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Optimizing Occasional Constipation Care with PEG-Based Therapies

Announcer:

You're listening to *GI Insights* on ReachMD, and this episode is brought to you by MiraLAX. Here's your host, Dr. Charles Turck.

Dr. Turck:

This is *GI Insights* on ReachMD, and I'm Dr. Charles Turck. Joining me to review current clinical recommendations for the treatment of occasional constipation and the role of polyethylene glycol-based therapies is Dr. Aasma Shaukat. She's the Robert M. and Mary H. Glickman Professor of Medicine at NYU Grossman School of Medicine and the Director of Outcomes Research in the Division Gastroenterology and Hepatology at NYU Langone Health. Dr. Shaukat, welcome to the program.

Dr. Shaukat:

Thank you so much for having me. Good to see you.

Dr. Turck:

Well, just to do some level setting here at the beginning, how does polyethylene glycol work to treat occasional constipation?

Dr. Shaukat:

Polyethylene glycol falls in the category of osmotic laxatives. So there's two major kinds of laxatives—either osmotic laxatives or secretory—and the osmotic laxatives work by drawing fluid out of the small bowel and really helping keep the bolus of this ongoing digested food soft and moving forward. So that's how polyethylene glycol works.

Dr. Turck:

Now, zeroing in on current clinical recommendations, polyethylene glycol is approved for the treatment of occasional constipation at a dose of 17 grams a day, and based on multiple studies, it can help improve complete spontaneous and spontaneous bowel movements, stool form, and straining. So with all of that being said, Dr. Shaukat, would you tell us about your experience with polyethylene glycol-based therapies and how they've impacted your patients?

Dr. Shaukat:

So polyethylene glycol is the cornerstone of our treatment regimen for patients with occasional constipation, and it is one of the first go-to medications that we reach for when treating such patients. And there are at least three randomized controlled trials that have shown that it works very well in helping patients achieve spontaneous bowel movements and complete spontaneous bowel movements. And from clinical experience, it works very well for my patients.

Also, the latest ACG and AGA guidelines also put it as first line for such patients. So with all that data behind it, and the clinical experience showing that it definitely helps patients, it's one of the first things that we prescribe.

It's a conversation with the patients. A lot of them have bloating and flatulence due to their ongoing constipation. So, for the most part, it's explaining to them that if they do experience new symptoms or worsening of symptoms, they could actually time the polyethylene glycol to have better control of their symptoms. So usually, I advise patients to take the polyethylene glycol in the evening or right before going to bed.

Dr. Turck:

For those just tuning in, you're listening to *GI Insights* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Aasma Shaukat about polyethylene glycol as a first-line treatment option for occasional constipation.

So, Dr. Shaukat, let's switch gears a bit and talk about creating care plans. What patient-specific factors, like symptoms or

comorbidities, may influence treatment decisions for occasional constipation?

Dr. Shaukat:

One of the best things about polyethylene glycol is its safety profile, and that's something I always bring up. The biggest concerns patients have are: what are the side effects? Will I become dependent on this? Will I need escalating doses? And I'm very happy to reassure my patients using polyethylene glycol that it has a superior safety profile because it really has no systemic absorption. So I'm very comfortable using it across a range of patients. Also, it doesn't cause dependence or tolerance, meaning it doesn't require higher doses for efficacy.

Dr. Turck:

So, with that in mind, how do you recommend talking with patients about their symptoms and comorbidities to individualize their treatment and ensure optimal outcomes?

Dr. Shaukat:

So one of the things that we want to share with providers is we don't ask enough sometimes, and patients either are hesitant to bring up their issues with their bowel movements or the fact that they have constipation, or they're just embarrassed to discuss it in any detail. And a lot of them actually feel, okay, maybe this is normal and maybe I shouldn't be reporting this or complaining about it. But really, any amount of straining, hard stool, or going longer without a bowel movement than they usually would should be brought to a physician's attention. So really, we want physicians to ask patients about their bowel movement patterns and see if there's any room for improvement.

And then, first of all, recommend increasing fluid intake as well as fiber intake. I generally recommend patients take between 35 to 40 grams of fiber and again, monitor their fiber intake throughout the day because even if we eat salads and we think we're eating fruits and vegetables, we're definitely not getting enough fiber. And then daily exercise. It really helps move the bowel just like it helps train our skeletal muscles. And then adding something like polyethylene glycol is ideal for occasional constipation because it can really help add that extra value that we're looking for in getting them to the goal of having spontaneous bowel movements and being free of some of these really burdensome symptoms.

Dr. Turck:

With those final thoughts in mind, I want to thank my guest, Dr. Aasma Shaukat, for joining me to discuss key recommendations for the management of occasional constipation. Dr. Shaukat, it was great having you on the program.

Dr. Shaukat:

Thank you so much for having me. It's a pleasure.

Announcer:

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