

Description:

- © **CONSTEZ**® is synthetic disaccharide osmotic laxatives and analogue of lactulose.
- With its more pleasant taste, lactitol is better tolerated and more palatable & is used as an oral powder or solution in the management of constipation.

Mechanism of action:

- © **CONSTEZ**® osmotic disaccharides laxatives cannot be digested in the small bowel; it passes intact into the colon where bacteria ferment it to lactic, formic and acetic acids.
- © These organic acids acidify the stool and obligate excretion of stool water to the extent that these fermentation products are not absorbed by the colon, increasing the osmotic pressure in the intestinal lumen, resulting in an increase in faecal volume, thus stimulate the peristals is movement.

Indication:

CONSTEZ® is used to treat chronic constipation in CKD patient.

Dosage:

- © In the treatment of constipation, lactitol monohydrate is given in an initial dose of 20 g daily as a single dose with the morning or evening meal, subsequently adjusted to produce one stool daily. A dose of 10 g daily may be sufficient for many patients.
- © In pediatric population 250 to 400 mg/kg/day dose is recommended.

Presentation:

© **Constez**® is available as a sachet of 10g powder

WORRY LESS LIVE MORE



La Renon Healthcare Pvt. Ltd.

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Mail me at:



CONSTEZ[®]

Lactitol Monohydrate Powder 10 gm Sachets

la Renon

Kidney Disease and Constipation:

Kidney disease patients may sometimes suffer from constipation. For dialysis patients, constipation may be one of the side effect of dialysis. Constipation is most often defined as having a bowel movement less than 3 times per week. People with Stage 4 Kidney Failure may experience this problem.

Causes:

Low-fiber diet. In Stage 4 Kidney Failure, patients are often suggested to follow a diet low in sodium, protein, phosphorus, and potassium. Many vegetables and fruits high in these minerals should be limited or even avoided. Since vegetables and fruits are main sources of fiber, limiting these foods can lead to insufficient supply of fiber, thus resulting in constipation.

Not drinking enough water. Some patients with swelling may need to restrict the intake of water. Over time, restriction of fluid intake can result in constipation.

Clinical Study 1:

Lactitol or lactulose in the treatment of chronic constipation: Result of a systematic

Objectives:

Constipation is a common problem for adults and paediatric patients and can generate considerable suffering for patients due to both the unpleasant physical symptoms and psychological preoccupations that can arise. Since disaccharide sugar is widely prescribed osmotic laxative in India, we decided to do systematic review to compare the efficacy and safety of lactitol versus lactulose in the management of constipation. All randomised, non-randomised and open trials, with head to head comparison of lactitol versus lactulose were included.

Methods:

After intense literature search we included six clinical trials for comparison. The relevant studies that were included in meta-analysis included 349 adult patients with mean age group of 19 to 85 years and 81 children from age group of 8 months to 16 years. Duration of treatment was 3 days to 4 weeks. In terms of efficacy lactitol was found to be comparable to lactulose in terms of normal consistency of stool and number of bowel movement per week.

Results:

Better acceptance by the patients was reported with lactitol as compared to lactulose (73.2 % versus 26.8 %). Lactitol was found to be significantly superior as compared to lactulose in terms of less number of adverse events (31.20 \pm 0.8000 % versus 62.10 \pm 1.100 %, p= 0.0019). Better efficacy was adjudged by the physicians in favour of lactitol as compared to lactulose (61.91 % versus 47.83%). In addition compliance with lactitol was found to be better due to superior palatability. Also in paediatric patients the dose of lactitol required was almost half the dose of lactulose (250-400 mg/kg/day versus 500-750 mg/kg/day). Lactitol should be preferred over lactulose in the management of chronic constipation because of its superior efficacy as adjudged by the physician, better palatability, lesser incidence of adverse events, better acceptance and compliance reported by patients.

Reference:

J Indian Med Assoc. 2010 Nov;108(11):789-92

Clinical Study 2:

Health-related quality of life in dialysis patients with constipation: a cross-sectional study

Objectives:

To evaluate differences in the health-related quality of life (HRQoL) between patients with constipation receiving hemodialysis (HD) and those is receiving peritoneal dialysis (PD).

Methods:

- © In this cross-sectional study, 605 dialysis patients (478 HD cases and 127 PD cases; all patients were older than 18 years) from our hospital were included.
- ② A questionnaire was used to evaluate their constipation statuses.
- © The effect of constipation on HRQoL was assessed, using the Chinese version of the 12-item short-form (SF-12) general health survey. Karnofsky score, sociodemographic, and clinical data were also collected.
- © We performed multiple logistic regression analysis to define independent risk factors for constipation and impaired HRQoL.

Results:

- ⊕ A total of 605 participants (326 men [53.9%] and 279 women [46.1%]) were surveyed.
- The incidence of constipation was 71.7% in HD patients and 14.2% in PD patients.
- © Dialysis patients with constipation had significantly lower mean SF-12 Physical Component Summary scale and Mental Component Summary scale scores than the nonconstipation group (P < 0.05), whereas HD patients had better SF-12 Physical Component Summary and Mental Component Summary scores than PD patients (P < 0.05).
- When we performed multivariate logistic regression analysis, dialysis modality, diabetes, and the number of constipation-related medications were three independent risk factors associated with constipation.
- As for impaired HRQoL in the constipated dialysis population, dialysis modality was found to be another independent risk factor in addition to age and diabetes.

Conclusion:

- © PD patients with constipation had worse HRQoL than HD control participants.
- © We should pay more attention to the patients with constipation receiving PD, as peritonitis caused by constipation was associated with a higher mortality.

Reference:

Patient Prefer Adherence. 2013; 7: 589-594