

Stool Softeners for the Prevention and Management of Constipation: A Review

Context

Although definitions of constipation vary, it is often described as a reduced frequency of bowel movements to fewer than three times per week or by symptoms that include difficulty passing stools, hard stools, abdominal cramping, and incomplete stool passage. Constipation may be idiopathic, with no known cause, or it can be caused by diet, medication, or medical conditions. An estimated 2% to 27% of the general population is affected by constipation, and chronic constipation is much more common in the elderly and in patients taking opioids.

Technology

Current treatment options for constipation include dietary or bulking agents (i.e., psyllium seed husk), osmotic laxatives (i.e., lactulose, sorbitol, polyethylene glycol [PEG]), stimulant laxatives (i.e., sennosides, bisacodyl, sodium picosulfate), and stool softeners (i.e., docusate sodium or docusate calcium). In North America, a stool softener and a stimulant laxative are commonly used in bowel treatment protocols for institutionalized elderly and oncology patients.

Issue

Given how frequently stool softeners are prescribed in everyday clinical practice and despite the low cost of these medications, a review of the clinical effectiveness of docusate will help to inform decisions about the prevention and management of constipation.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Key Messages

For the prevention and management of constipation:

- There is little evidence to support the use of docusate in hospitalized patients or long-term care residents.
- Docusate does not increase stool frequency or soften stools compared with placebo.
- Docusate does not improve the symptoms of constipation.
- Docusate does not improve the difficulties or completeness of stool evacuation in patients taking opioids.

Results

The literature search identified 367 citations, 15 of which were deemed potentially relevant. An additional 3 articles were retrieved from other sources. Of these 18 studies, 5 met the criteria for inclusion in this review: 2 systematic reviews, 1 randomized controlled trial, and 2 non-randomized studies.

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