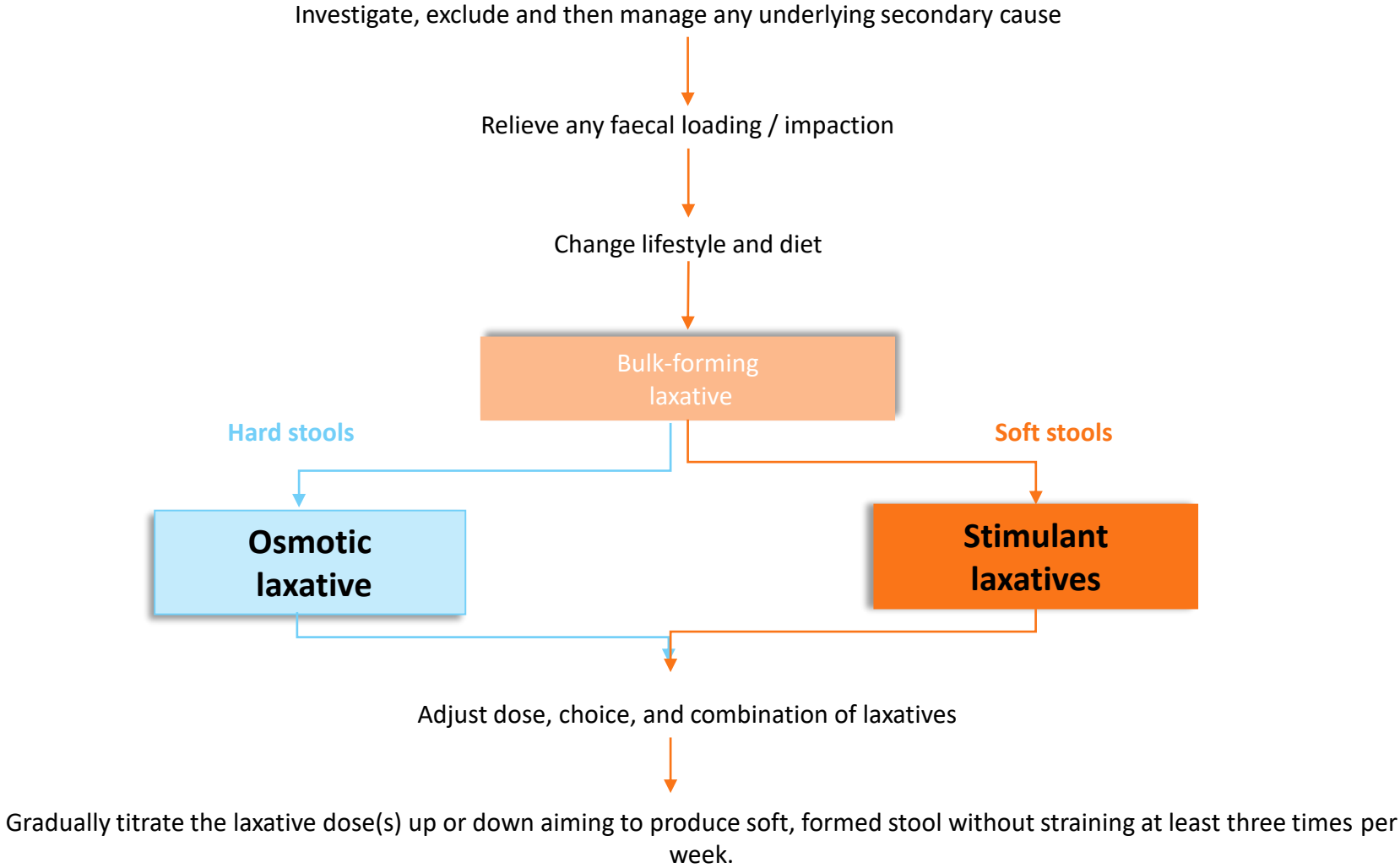
Soft stools

Osmotic laxative

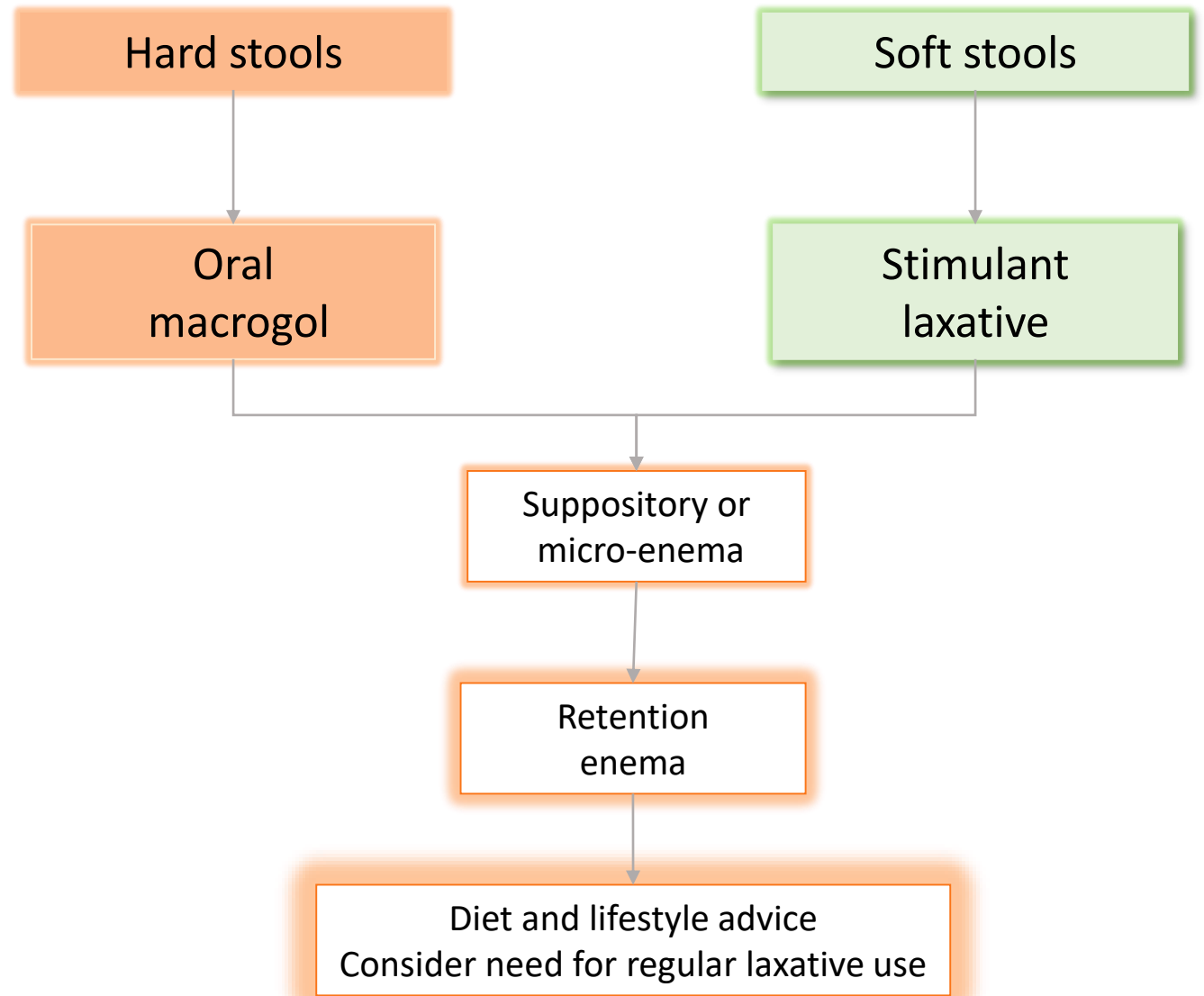
Stimulant laxatives

Gradually reduce & stop laxative once stools are soft and easily passed

Management of Chronic Constipation⁹



Management of Faecal Impaction⁹



NICE Guidance – Constipation in Adults⁹

Adjust any constipating medication
- if possible

Advise the person about increasing
dietary fibre, drinking an adequate fluid
intake and exercise

Advise the person that laxatives can be
gradually stopped once the stools become
soft and easily passed again.

Offer oral laxatives if dietary measures are ineffective, or while waiting
for them to take effect:

- Start treatment with a bulk-forming laxative
- If stools remain hard, add or switch to an osmotic laxative
- If stools are soft but the person still finds them difficult to pass or complains of inadequate emptying, add a stimulant laxative

If the person has opioid-induced constipation:

- Avoid bulk-forming laxatives
- Use an osmotic laxative (or docusate which also softens stools) and a stimulant laxative

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