

The Dilemma of the Patient Addicted to Stimulant Laxatives

a report by

W. Steven Pray, Ph.D., D.Ph.

*Bernhardt Professor of Nonprescription Drugs and Devices, College of Pharmacy,
Southwestern Oklahoma State University*

Pharmacists and physicians have long pondered the uncomfortable dilemma of what to do with the patient who has a habitual need for stimulant laxatives. Some patients are so badly affected that they cannot have any bowel movement at all unless they continue stimulant laxative abuse. This report will describe the use of an innovative new product that allows healthcare professionals to use a 'graded' method to withdraw patients from stimulant laxatives and help them achieve optimal bowel health. This approach makes use of fiber, so a discussion of fiber and its actions is important.

The word 'fiber' refers to a certain type of food product or supplement that has beneficial properties. Fibers can retain water, forming a jelly-like mass. Fiber increases the frequency and weight of stool because of this water-retaining ability. When the water-fiber mixture moves through the gastrointestinal (GI) tract, it helps fecal material become more liquid and easy to pass, compared with the dry, hard stools that are difficult to evacuate.

The Amount of Fiber Needed

In Palaeolithic times, the estimated fiber intake was about 45 grams (g) daily. As late as 100 years ago, people still ate coarsely ground bread and far higher amounts of beans, berries, and grains. The modern trend is to eat highly refined foods that contain little or no fiber. The average American only takes in 19–20g of fiber daily. Current recommendations call for 30–60g daily, so the average American falls far short of the amount of fiber needed to allow healthy bowel movements.

Fiber from Fruits and Vegetables

Many people think that by simply eating salads they will receive an adequate amount of fiber to promote healthy bowel movements. However, lettuce (commonly referred to as 'roughage') only contains about 1/2g of fiber per cup. It would be almost impossible to eat the 60–120 cups of lettuce daily to meet recommended

fiber requirements. Other vegetables are higher in fiber. The following list details the number of grams of fiber for several different vegetables:

- raw tomato (2.34g),
- zucchini (2.52g);
- spinach (4.14g);
- broccoli (5.16g);
- baked squash (5.74g);
- baked potatoes with skin (5.94g);
- corn (6.06g); and
- green peas (6.72g).

To eat 30–60g of fiber daily using any of these vegetables would require more cups than most people could manage. Fruits range from mediocre to fairly decent fiber sources. For example, grapes contain only 1.12g of fiber per cup. Of the common non-berry fruits, the number of grams of fiber per cup is as follows:

- watermelon (1.3g);
- bananas (2.19g);
- apples with peels (2.76g); and
- oranges (3.14g).

Berries have a higher number because of the skins and seeds, with each cup of blackberries and boysenberries containing 7.2g of fiber, and raspberries containing 7.5g. Canned prunes contain 13.76g per cup. While fruits are more attractive to most people than vegetables, it would still be difficult to eat the daily fiber amount using fruits alone. Even combining fruits and vegetables together would still cause most people to fall short of their daily fiber recommendations.

Other Good Dietary Fiber Sources

According to the Food Guide Pyramid developed by the US Department of Agriculture, people should ingest 3oz or more of whole grains daily. This includes breads, crackers, rice, cereal or pasta produced from whole grains. However, few Americans meet their fiber intake recommendations through dietary means alone.



Fiber Supplements

The US Food and Drug Administration (FDA) is the governmental agency responsible for deciding which fiber supplements are safe and effective enough for self-use. This list includes psyllium, bran, calcium polycarbophil, malt soup extract, karaya, and methylcellulose. Each can help promote normal bowel movements in the same manner as dietary fiber.

Of the FDA-approved safe and effective fiber supplements, bran and karaya are not marketed to a great extent. Malt soup extract is available as tablets and powder, or a foul-smelling, expensive, tar-like concoction. Calcium polycarbophil is available in tablet form. Methylcellulose is another option. These products seldom highlight the grams of fiber on their labels, making it hard to discover their usefulness. However, psyllium is an excellent fiber supplement that is labelled with the amount of fiber. Some psyllium products contain 3g of dietary fiber (equal to 2–2.4g of soluble fiber) per rounded teaspoonful or tablespoonful dose. However, a product called Konsyl® Original Texture Powder provides 5g of fiber (about 4g of soluble fiber) per rounded teaspoonful dose. Konsyl psyllium is also available in capsule form. Further, other psyllium products contain as much as 8g of sugar and 5mg of sodium per dose. Sugar could cause problems for diabetics, and sodium could be a problem for heart patients. Konsyl is sugar-free and low in sodium.

Psyllium fiber has the added advantage that it lowers cholesterol, helping heart health and helping the diabetic to lower blood sugar. If patients modify their diets to lower their fat and cholesterol intake and exercise daily while including 7g of psyllium husk in the diet, the risk of heart disease may be lessened and greater control of type two diabetes can be achieved.

The Use of Psyllium

Psyllium is only safe for those six years old and above as a fiber laxative. The suggested dose of powder is mixed thoroughly with 8oz of fluid and ingested immediately, one to three times daily. If the product is allowed to set, it may thicken. (To lower cholesterol in those 12 years and older, the product is mixed as described above and ingested twice daily.)

Patients Addicted to Harsh Stimulants

Many patients addicted to stimulants became that way by ingesting inadequate bulk and water to prompt healthy bowel movements. Nevertheless, some are obsessed with the perceived need to have a bowel movement each day. They may have discovered that use of a stimulant would force a bowel movement to occur. However, stimulants alone force an unhealthy bowel movement that removes less firm fecal materials that should have been evacuated the following day. Thus, the next day, when attempted bowel movements produce no results, the patient too often reaches for the stimulant again. After several weeks of this stimulant abuse, the patient is firmly in the grip of a stimulant laxative addiction. Patients have been known to use stimulants, such as bisacodyl, every night for decades.

Freeing Patients from Stimulant Abuse

Forcing the stimulant-addicted patient to stop stimulant abuse is almost impossible. Substituting a bulking agent alone is perceived as non-helpful, since the bulking agent takes a few days to produce results. A new product is now available that can fill the gap between stimulant addiction and healthy fiber supplementation. This product, SennaPrompt, contains psyllium, the healthy fiber supplement described previously, combined with senna, a stimulant laxative. Should the stimulant-addicted patient be switched to this product, the senna component will ease bowel movements, while the bulk firms up stools. Thus, it satisfies the patient's perceived need for the daily bowel movement. After a month or so, the patient can be advised to use Konsyl Powder or Capsules alone. Thus, the patient can move in a step-wise fashion from stimulant addiction to healthy fiber intake through the use of SennaPrompt and Konsyl.

SennaPrompt can also be useful for the patient who regularly uses fiber products but has a temporary period of constipation and needs a little 'push' to achieve regularity. Finally, for patients who have lost all bowel motility, SennaPrompt is a more acceptable alternative to repeated enemas and large volume bowel cleansers. ■