

Live Well to

Learn Well

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Laxatives are medicines that treat constipation, either by softening the stools or by stimulating the lower intestines to push out stool. They can do more harm than good if used improperly. Get the facts, and the myths, about laxatives. Are you using them for the right reasons?

Types of laxatives

Stimulant laxatives such as bisacodyl (Dulcolax), castor oil, cascara sagrada, senna (Senokot), and phenolphthalein are dangerous, despite the fact that they are non-prescription medications. These are the most commonly abused laxatives. They stimulate the nerves in the walls of the large intestines and cause intestinal contractions as well as fluid and electrolyte changes, and can be habit-forming. In addition, tolerance develops, meaning that higher and higher doses are needed to obtain the same effect.

“Natural” stimulant laxatives usually contain senna. They are stimulant laxatives (see above) that happen to come from plant sources. Their dangers are the same as those of synthetic stimulant laxatives, listed previously.

Non-stimulant laxatives are safer if used correctly and in appropriate doses. They include the following:

- **Osmotic laxatives** include Milk of Magnesia, Epsom salts, Golytely, Colyte, lactulose, sorbitol and Miralax. These work by drawing fluid into the intestines and are less habit-forming, but can still cause fluid and electrolyte imbalances when used incorrectly. Some require a prescription.
- **Lubricant and emollient laxatives**, such as mineral oil or docusate (Colace), work by softening the stool. These are generally safe to use for a limited time.
- **Bulk-forming laxatives**, such as psyllium (Metamucil), Citracel, and FiberCon, are generally safe and also are a source of dietary fiber. When used in higher than recommended doses, bulk-forming laxatives can cause intestinal problems and block absorption of other nutrients.

Laxative abuse

Some people take large quantities of laxatives at one time. Others take small amounts of laxatives, perhaps not more than the “recommended dose,” but on a fairly regular basis. Most young, healthy people should rarely, if ever, require a stimulant laxative, and laxatives should never be used in higher than directed doses or over long periods of time. Once the pattern has started, however,



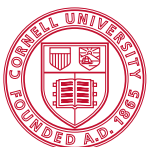
Laxatives can do more harm than good if used improperly: get the facts!

people often find it very difficult to stop taking laxatives even if they want to. They can become physically and psychologically dependent on laxatives.

Some people use laxatives in the mistaken belief that it will help them with weight loss. Laxatives flush water and waste from the intestine, but they do not flush calories from the body.

Potential harms

- **Constipation.** With laxative abuse, the intestines lose muscle and nerve response. The intestines then become dilated and ineffective in moving stool out. This results in dependency on the laxative, so that higher and higher doses are needed to produce stools.
- **Alternating constipation, diarrhea, and gas.** Laxative use can result in rebound constipation, which may include trapped gas in the intestines. This can cause the laxative user to constantly try to treat those symptoms with more laxatives, and a vicious cycle of laxative use may follow. For a better approach to bowel health, see “How to keep regular,” on the next page.
- **Dehydration.** Sub-normal body water content occurs when too much fluid is lost in the diarrhea caused by laxative abuse. Common symptoms include thirst, decreased urination, headache, light-headedness, diminished sweating, dry mouth and weakness.
- **Electrolyte abnormalities.** Electrolytes such as sodium, potassium, and chloride are lost at abnormally high rates in diarrhea. This can lead to weakness, irregular heartbeats and death.



Although such severe complications are infrequent, they are unpredictable and can happen to someone who abuses laxatives for the first time, or to someone who has abused laxatives for years.

- **Blood in stool.** Irritation of the colon can lead to blood in the stools, which in turn can cause anemia.
- **Impaired function of the intestines.** After long-term laxative abuse, the intestines lose normal tone and nerve response, and can no longer contract to evacuate stool normally. This is often reversible, but recovery may be a slow process.
- **Rectal prolapse.** Chronic severe diarrhea caused by laxative abuse can cause the inside of the intestines to protrude through the anal opening. This condition usually requires surgical treatment.

Steps to stop laxative abuse

- **Stop now.** It is generally better to stop completely and quickly rather than to try to cut down slowly.
- **Dispose of any laxatives you have.**
- **Take steps to prevent possible constipation right away.** See 'How to keep regular' on the next page.
- **Prepare to deal with the urge to use a laxative.** Laxative withdrawal refers to symptoms people experience when they stop laxative use. Think ahead about the situations in which you might have the urge to use a laxative. For some people this occurs after a binge, or when they haven't had a bowel movement in a few days. Come up with a few alternative plans of action in case you do have the urge (e.g., drink a large glass of water, take a walk, or call a friend for support).
- **Seek support.** Letting a friend or relative know about the problem can help.
- **Get help.** Your health care provider, nutritionist, and therapist can help you achieve health-related goals. Call to set up appointments now. Not everyone experiences laxative withdrawal, but it helps to be prepared for this possibility to guard against restarting the laxatives. Symptoms can last from 1 to 3 weeks, or occasionally longer, and include fluid retention, constipation, bloating, and temporary weight gain

(from water and stool). Remember that in the long run your symptoms will improve, and you will be much healthier and feel better when you are not taking laxatives.

Keeping "regular"

To prevent constipation and avoid using laxatives:

- **Be sure to include at least 8 cups of fluid per day (64 oz total)** from beverages (including water, tea, coffee, juice, milk). Dehydration is the number one cause of constipation. But don't overdo it. Too much water can also cause electrolyte abnormalities.
- **Increase fiber in your diet, gradually.** Fiber softens stools and helps prevent both diarrhea and constipation. Bran cereals are an excellent source of fiber. Check the labels on the side of the box for the fiber content. Fruits and vegetables, nuts and seeds are other good sources. Excessive fiber can cause bloating and gas, so don't overdo it. Also, make sure to consume adequate fluids when increasing the fiber in your food.
- **Get regular, moderate exercise.** Exercise is important in promoting normal intestinal contractions. Moving your body helps your intestines get moving, too.
- **Eat regularly.** Eating is a powerful stimulant of intestinal contractions. Give yourself plenty of opportunities for normal intestinal contractions by eating 3 meals a day plus 2-3 snacks.
- **Pay attention to the gastro-colic reflex.** Within about half an hour after eating, most people will have some intestinal movement which sometimes leads to the urge to defecate. For some people, scheduling a few minutes to sit on the toilet shortly after breakfast or dinner may help. Suppression of the normal urge to have a bowel movement will lead to harder, larger stools over time, and decreased intestinal tone. Reading a book may help the body relax and allow the gastro-colic reflex to occur. Avoid straining.
- **Keep a record of your stools.** If you go more than 3-4 days without a stool, call your health care provider for safe medication to help you get through this period without resorting to stimulant laxatives.

What's normal?

There is wide range of variability in how often people have bowel movements. Anywhere from 2 to 3 times a day to once a week can be normal. After laxative abuse, it is important to expect that your bowel movements may be irregular for a time. Feeling bloated does not mean that there is a problem. If you are following the guidelines detailed in this brochure and your stools are still much less frequent than before, speak to your health care provider about the possibility of alternative medications. If you are experiencing hard and large stools, pain with bowel movements, or blood on your stools, you will likely benefit from alternative laxatives.

More information

Consult these sources for useful information on fiber, constipation, IBS, and other digestive problems:

- **Collaborative Health and Eating Program (CHEP)** provides additional information and resources at: health.cornell.edu [search "CHEP"]
- **The Mayo Clinic's** comprehensive website on health: Mayoclinic.com
- **NEDA** (National Eating Disorders Association) advocates and supports individuals and families affected by eating disorders. Phone: 800-931-2237 Website: nationaleatingdisorders.org/laxative-abuse-some-basic-facts
- **NDDIC** (The National Digestive Diseases Information Clearinghouse) answers questions and provides publications about digestive disorders. Phone: 800-891-5389 Website: digestive.niddk.nih.gov