THE UNIVERSITY OF WESTERN AUSTRALIA

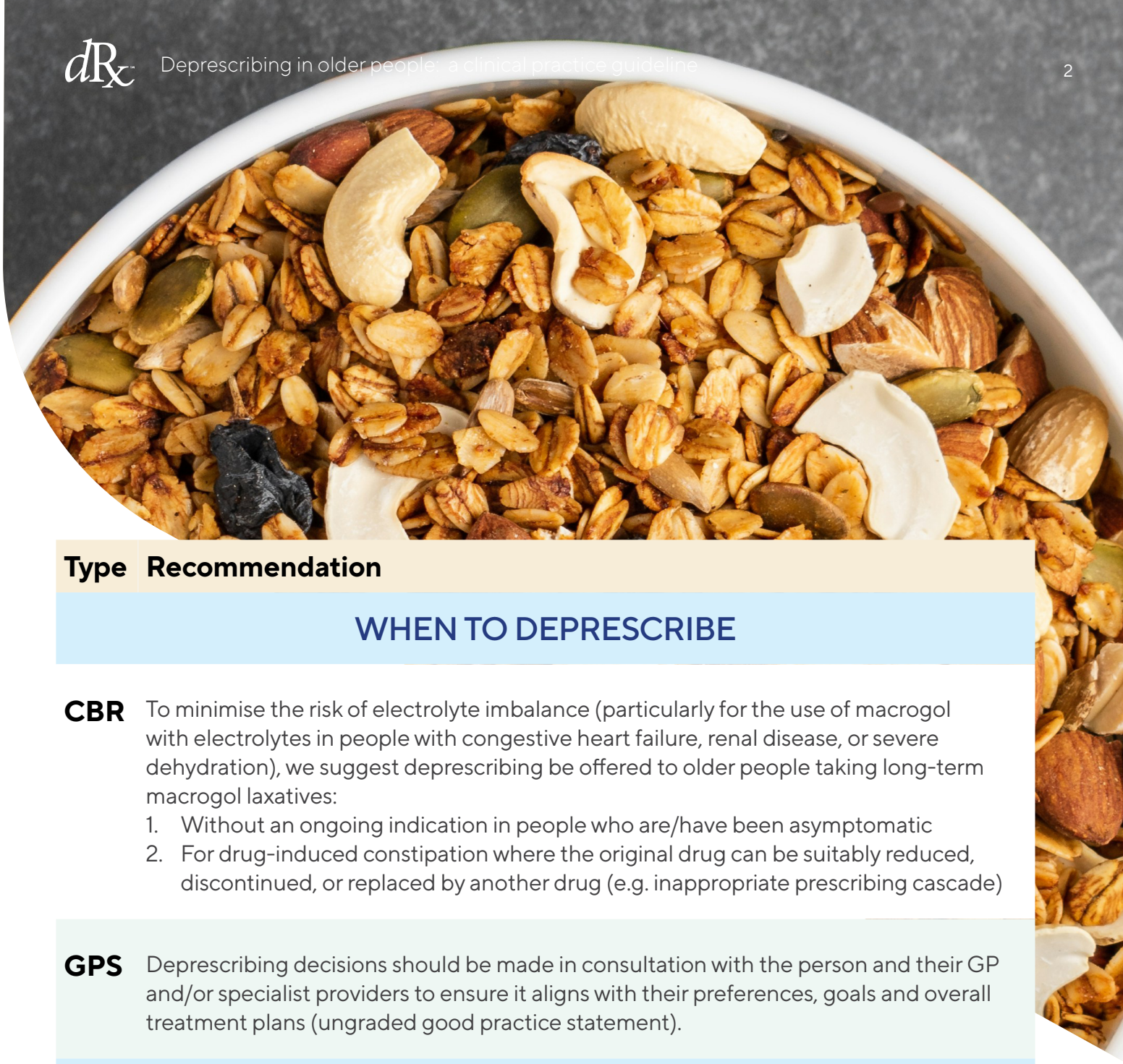
WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

MACROGOL LAXATIVES

Deprescribing in older people: A clinical practice guideline

dRx™



Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	To minimise the risk of electrolyte imbalance (particularly for the use of macrogol with electrolytes in people with congestive heart failure, renal disease, or severe dehydration), we suggest deprescribing be offered to older people taking long-term macrogol laxatives: 1. Without an ongoing indication in people who are/have been asymptomatic 2. For drug-induced constipation where the original drug can be suitably reduced, discontinued, or replaced by another drug (e.g. inappropriate prescribing cascade)
GPS	Deprescribing decisions should be made in consultation with the person and their GP and/or specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	We suggest continuing macrogol laxatives when there is a clear indication (e.g. opioid-induced constipation for the duration of opioid treatment, chronic slow-transit constipation), provided this aligns with the individual's goals and preferences, following informed consent.
CBR	If deprescribing is unsuccessful despite multiple attempts, we suggest maintaining the lowest effective dose, but reassessing the need for long-term therapy periodically.

HOW TO DEPRESCRIBE

CBR We suggest individualising the tapering schedule and adjusting it according to the individual's current bowel function, risk of recurrence, and frequency and consistency of the stools.

In general, given the likelihood of recurrence of constipation, we suggest reducing by one sachet and then alternate day dosing every one to two weeks and switching to on-demand or intermittent use at the lowest effective dose. Once dosing every other day and regular bowel movements occur without difficulty, discontinue the medicine.

If constipation recurs during tapering, we suggest restarting at the previously tolerated tapered dose or original dose until constipation is resolved, delaying further dose reductions by an agreed interval for stabilisation, and planning for a more gradual taper.

For people on combination therapy of laxatives, we suggest deprescribing one at a time, prioritising medicines with a higher risk of harm and a lower potential benefit from continued use. However, the dose for concomitant laxatives may also need to be adjusted temporarily to compensate for the lower dose of the other agent. We suggest individualising the tapering schedule and adjusting it according to the individual factors above.

GPS Healthcare providers should offer appropriate education on fluid intake, fibre intake, mobility and referral to other relevant healthcare providers whenever applicable (ungraded good practice statement).

MONITORING

CBR We suggest closely monitoring for recurrence of constipation following each dose adjustment and advising people that they may revert to the previously tolerated tapered dose or original dose if constipation recurs.

We suggest monitoring for changes in mobility, fluid and fibre intake and adapting strategies to deprescribing as appropriate.

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

Suggested citation: Quek HW, Reus X, Lee K, Etherton-Beer C, Page A on behalf of the Guideline Development Group. Deprescribing in older people: A clinical practice guideline. Perth: The University of Western Australia; 2025.