

New Generics

- Brinzolamide Opth. Susp.
Brand Name: Azopt Opth.
- Difluprednate 0.05% Eye Drop
Brand Name: Durezol Eye Drop
- Nebivolol Tablet Brand Name: Bystolic
- Apo-Varenicline Oral 0.5mg & 1mg
(not starter pk or continue pk)

Backordered Meds

- Unasyn 1.5gm
- Ferrocite Plus

Eye Opening Facts About Constipation:

- ❖ Normal bowl function is considered 3 times weekly up to 3 times daily bowl movements
- ❖ One half to two thirds of all long-term care residents struggle with constipation. As we get older our bowel motility slows down and we drink less water.
- ❖ Women are more than twice as likely to take medication therapy for constipation versus men, but this is a problem for both
- ❖ Alzheimer/dementia suffering residents saw an increased likelihood of needing laxatives

What is the German Word for Constipation?

Farfrompoopen



Table 1

OTC Laxatives for Opioid-Induced Constipation

Laxative	Dosage	Onset of Action	Side Effects
Surfactants			
Docusate sodium	100 mg bid	24-72 h	Well tolerated
Docusate calcium	240 mg daily	24-72 h	Well tolerated
Stimulant Laxatives			
Bisacodyl	10-30 mg tab daily 10 mg suppository per rectum daily	6-10 h 15-60 min	Gastric irritation Rectal irritation
Senna	2-4 tabs (8.6 mg sennosides/tab) or 2 tabs (15 mg sennosides/tab) daily or divided bid	6-12 h	Melanosis coli
Osmotic Agents			
Polyethylene glycol	17 g in 120-240 mL liquid once daily	1-4 days	Abdominal cramps, bloating, diarrhea, flatulence, nausea
Lactulose	10-20 g every other day up to bid	24-28 h	Abdominal cramps, distention, and distress; diarrhea, belching, flatulence, nausea, vomiting
Sorbitol	30-45 mL once daily	15-60 min	Abdominal distress, diarrhea, nausea, vomiting, xerostomia
Magnesium sulfate	2-4 level tsp granules dissolved in 8 oz water; may repeat in 6 h. Do not exceed 2 doses per day	0.5-3 h	Caution in renal insufficiency (magnesium toxicity). Abdominal pain, diarrhea, flatulence, nausea, vomiting
Magnesium citrate	195-300 mL once daily or in divided doses	0.5-3 h	Caution in renal insufficiency (magnesium toxicity). Abdominal pain, diarrhea, flatulence, nausea, vomiting
Glycerin	One suppository (1-2 g) per rectum once daily prn	15-30 min	Abdominal cramps; rectal pain, irritation, and cramping
Lubricants			
Mineral oil	5-45 mL in 24 h (max: 45 mL in 24 h)	Oral: 6-9 h Rectal: 2-15 min	Abdominal cramps, diarrhea, nausea, oily rectal leakage

*max: maximum; min: minute; tab: tablet; tsp: teaspoon.
Source: Reference 8.*

Constipation is a common complaint for many residents in long term care. The extent of which these populations suffer from constipation may result from the differences in care routines and other medications being taken. Divided into two types: primary (functional) and secondary (disease related, medications, psychosocial). Many different medication classes can be used to aid and provide residents relief (see chart below). Fecal impaction should be treated with mineral oil or warm water enemas or manual disimpaction. Most residents are initially treated with lifestyle modifications, such as scheduled toileting after meals, increased fluid intake, and increased dietary fiber intake. Additional supplemental fiber intake may improve symptoms. Fiber intake should be slowly increased over weeks to reduce adverse effects. The next step in the treatment is typically the addition of an osmotic laxative, such as polyethylene glycol or a stool softener, and then stimulant laxatives. Long-term use of magnesium-based products should be avoided because of potential toxicity. If symptoms do not improve, a trial of linaclotide or lubiprostone may be appropriate, or the resident may need further diagnostic evaluation.

Constipation Medication Aids

Bulk-producing agents (Psyllium, methylcellulose, dietary fiber)	Bulking agents work in both the small and large bowels with a 12 to 72 hour onset of action. These medications increase water retention in the bowel to make GI movement easier.
Stool Softeners (Docusate)	Work to soften stool and makes BM easier to pass. These work in the colon and take 6-8 hours to see results. Can be give once daily.
Lubricating or emollients (Enemas)	These soften or coat feces which prevents colonic water absorption.
Hydrating Agents/Osmotics (Miralax, PEG, lactulose)	These agents increase the water content of the BM, which helps make the stool softer and easier to pass. Mix Miralax with 4-8oz of water.
Stimulants (Bisacodyl, Senna)	Stimulate colonic contractions that propel stools thru GI tract. These agents irritate the lining of the intestine to promote motility. Good for narcotic constipation.
Prostaglandin analogues/prokinetics (Reglan, Amitiza, Linzess)	These classes change the way the intestine absorbs water and electrolytes. They can also increase the weight and frequency of stools while decreasing transmission time.
Mu-Opioid Antagonists (Relistor, Movantik, etc)	Effective for opioid induced constipation (peripheral blocking of opiate action in the gut), but these drugs are expensive

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<https://www.practicalpainmanagement.com/opioid-induced-constipation-causes-treatments>
<https://www.aafp.org/afp/2015/0915/p500.html>