



# HealthLine

## Focus on Oral Constipation Treatments for Older Adults

By Carrie Allen

In older adults, constipation – including chronic constipation – can be caused by immobility and age-related changes in the intestinal tract. Medications can exacerbate these issues and increase the risk of constipation for older adults, especially when they take opioids or multiple medications daily.

Given these facts, it is not surprising that the prevalence of constipation in long-term care facilities has been estimated to be as high as 80%. In addition to being uncomfortable, constipation that is not adequately treated can result in fecal impaction, which can lead to serious complications such as loss of blood flow to the bowels, intestinal perforation, ulceration, bleeding, and anemia.

We can help our residents by becoming aware of medications that can cause constipation (Table 1), constipation treatments that are ineffective or may cause harm in older adults (Table 2), and common medications that can effectively treat constipation (Table 3).

**Table 1. Common Oral Medications That May Cause Constipation\***

Category	Examples
<b>Analgesics</b>	Nonsteroidal anti-inflammatory drugs (e.g., ibuprofen, naproxen), opioids
<b>Anticonvulsants</b>	Gabapentin, phenytoin, pregabalin
<b>Antidepressants</b>	Tricyclic antidepressants (e.g., amitriptyline, desipramine, nortriptyline), mirtazapine, paroxetine, trazodone
<b>Antiemetics</b>	Ondansetron, prochlorperazine, promethazine, scopolamine
<b>Antihistamines</b>	Cyproheptadine, diphenhydramine, doxylamine, hydroxyzine
<b>Antihypertensives</b>	$\alpha$ -agonists (e.g., clonidine), $\beta$ -blockers, calcium channel blockers (e.g., verapamil)
<b>Antiparkinsons agents</b>	Amantadine, benzotropine, pramipexole, trihexyphenidyl
<b>Antipsychotics</b>	Clozapine, haloperidol, loxapine, olanzapine, quetiapine
<b>Muscle relaxants</b>	Cyclobenzaprine, orphenadrine
<b>Overactive bladder treatments</b>	Oxybutynin, solifenacin, tolterodine
<b>Miscellaneous</b>	Antacids containing aluminum or calcium, bismuth, calcium supplements, dicyclomine, cholestyramine, iron supplements, sodium polystyrene sulfonate, sucralfate

**Table 2. Common Oral Constipation Treatments to Avoid or Use With Caution in Older Adults\***

Medication	Reason to Avoid or Use Caution
<b>Docusate sodium</b>	Ineffective for prevention or treatment of constipation
<b>Docusate calcium</b>	
<b>Magnesium citrate</b>	Risk for magnesium toxicity; avoid or use caution in renal insufficiency or cardiac dysfunction.
<b>Magnesium sulfate</b>	Routine use is not recommended. Use only intermittent single doses.
<b>Mineral Oil</b>	Risk for aspiration

\* Table is not all inclusive

*Continued on next page*

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Table 3. Common Oral Constipation Treatments\*

Category	Examples	Usual Adult Dose (varies by product)	Onset of Action	Comments
<b>Bulk-forming Laxatives†</b>	Psyllium	1 packet, rounded teaspoon, or tablespoon in 240 mL of liquid 1 to 3 times daily	12 to 72 hours	May be ineffective in constipation caused by slow transit. Take with adequate liquid to prevent fecal impaction or esophageal obstruction. Separate from other medications by at least 2 hours.
	Methylcellulose	1 tablespoon in 240 mL of liquid or 4 caplets in 240 mL of liquid 1 to 3 times daily		
	Polycarbophil	2 caplets 1 to 4 times daily	24 to 48 hours	Take with adequate liquid to avoid choking hazard; caplets may expand and block the throat or esophagus. Avoid in those with swallowing difficulties.
<b>Osmotic Agents†</b>	Polyethylene glycol (PEG-3350)	17 grams in 120 to 240 mL of liquid once daily	1 to 4 days	Can be used for the prevention and treatment of constipation
	Lactulose	15 to 30 mL once daily, may increase to 60 mL if needed	24 to 48 hours	
	Sorbitol 70% oral solution	30 to 45 mL once daily	24 to 48 hours	Contraindicated in those allergic to sorbitol or with hereditary fructose intolerance
<b>Stimulant Laxatives†</b>	Bisacodyl	5 to 15 mg once daily	6 to 10 hours	Useful in opioid-induced, neurogenic, or slow-transit constipation
	Senna	1 to 2 tablets (8.6 to 17.2 mg sennosides) twice daily	6 to 12 hours	
<b>Oral Treatments for Chronic Idiopathic Constipation (CIC) or Opioid-induced Constipation (OIC)‡</b>				
<b>CIC</b>	Linaclootide	145 mcg once daily on an empty stomach, at least 30 minutes before the first meal of the day	12 to 24 hours	A reduced dose of 72 mcg once daily may be used based on individual response and tolerability
	Plecanatide	3 mg once daily with or without food		N/C
<b>CIC or OIC</b>	Lubiprostone	24 mcg twice daily with food and water	24 to 48 hours	If used for OIC, discontinue when opioid medication is stopped
<b>OIC</b>	Methylnaltrexone	450 mg once daily on an empty stomach, at least 30 minutes before the first meal of the day		CrCl < 60 mL/min: reduce dose to 150 mg once daily. Discontinue when opioid medication is stopped.
	Naldemedine	0.2 mg once daily with or without food	Discontinue when opioid medication is stopped	
	Naloxegol	25 mg once daily on an empty stomach, at least 1 hour prior to or 2 hours after the first meal of the day	12 to 24 hours	Start at 12.5 mg daily if CrCl is < 60 mL/min. Reduce dose to 12.5 mg once daily if patient is unable to tolerate full dose. Discontinue when opioid medication is stopped.

\* Table is not all inclusive, refer to individual product labeling and/or prescribing information

† May be used in a scheduled bowel regimen or on an as needed basis as appropriate for the clinical picture and patient-centered care

‡ Some treatments for OIC require discontinuation of maintenance laxatives prior to initiation of therapy; re-initiation of laxatives may occur if suboptimal response to the OIC agent is observed as described in the prescribing information

CrCl = creatinine clearance; N/C = no comments

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# New Generic Medications

By Allen Lefkovitz

Generic Name	Brand Name	Date Generic Available
Meloxicam 5 mg and 10 mg Capsule*	Vivlodex® Capsule	12/24/20
Abiraterone 500 mg Tablet	Zytiga® Tablet	12/18/20
Asenapine 2.5 mg, 5 mg, and 10 mg Sublingual Tablet	Saphris® SL Tablet	12/14/20
Nitazoxanide 500 mg Tablet	Alinia® Tablet	12/14/20
Ivermectin 0.5% Topical Lotion	Sklice® Lotion	12/7/20
WestGel DHA 31-0.6-0.4-200 mg Capsule*	TriStart DHA™ Prenatal Softgel	12/7/20
Norethindrone/Ethinyl Estradiol 1 mg/20 mcg Capsule	Taytulla® Capsule	11/13/20
Icosapent Ethyl 1 gram Capsule	Vascepa® Capsule	11/9/20

\* Not an A-rated generic; substitution policies may vary by state and how orders are written



## New Drug

By Dave Pregizer

## Gemtesa® Tablet

<b>Brand Name (Generic Name)</b>	<b>Gemtesa® [gem-TES-ah] (vibegron) [vye-BEG-ron]</b>
<b>How Supplied</b>	75 mg Tablets
<b>Therapeutic Class</b>	Beta-3 adrenergic agonist
<b>Approved Indication</b>	Overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and urinary frequency in adults
<b>Usual Dosing</b>	75 mg once daily. Swallow tablet whole with water. May crush tablet and mix with applesauce.
<b>Select Drug Interactions</b>	Increases digoxin concentrations – monitor closely
<b>Most Common Side Effects</b>	Headache, urinary tract infection, nasopharyngitis, diarrhea, nausea, and upper respiratory tract infection
<b>Miscellaneous</b>	Monitor for urinary retention, especially in patients with bladder outlet obstruction and in patients taking muscarinic antagonist medications (e.g., oxybutynin, tolterodine) for OAB. Not recommended with end-stage renal disease (eGFR < 15 mL/min) with or without hemodialysis, or in those with severe hepatic impairment.
<b>Website</b>	<a href="http://www.Gemtesa.com">http://www.Gemtesa.com</a>

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