



## **Constipation Management: Commonly Asked Questions and Answers**

### **Is there a recommended time of day to take sennosides (e.g. Senekot)?**

Sennosides is a mixture of two naturally occurring plant glycosides (sennosides A and B). It works in the large intestine, working directly on the submucosal plexus and the deeper myenteric plexus stimulating propulsive waves. The typical onset of action for sennosides is 6-12 hrs. Ideally it should be taken at bedtime, with an expectation of results after breakfast the following morning.

### **Is there a recommended time of day to take polyethylene glycol (PEG) (e.g. Miralax, Lax-A-Day, RestoraLAX)?**

Polyethylene glycol is an osmotic laxative. It acts by absorbing more moisture into the stool and thus, increasing the fecal volume which induces a laxative effect. The typical onset of action for Miralax is 1-2 days for constipation and 1-3 days for fecal impaction. It is contraindicated in severe inflammatory intestinal conditions and intestinal obstruction.

### **Is there a recommended time of day to take Dulcolax?**

Bisacodyl (e.g. Dulcolax) belongs to the same therapeutic class as sennoside (stimulant laxative which acts on the intestinal wall to promote motility and bowel movement). The onset of action for bisacodyl tablets is approximately 10 - 12 hrs and the bisacodyl suppository is approximately 15 minutes. If you are using the tablets, then use the similar approach as sennosides.

### **What about this 2 week time frame to for using polyethylene glycol (PEG)? Does it lose it's effectiveness after a certain time period?**

Information is limited regarding the long term use of PEG. Some of the information available suggests that it is the most effective for the first 14 days of the treatment course. However, geriatric resources produced by the American Society of Consultant Pharmacists, suggest continuing the use of PEG if it continues to meet therapeutic goal.

I think the 2 week time frame is from the study indication for Miralax (Canadian brand is Lax-A-Day) - there is very little literature in the area of longterm/chronic use of PEG.

### **If Senekot 4-6 tabs daily at HS is not working, how would you introduce polyethylene glycol (e.g. Miralax or Lax-a-day) introduced? Would you still take the Senekot?**

First of all there is room to increase the Senekot dose to 8 tablets daily at HS. If this is not effective, it is possible to introduce Miralax and decrease the daily Senekot dosage. Sennosides (e.g. Senekot) and poly \_\_\_Miralax have a different mechanisms of action. It is suggested that if the response to sennoside is inadequate- decrease the dose by 50% and add Miralax or Lactulose.

### **Is there a role for Docusate when treating constipation in palliative care?**

Docusate is a surface-wetting agent, more commonly known as a stool softener. If it is prescribed it should always be combined with a stimulant like Senekot. Published literature to date indicates that patients usually respond just as well to sennosides alone as when combined with docusate.

The only time that docusate may be suggested to use alone in palliative care, is in the context of a partial bowel obstruction. Onset of action: 12 -72 hours.

Please note: Docusate should never be used in combination with mineral oil.



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**WRHA Palliative Care Program**

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Reference: Twycross R, Wilcock A, Dean M & Kennedy B (2010). Palliative Care Formulary - Canadian edition. Publisher: palliativedrugs.com.