# **Supplementary Table 1. Some Medications Associated with Constipation**

Class	Examples		
5-HT <sub>3</sub> -receptor antagonists	ondansetron		
Analgesics			
Opiates <sup>1</sup>	morphine		
Nonsteroidal anti-inflammatory agents †	ibuprofen		
Anticholinergic agents	librax, belladonna		
Tricyclic antidepressants <sup>1</sup>	amitriptyline > nortriptyline		
Antiparkinsonian drugs	benzatropine		
Antipsychotics	chlorpromazine		
Antispasmodics <sup>1</sup>	dicyclomine		
Antihistamines <sup>1</sup>	diphenhydramine		
Anticonvulsants <sup>1</sup>	carbamazepine		
Antihypertensives			
Calcium channel blockers	verapamil, nifedipine		
Diuretics <sup>1, 2</sup>	furosemide		
Centrally acting	clonidine		
Antiarrhythmics	amiodarone		
Beta-adrenoceptor antagonist	atenolol		
Bile acid sequestrants	cholestyramine, colestipol		
Cation-containing agents			
Aluminum <sup>1</sup>	antacids, sucralfate		
Calcium	antacids, supplements		
Bismuth			
Iron supplements	ferrous sulfate		
Lithium			
Chemotherapy agents			
Vinca alkaloids	vincristine		
Alkylating agents	cyclophosphamide		
Miscellaneous compounds	barium sulfate, oral contraceptives, polystyrene		
	resins		
Endocrine medications	pamidronate and alendronic acid		
Other antidepressants	monoamine oxidase inhibitors		
Other antipsychotics	clozapine, haloperidol, risperidone		
Other antiparkinsonian drugs	dopamine agonists		
Other antispasmodics	mebeverine, peppermint oil		
Sympathomimetics	ephedrine, terbutaline		
<sup>1</sup> Drugs associated with constipation in commu	unity-based studies <sup>1,2</sup>		

<sup>&</sup>lt;sup>1</sup>Drugs associated with constipation in community-based studies
<sup>2</sup>Perhaps related to electrolyte disturbances

<sup>5-</sup>HT, 5-hydroxytryptamine

#### Supplementary Table 2. Medical Conditions Associated With Constipation

## Drug effects

See Supplementary Table 1

#### Mechanical obstruction

Colon cancer

External compression from malignant lesion

Strictures: diverticular or postischemic

Rectocele (some)

#### Metabolic conditions

Diabetes mellitus

Hypothyroidism (severe)

Hypercalcemia(severe)

Hypokalemia

Hypomagnesemia

Heavy metal poisoning

#### **Myopathies**

**Amyloidosis** 

Scleroderma

#### **Neuropathies**

Parkinson's disease

Spinal cord injury or tumor

Cerebrovascular disease

Multiple sclerosis

#### **Other Conditions**

Depression

Autonomic neuropathy

Cognitive impairment

*Immobility* 

Conditions that are frequently encountered in clinical practice and associated with constipation

are identified in italics.

Adapted from Gastroenterology,<sup>3</sup> with permission.

### **Supplementary Table 3.** Treatments for Opioid-Induced Constipation

	Receptor antagonism		Permeable to blood brain barrier	Dose	NNT (95% CI)	Wholesale cost/month*	
Drug	M	K	δ				
Methyl-naltrexone	+++	++	++	No	12 mg EOD (oral); 8-12 mg QOD (SC)	$3.4(3-6)^{121}$	\$1807.35
Naloxegol	+++	-	-	No	25 mg QD	7 (4 - 26) 121	\$ 324.30
Naldemedine	+++	-	-	No	0.2 mg QD	5 (4 – 8) <sup>121</sup>	\$ 280.50
Lubiprostone	NA	NA	NA	NA	24 mcg bid	15 (9 - 51) <sup>121</sup>	\$ 445.32

<sup>\*</sup>Courtesy of Dr Michael Hirsch, Department of Pharmacy, University of Wisconsin Hospitals, Madison.

### **References:**

- **1.** Talley NJ, Fleming KC, Evans JM, et al. Constipation in an elderly community: a study of prevalence and potential risk factors. *Am J Gastroenterol*. 1996;91:19-25.
- **2.** Talley NJ, Jones M, Nuyts G, et al. Risk factors for chronic constipation based on a general practice sample. *Am J Gastroenterol*. 2003;98:1107-1111.
- 3. Locke GR III, Pemberton JH, Phillips SF. AGA Technical Review on Constipation. Gastroenterology. 2000;119(6):1766-1778.