

Safety considerations

Saline laxatives contain ions such as magnesium, sulfate, phosphate and citrate; they may cause electrolyte disturbances. Use with caution in older people, and avoid in renal impairment or cardiovascular disease.

Laxatives containing sodium phosphate (eg Fleet[®], Diacol[®]) should not be used in the elderly; they can cause serious fluid and electrolyte disturbance, including hypocalcaemia, hyperphosphataemia and hypokalaemia. Acute renal failure (including acute phosphate nephropathy), cardiac arrest and deaths have been reported. There is a greater risk of adverse effects in patients >55 years, in dehydrated patients, or in those being treated with diuretics, ACE inhibitors, sartans or NSAIDs. Sodium phosphate laxatives are contraindicated in heart failure or renal impairment.

Some macrogol products contain sodium (eg Movicol[®] contains approximately 8.1 mmol (186 mg) sodium per sachet; Movicol-Half[®] and Movicol Junior[®] sachets contain approximately half this); consider impact of sodium intake in certain patients (eg those with heart failure).

Practice points

- glycerol is also known as glycerin
- laxatives are also referred to as aperients
- encourage person to sit on the toilet with both feet supported on floor or foot stool, leaning forward slightly so abdomen falls away from body relaxing pelvic floor muscles, as this will help reduce the need for straining
- stool softeners have little value used alone in chronic constipation or constipation from opioids
- be aware of difficulties for older people in the community or low-level care facilities; they may not use non-drug options because:
 - they feel unsafe going out alone to exercise
 - fruit and vegetables may be too expensive
 - they believe increased fluid intake may worsen urinary incontinence
- cost may be a problem, especially if long-term laxative use is needed; not all laxatives are subsidised by the PBS and restrictions may apply to those that are
- there is no convincing evidence that chronic use of stimulant laxatives causes atony, aperistaltic colon or colonic injury
- prucalopride is approved for treatment of chronic idiopathic constipation when other regular laxatives are inadequate; in a 4-week study in people >65 years (70% female), the recommended dose was not significantly better than placebo in achieving the primary endpoint (3 or more spontaneous complete bowel movements per week) at any point during the trial; further study is needed to establish its role in the management of constipation in older people

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