

### Question 9 – Week of April 14

A 67-year-old male presents to you for treatment of chronic constipation. An extensive structural and metabolic work-up is completely normal. His SITZ marker study shows delayed colonic transit at 85 hours. Which of the following drugs would be most appropriate for the treatment of this patient?

- A. Alosetron
- B. Tegaserod
- C. Renzapride
- D. Lubiprostone
- E. Talnetant

**Answer: D**

Lubiprostone, the new chloride channel type 2 activator is approved for use by both men and women in the geriatric age group (>65 years old). It has been shown to be highly efficacious, produces a rapid response, and shows no evidence of tachyphylaxis, or absorption from the bowel, obviating most theoretical concerns regarding drug interactions. Similarly, tegaserod is an excellent drug for the treatment of chronic constipation in both men and women, but it has not been formally studied or approved in the geriatric age group. Renzapride, although it is being studied for the treatment of constipation predominant IBS, is not yet approved by the FDA. Alosetron is approved only for the treatment of IBS with diarrhea and should never be used in the presence of constipation. Talnetant, an NK3 receptor antagonist is still in clinical trials, and also has yet to be approved by the FDA for the treatment of IBS.

#### Reference:

1. Johanson JF, Panas R, Holland PC, Ueno R. A dose-ranging, double-blind, placebo-controlled study of lubiprostone in subjects with irritable bowel syndrome and constipation (c-IBS). *Gastroenterology* 2006;130:4 Suppl 2(A-131).