



# The GeriJournal

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## Constipation Guideline

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This June, the *American Journal of Gastroenterology* published an updated treatment guideline for chronic idiopathic constipation (CIC). CIC is chronic constipation that is not caused by issues like tumour blockade, inflammatory bowel disease, and medication side effects. All treatment options are listed with varying levels of supporting evidence. The guideline is presented in chart format. Click [here](#) for easy viewing.

We are all familiar with the initial approach to constipation – adding dietary fibre. Of the supplemental fibre products, psyllium (Metamucil®) has the most supportive evidence. Increased fibre must be accompanied by adequate hydration to be effective.

Three osmotic-based laxatives (products that draw fluid into the large intestine) appear in the guideline. Some might be surprised to see that lactulose is the least desirable of these. It can cause considerable bloating and flatulence, especially as doses increase. Magnesium Oxide (similar to MOM) is

effective although Mg can reach high levels in seniors with poor renal function. The winner in the osmotic category is polyethylene glycol (PEG). It can cause the same GI effects as lactulose, but generally does so to a lesser extent. PEG products (Emolax®, Lax-A-Day® and Restorolax®) are not covered, though relatively inexpensive, and they must be taken with roughly 250ml of fluid. While desirable therapeutically, this volume can challenge the patience of staff who must encourage and witness product intake.

Reference is also made to escape products like Pico-Salax® and Dulcolax®, which can be added on a PRN-basis if routine laxatives fail. Senokot® has a conditional, low-evidence recommendation. It can cause cramping at usual therapeutic doses, although it is a good option for narcotic-induced constipation.

Docusate (Colace®) does not appear in the guideline. New Rx products (Constella® and Trulance®) increase fluid secretions in the gut but are uncovered and very expensive. Another agent, Resotran®, is similarly expensive. It increases motility so it can treat both CIC and opiate induced constipation.

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## Winter Chill Ups BP

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Winter is off to a warm start, but if your residents head out into the snow, keep an eye on

their BP. It may go up. Over 60,000 patients (average age 62) in the U.S. had their BPs monitored for 5 years. BPs were nearly 1 mm lower in the summer and 0.5mm higher in the winter. The differences may seem small but are significant enough in some to trigger cardiac events.

The lower pressures in summer may stem from heat-induced dehydration. Medication adjustments may be required to manage seasonal fluctuations.

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## Missing RespiMat Canisters

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Ladies and gentlemen, please keep your canisters! RespiMat products, Spiriva® and Inspiroto®, are dispensed in a box containing two items, an inhaler (that looks like it can function all by itself) and a small silver canister that contains the active medication. We have received several calls about missing canisters that were discarded when a new box was opened.

To combat this we are adding the following label to the box closure: “Insert silver canister inside into inhaler and press firmly.” The device is ready to use when the canister ‘clicks’ into place. Proper use of the respiMat is described by the T-O-P acronym; **T**urn the base; **O**pen the cap; **P**ress the button. The resident’s lips are to be closed over the mouthpiece but must not block the vents.

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