



LETTERS TO THE EDITOR

Management of constipation in the elderly: Emerging therapeutic strategies

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Abstract

A number of new, novel strategies for managing constipation in the elderly have emerged over the past few years. Prucalopride is one such new agent that is highly efficacious in managing chronic constipation. In fact, Camilleri *et al* in a recent study reported that the average number of bowel movements increased by at least one in nearly 47% of the patients who were administered a dose of 4 mg. Lubiprostone is another new agent recently approved by the FDA that shows efficacy in managing the symptoms of constipation. Neostigmine has also been successfully used for the management of recalcitrant constipation. Most of these studies have used subcutaneous neostigmine. Symbiotic yogurt containing components, such as Bifidobacterium and fructooligosaccharide, have also been recently shown to be highly effective in improving symptoms of constipation. Elderly patients especially those in hospices and nursing homes are often on opioids for pain management. Constipation secondary to opioid use is extremely common in nursing homes. Subcutaneous methylnaltrexone has recently been shown to be highly effective in the management of opioid-related constipation, and was recently approved by the FDA. Sacral nerve stimulation is another emerging strategy. A recent analysis by Mowatt *et al* supports the efficacy of this technique. Botulinum toxin is another agent that has already been successfully used for the management of chronic, refractory constipation in children and may be very effective for elderly constipation. Further larger studies are needed to confirm the findings noted in these studies. Constipation is clearly a major issue in the elderly and these new, emerging strategies will hopefully improve the quality of life and relieve the symptoms of constipation in this population.

TO THE EDITOR

The recent article by McCrea *et al* about the pathophysiology of constipation was highly enlightening^[1]. Interestingly, a number of new, novel strategies for managing constipation in the elderly have emerged over the past few years.

Prucalopride is one such new agent that is highly efficacious in managing chronic constipation. In fact, Camilleri *et al* in a recent study reported that the average number of bowel movements increased by at least one in nearly 47% of the patients who were administered a dose of 4 mg^[2]. Lubiprostone is another new agent recently approved by the FDA that shows efficacy in managing the symptoms of constipation. Lubiprostone is most efficacious when administered in a daily dose of 16 mg^[3]. Neostigmine has also been successfully used for the management of recalcitrant constipation. Most of these studies have used subcutaneous neostigmine administered in cancer patients^[4]. Symbiotic yogurt containing components, such as Bifidobacterium and fructooligosaccharide, have also been recently shown to be highly effective in improving symptoms of constipation^[5].

Elderly patients especially those in hospices and nursing homes are often on opioids for pain management. Constipation secondary to opioid use is extremely common in nursing homes. Subcutaneous methylnaltrexone has recently been shown to be highly effective in the management of opioid related constipation and was recently approved by the FDA^[6,7]. Sacral nerve stimulation is another emerging strategy^[8]. A recent analysis by Mowatt *et al* supports the efficacy of this technique^[9]. Botulinum toxin is another agent that

has already been successfully used for the management of chronic, refractory constipation in children and may be effective in elderly constipation^[10].

Further larger studies are needed to confirm the findings noted in these studies. Constipation is clearly a major issue in the elderly, and these new, emerging strategies will hopefully improve the quality of life and relieve the symptoms of constipation in this population.

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