

Live Well to
Learn Well

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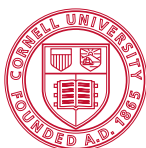
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Laxatives are medicines that treat constipation, either by softening the stools or by stimulating the intestines to push out stool/have a bowel movement. While they can be safely used temporarily, they can do more harm than good if used improperly or chronically without medical guidance.

Types of laxatives

Stimulant laxatives such as bisacodyl (Dulcolax), castor oil, and senna (Senokot), are non-prescription "over-the-counter" (OTC) medications. They stimulate the nerves in the walls of the large intestines and cause intestinal contractions as well as fluid and electrolyte changes. While easily accessible, they can be dangerous if used improperly, and are the most commonly abused laxatives. These laxatives can be habit forming, meaning that increasingly higher doses are needed to obtain the same effects.

"Natural" stimulant laxatives usually contain senna. These are stimulant laxatives (see above) that happen to come from plant sources. Their dangers are the same as those of synthetic stimulant laxatives.

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

- **Osmotic laxatives** such as Miralax and Milk of Magnesia work by drawing fluid into the intestines. These are less habit-forming; however, they 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 misuse

Some people take large quantities of laxatives at one time. Others take laxatives at their recommended dose, but on a fairly regular basis. Most 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 a pattern has started, however, people often find it very difficult to stop taking laxatives because they become reliant on them.

Laxative Use



Laxatives can be safely used temporarily, but can do more harm than good if used improperly.

Impacts of laxative misuse

Constipation and impaired intestinal function:

With laxative misuse, the intestines lose muscle and nerve response. The intestines then become dilated and ineffective in moving stool out on its own. This is often reversible, but recovery may be a slow process.

Alternating constipation, diarrhea, and gas:

Laxative use can result in rebound constipation, which may include trapped gas in the intestines. This can cause people to try to treat those symptoms with more laxatives, resulting in diarrhea and a continued cycle of laxative use.

Dehydration: Laxative over-use can cause diarrhea, which can result in fluid loss and dehydration. 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 when someone experiences diarrhea. Although severe complications are infrequent, they are unpredictable and can happen to someone who misuses laxatives for the first time, or to someone who has misused laxatives for years.

Blood in stool and anemia: Irritation of the colon can lead to blood in the stools, which in turn can cause anemia (low iron).

Rectal prolapse: Chronic severe diarrhea caused by laxative misuse can cause the inside of the intestines to protrude through the anal opening. This condition usually requires surgical treatment.

Steps to stop laxative misuse

- **Stop now.** It is generally better to stop completely and quickly rather than to try to cut down slowly.
Note: If taking higher laxative doses than is recommended per the medication label on a daily basis for more than 3-6 months, consult with a medical provider to discuss the best approaches for cessation due to risk of electrolyte disturbances as well as swelling due to fluid retention.
- **Dispose of any laxatives you have.**
- **Get help.** Your health care provider, dietitian, and/or therapist can support you through this process.
- **Take steps to prevent possible constipation right away.** See “How to keep regular” below.
- **Prepare to deal with the urge to use a laxative.** Laxative withdrawal refers to symptoms people experience when they stop laxative use. Symptoms can last from 1-3 weeks or occasionally longer. Symptoms can include fluid retention, constipation, bloating, and temporary weight shifts from water and stool.
- **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. take a walk, or call a friend for support).

Keeping “regular”

To prevent constipation and avoid using laxatives:

- **Be sure to include adequate fluid every day** from beverages including water, tea, coffee, juice, milk, etc. Dehydration is the number one cause of constipation.
- **Increase fiber in your diet, gradually.** Fiber softens stools and helps prevent both diarrhea and constipation. Make sure to consume adequate fluids when increasing fiber intake.
- **Move your body.** It helps your intestines get moving, too.
- **Eat regularly and consistently.** Have 3 meals and 2-3 snacks a day to support normal gut function.

- **Notice stooling patterns.** If you go more than 3-4 days without a bowel movement, call your health care provider.

Resources

The Collaborative Health and Eating Program (CHEP) provides confidential and interdisciplinary support for eating and body image concerns. To schedule an appointment, call 607-255-5155. More information is available at health.cornell.edu/CHEP:



Let’s Talk is a drop-in service that offers informal, private consultation with a Cornell Health counselor. More information is available at health.cornell.edu/LetsTalk:



Body Positive Cornell (BPC) is a peer lead group that promotes holistic wellness practices that increase physical, mental, and emotional health using a weight-neutral, self-empowerment model. Learn more at health.cornell.edu/BodyPositive:



National Eating Disorders Association: provides information and referrals for treatment across the US. Call 800-931-2237 or visit nationaleatingdisorders.org:

