CONSTIPATION

Background, assessment, referral criteria, and management

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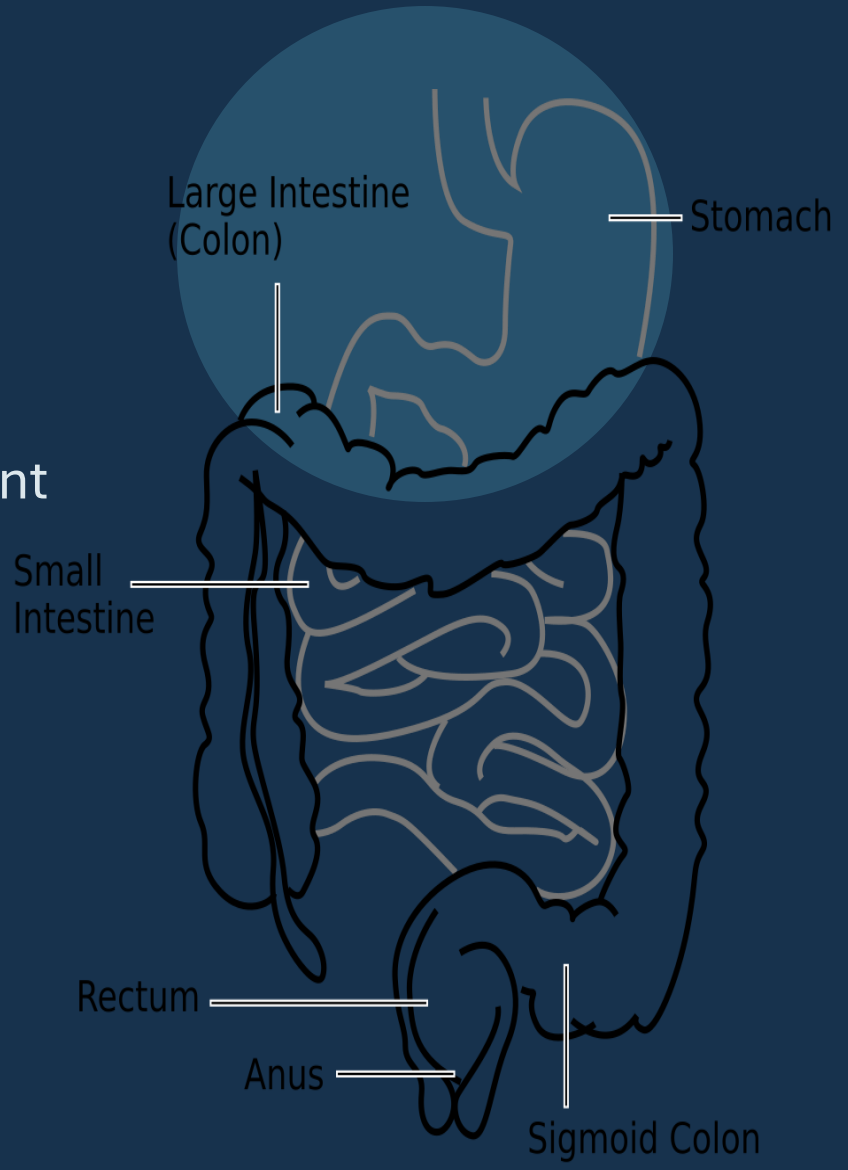

Definition and normal bowel frequency

Definition

Hard, dry stools that are difficult to pass and less frequent than the person's usual pattern (1).

Normal range

Normal frequency ranges from 3 bowel movements daily to 3 weekly (1).
Assess stool consistency, difficulty and change from the usual pattern, rather than frequency alone (1, 2).

Main causes

Common contributors: low fiber, inadequate fluids, reduced mobility and medicines (1, 3, 4)

Cause	Incidence
Eating habits/lifestyle	Most likely
Medication	Likely
Irritable bowel syndrome, pregnancy, depression, functional disorders (children), hemorrhoids	Unlikely
Colorectal cancer, diabetes, hypothyroidism, multiple sclerosis, Parkinson's disease	Very unlikely

Drugs that may cause constipation — I

Drug group	Drug examples
Analgesics and opiates	Dihydrocodeine, codeine, NSAIDs
Antacids	Aluminum salts
Anticonvulsants	Carbamazepine, gabapentin, phenytoin
Antidepressants	Tricyclics and selective serotonin reuptake inhibitors (SSRIs)
Antimuscarinics	Hyoscine and oxybutynin
Antihistamines	Chlorphenamine and promethazine
Anti-Parkinson	Levodopa

Examples from Table 1-2 (1)

Drugs that may cause constipation — II

Drug group	Drug examples
Laxative abuse	—
Antipsychotics	Amisulpride, clozapine, quetiapine
Calcium supplements	—
Calcium channel blockers	Verapamil
Diuretics	Bendroflumethiazide, furosemide
Iron	—

Many drugs can induce constipation; these examples are continued from Table 1-2 (1).

Patient assessment: age and bowel habit

Age

Children should receive medical assessment before laxative self-treatment, especially those younger than 2 years (1, 6).

Older adults and pregnant women commonly need assessment of diet, mobility, medicines and fluid restrictions (1, 3).

Details of bowel habit

Ask about onset, duration, stool consistency, straining and the usual bowel pattern (1).
Review diet, fluids, activity, lifestyle changes, current medicines and previous laxatives (1, 5).

Unexplained change in bowel habit lasting 2 weeks or longer, or failure of OTC treatment, requires referral (1, 3).

Associated symptoms: intestinal obstruction

Typical associated symptoms: abdominal discomfort, bloating and nausea (1).

Colicky abdominal pain, marked distension and vomiting suggest bowel obstruction (1).

Suspected obstruction requires urgent referral. Do not recommend laxative self-treatment (1).

Blood in the stool and other red flags

Blood in the stool

Bright red surface bleeding may occur with hemorrhoids or an anal fissure. Fissures often cause severe pain during defecation (1).

Referral is required

Refer for blood in the stool, dark tarry stools, unexplained weight loss or symptoms of anemia (1, 4, 6).

Consider hypothyroidism when constipation accompanies fatigue, weight gain, a deep voice or coarse hair (4).

Complications include fecal impaction, fissures, hemorrhoids and rectal bleeding (5).

Treatment timescale and when to refer

Refer if 1 week of treatment fails. Allow about 2 weeks for dietary measures alone if no alarm features are present (1).

When to refer (1, 3, 8)

1. Persistent unexplained change in bowel habit for 2 weeks or longer.
2. Pain, vomiting or marked distension, especially with suspected obstruction.
3. Blood in stools, unexplained weight loss or symptoms of anemia.
4. Painful defecation causing stool withholding.
5. Suspected medication-related constipation or failure of OTC therapy (1, 3, 8).

Non-pharmacologic management

Diet and lifestyle measures are first-line for uncomplicated constipation (3).

Increase fiber gradually through wholegrains, fruit and vegetables (4).

Maintain adequate fluids. Individualize intake in heart or renal failure (4, 5).

Encourage regular activity appropriate to the patient's health (6).

Respond promptly to the urge to defecate (5).

Types of laxatives

Laxatives can be classified according to their mode of action (9).

Type of laxative	Example(s)	Approximate onset of action
Stimulant laxative	Senna, bisacodyl, sodium picosulfate	Oral: 6–12 hours (1) Rectal: within 1 hour (1)
Bulk-forming laxative	Methylcellulose, bran, sterculia, and ispaghula (Metamucil®)	12–24 hours; effects may take up to 72 hours (6)
Lubricant (faecal softeners)	Liquid paraffin	6–8 hours (6)
Osmotic laxative	Lactulose; glycerin suppository, which has both osmotic and irritant effects	Lactulose: 1–2 days (1) Glycerin: within 1 hour (1)

Product selection by patient group

Patient	Preferred laxative
Pregnant women	Bulk-forming laxative; lactulose may be used (1)
Breast-feeding mother	Bulk-forming laxative; lactulose (3)
Children	Glycerin suppository (1); lactulose (9)
Advanced age (elderly)	Bulk-forming laxative (6); lactulose and glycerin suppository can also be used (10)

Choose by age, pregnancy, desired speed of effect, adverse effects and patient preference (5).

Use OTC laxatives briefly while lifestyle measures take effect. Persistent or secondary constipation may need supervised treatment (5).

Bisacodyl and senna: practical precautions

Bisacodyl

Stimulants increase secretion and motility. Adverse effects: cramps and diarrhea (4, 9).
Swallow bisacodyl whole. Separate from antacids and milk by at least 1 hour (9).

Senna and special precautions

Senna may discolor urine (4).

Pregnancy: bulk or osmotic laxatives first. Stimulants require professional advice [UKTIS].

Avoid excessive use. Review prolonged treatment.

Stimulant laxatives: usual doses

Bisacodyl 5 mg tablet

Adults: bisacodyl 5–10 mg (1–2 tablets) at bedtime. Onset: 6–12 hours (9, 11). Suppository: 10 mg once daily, usually in the morning [NHS].

Senna tablet

Adults: 1–2 tablets at night (7.5–15 mg for 7.5 mg tablets). Check strength (3, NHS).
Short-term use.

Children younger than 12 years: use stimulant laxatives only after medical assessment (1).

Bulk-forming laxatives: use and cautions

Examples: ispaghula (psyllium), methylcellulose, bran and sterculia (1, 6).

Absorb water, increase stool bulk and stimulate peristalsis. Full effect may take up to 72 hours (1, 6).

Take with sufficient water. Avoid immediately before bed (1, 9).

Adverse effects: bloating and flatulence. Inadequate water increases obstruction risk (4).

Avoid in suspected obstruction or swallowing difficulty. Usually unsuitable for opioid-induced constipation or severe fluid restriction (1, 4).

Osmotic laxatives: lactulose

Osmotic laxative that draws water into the bowel (1).

Adult starting dose: 15 mL twice daily, adjusted to response (3).

Effect may take 2–3 days. It is unsuitable when rapid relief is needed (3, 9).

Can be used in pregnancy. Pediatric doses require age-specific professional advice (3).

Common adverse effects: flatulence, cramps and abdominal discomfort (4).

Diabetes: check formulation sugars. Usual constipation doses have little effect on glucose [NHS].

Glycerin suppositories

Rapid rectal relief, usually within 15–30 minutes (3). Use age-appropriate products and professional advice for infants.

Available sizes

1 g	2 g	4 g
Infants	Children	Adults

References:

1-Alison Blenkinsopp, Paul Paxton and John Blenkinsopp. Symptoms in the pharmacy. A guide to the managements of common illness.10th edition. 2025.

2-W. Steven Pray. Consult Your Pharmacist: Constipation Has Multiple Causes. US pharmacist.

3-Paul Rutter. Community Pharmacy. Symptoms, Diagnosis and Treatment. 6th edition. 2026.

4-Nathan A. FastTrack. Managing Symptoms in the Pharmacy. Pharmaceutical Press. 2008.

5-Susan A. How to deal with constipation. The pharmaceutical journal. July 2007 (vol 279) pages 23-26.

6-American pharmacist association. Handbook of Non-prescription drugs: An Interactive Approach to Self-Care. 20th edition. 2020.

7-Heinz Lüllmann, Klaus Mohr, Lutz Hein, and Detlef Bieger. Color atlas of pharmacology. 3rd edition. 2005.

8-Canadian pharmacists association (CPhA). CTMA: Compendium of Therapeutics for Minor Ailments. 2018.

9-Nathan A. Non-prescription medicines. 4th edition. London: Pharmaceutical Press; 2010.

10-Schuster BG, Kosar L, Rejina Kamrul. Constipation in older adults: Stepwise approach to keep things moving. Canadian Family Physician. 2015;61(2):152.

11-BNF-90.

12-Virginia P A. Pharmacotherapeutics for Advanced Practice A Practical Approach. 3rd edition. 2013.