

# Management of Hemorrhoids

## **Non-Prescription Drugs and Parapharmaceuticals**

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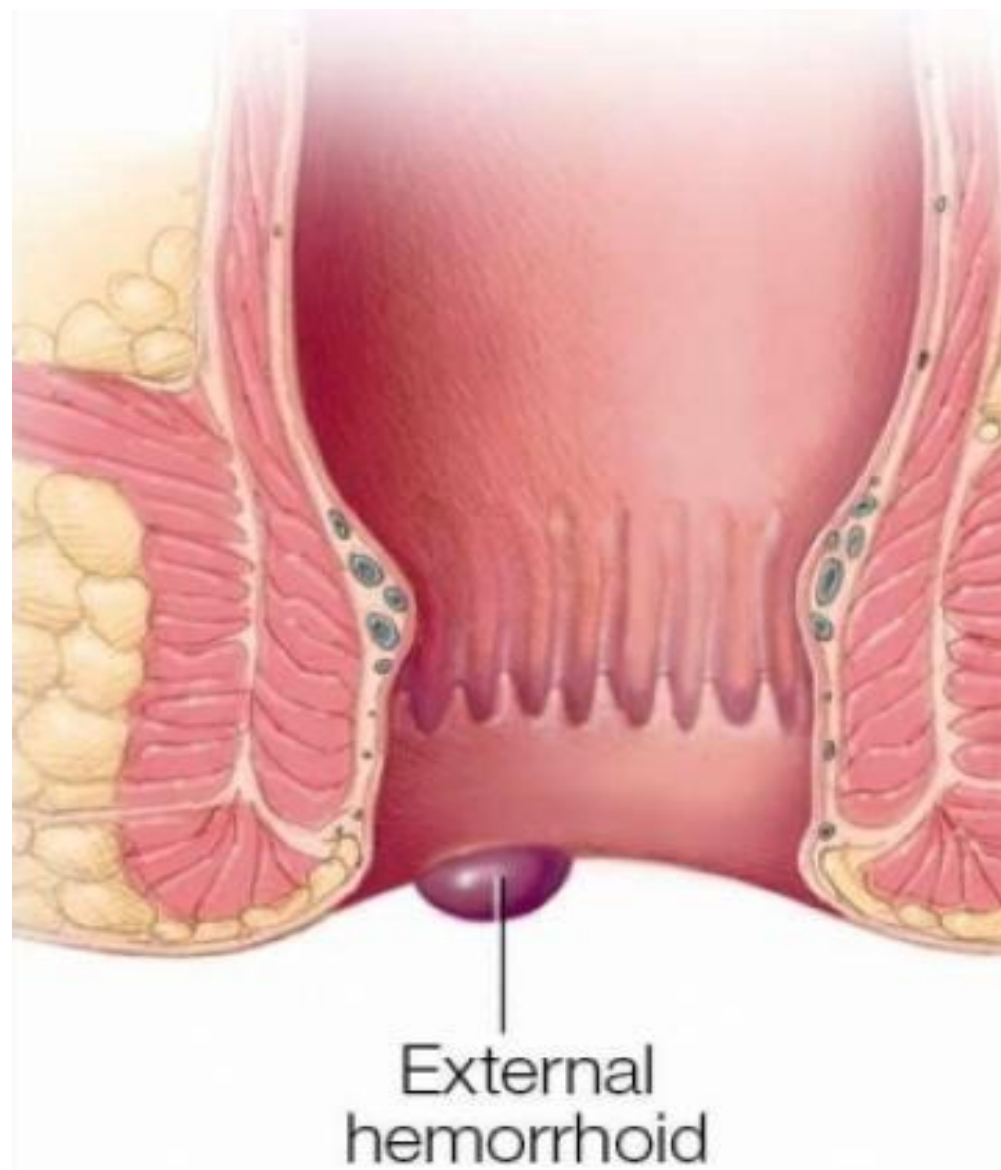
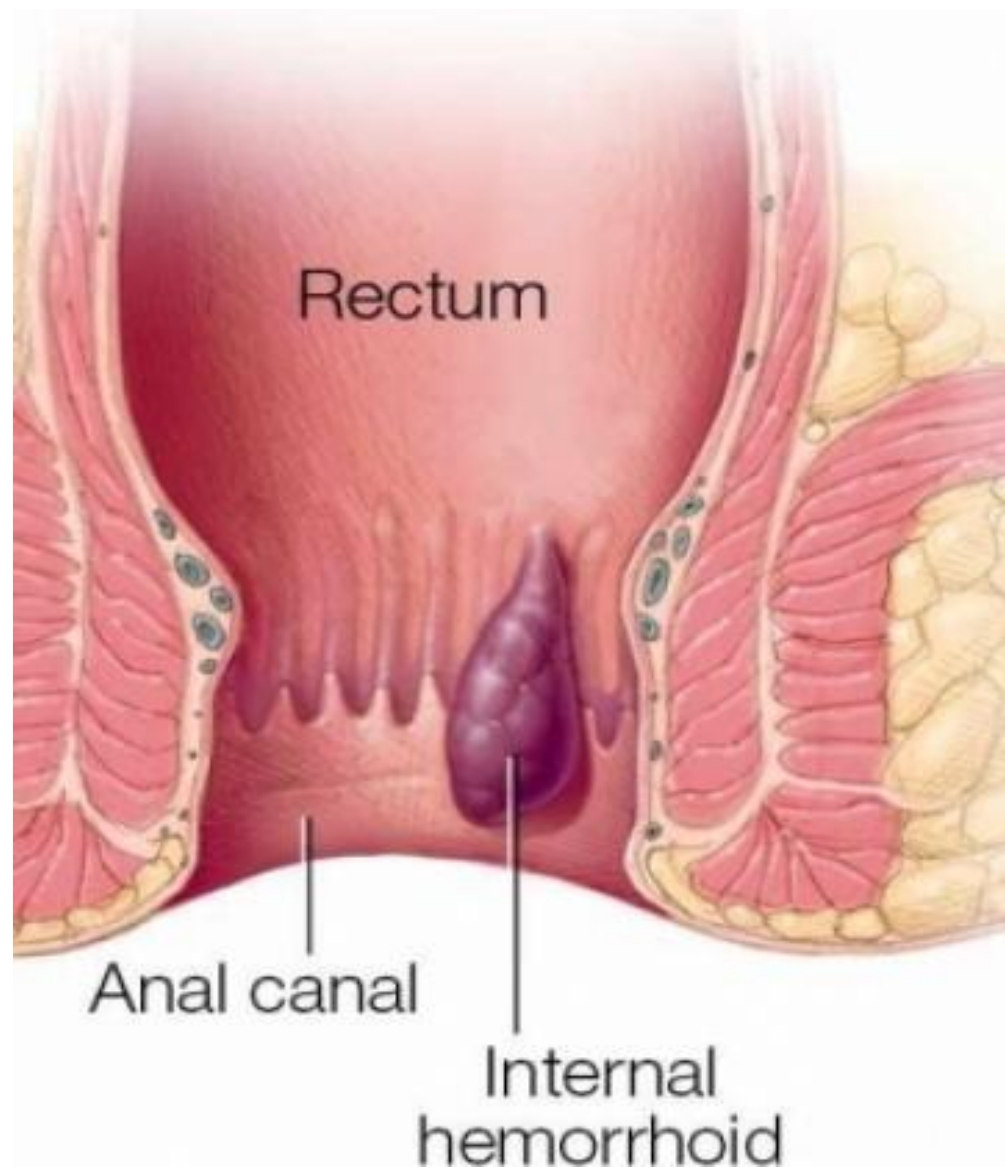
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# Definition

- Alternative Names: Rectal Lump, Piles.
- Definition: dilated or enlarged veins in the lower portion of the rectum or anus.
- they may eventually bleed.
- Hemorrhoids may also become inflamed or may develop a blood clot (thrombus).



# Classification

## Haemorrhoids

### Internal

Inside the rectum.  
They are painless but  
tend to bleed.

### Prolapsing internal

An internal structure  
has fallen down or  
slipped out of place.  
An internal  
hemorrhoids will  
convert into the  
prolapsed when it  
leaves the rectum  
and start appearing  
outside the anus

### External

Outside the anus and  
can be seen and felt.

Internal hemorrhoids are graded based on the extent of prolapse:

### Grade 1



Prominent haemorrhoidal vessels; no prolapse

### Grade 2



Prolapse with spontaneously regression

### Grade 3



Prolapse requiring manual regression

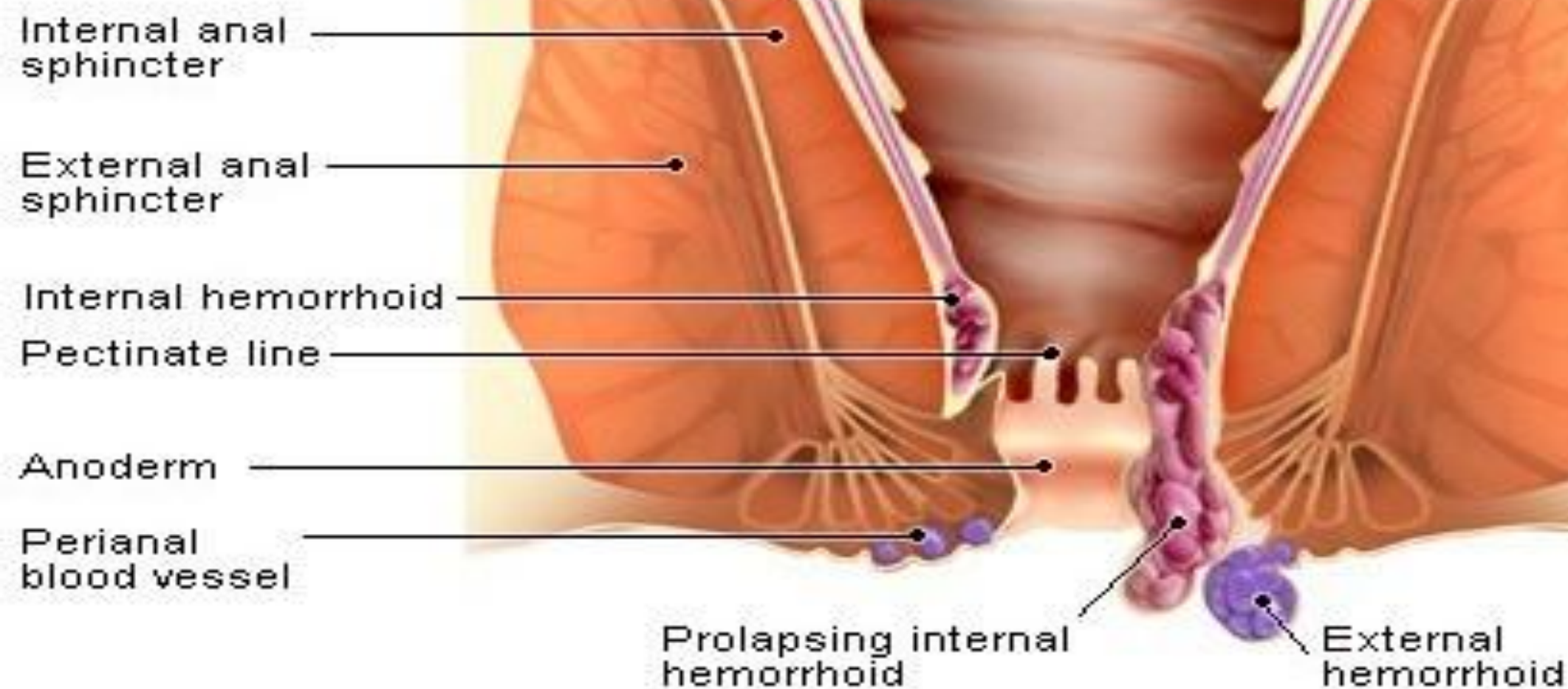
### Grade 4



Chronically prolapse with manual reduction ineffective



# Formation of hemorrhoids



# Epidemiology

- The risk of developing haemorrhoids increases with advancing age and peaks in individuals 45-65 years of age.
- The incidence of haemorrhoids in pregnant women is higher than that of non-pregnant women of similar age.

# Hemorrhoids causes

1. Straining or applying pressure during bowel movements
2. Regularly lifting heavy objects
3. Obesity- This will increase the force of excretion of stool
4. Low fiber in diet- This condition will cause constipation
5. Age: Hemorrhoids are most common in people who have crossed the age of 45 to 65 years.
6. Chronic constipation: Straining to move stool puts additional pressure on the walls of the blood vessels.

# Hemorrhoids causes

8. Sitting for too long: Staying in a seated position for long periods of time can cause hemorrhoids.
9. Pregnancy: They occur more commonly in pregnant women because, as the uterus enlarges, it presses on the vein in the colon, causing it to bulge
10. Diet- Eating too much spicy and oily food may increase the percentage for hemorrhoids development.

## **Significance of questions and answers-Duration and previous history**

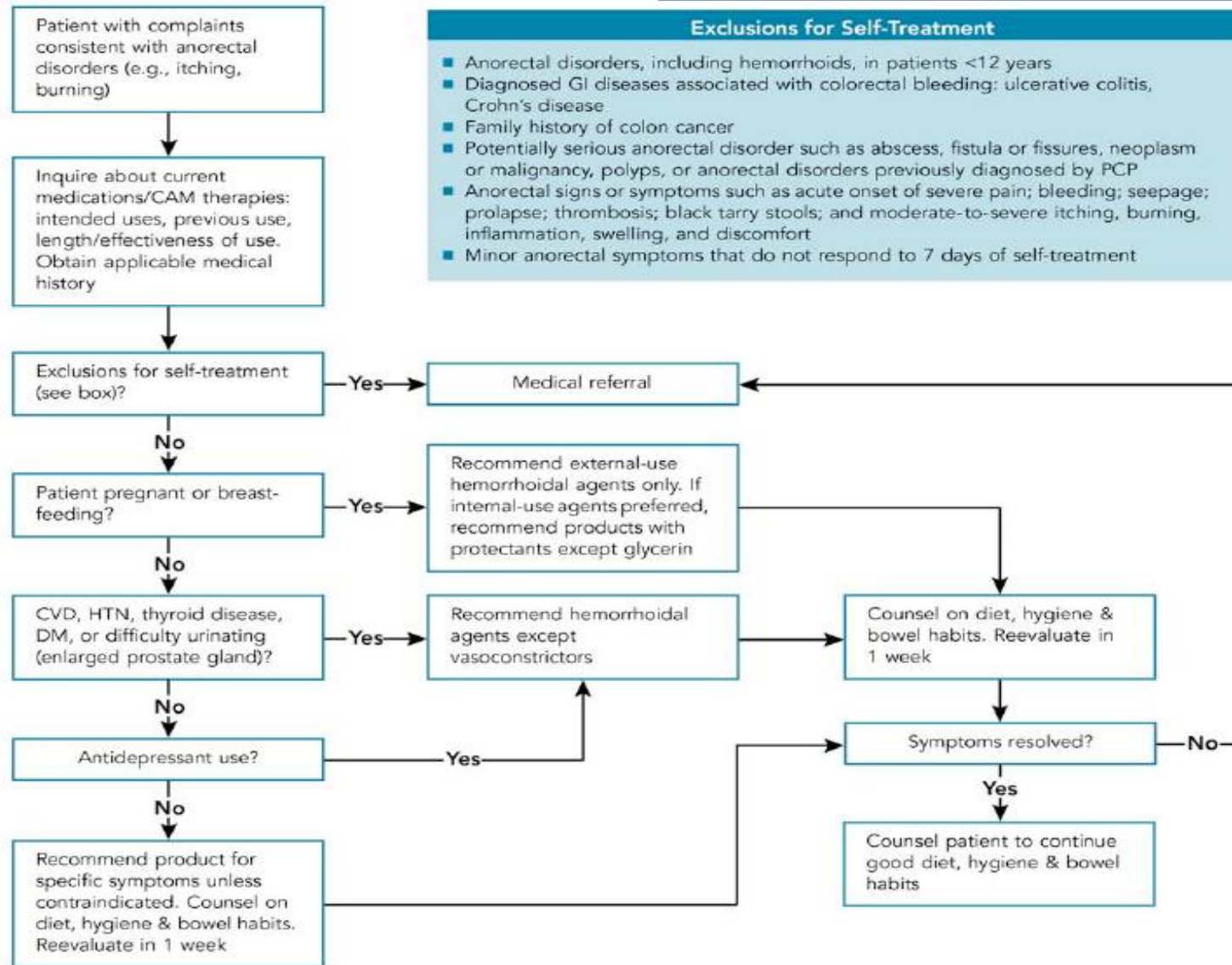
- the pharmacist might consider treating haemorrhoids of up to 3 weeks' duration.
- It would be useful to establish whether the patient has a previous history of haemorrhoids and if the doctor has been seen about the problem.

# Significance of questions and answers-

## Hemorrhoids symptoms

1. Painless **bleeding** during bowel movements .
2. Itching or irritation in anal region.
3. Discomfort in rectal area.
4. Swelling around anus due to inflammation of hemorrhoids.
5. Pain is unusual unless thrombosis involving external tissue is present.
6. Burning sensation in rectal while excretion.

# Self-care treatment of Hemorrhoids



**FIGURE 18-2** Self-care of hemorrhoids. Key: CAM, complementary and alternative medicine; CVD, cardiovascular disease; DM, diabetes mellitus; GI, gastrointestinal; HTN, hypertension; PCP, primary care provider.



Table 7.24  
Specific questions to ask the patient: Haemorrhoids

Question	Relevance
Duration	Patients with haemorrhoids tend to have had symptoms for some time before requesting advice. However, patients with symptoms that have been constantly present for >3 weeks should be referred.
Pain	Pain, if experienced, tends to occur on defecation but is also noticed at other times for example when sitting. Pain is usually described as a dull ache. Sharp or stabbing pain at the time of defecation can suggest an anal fissure or tear.
Rectal bleeding	Slight rectal bleeding is often associated with haemorrhoids. Blood appears bright red and might be visible on the toilet bowl, surface of the stool or pink-coloured water in the toilet bowl. Rectal bleeding is usually a direct referral sign but if due to haemorrhoids referral is usually not necessary unless the patient is unduly anxious. Blood mixed in the stool has to be referred to eliminate a GI bleed. Large volumes of blood or blood loss not associated with defecation must be referred to eliminate possible carcinoma.
Associated symptoms	Symptoms associated with haemorrhoids are usually localized; for example, anal itching. Other symptoms such as nausea, vomiting, loss of appetite and altered bowel habits should be viewed with caution and underlying pathology suspected. Referral would be needed.
Diet	A lack of dietary fibre that leads to constipation is a contributory factor to haemorrhoids. The passage of hard stools and straining during defecation can cause haemorrhoids. Find out about the patient's diet and current bowel habits.

GI, Gastrointestinal.

# Haemorrhoids Treatment

- Aims of treatment :
  - Relieve symptoms and maintain remission.
  - prevent complications.
- The treatment for hemorrhoids is different depending on the severity of the problem. Most of the time, the treatment is conservative and performed at home.
- **Treatment timescale** : If symptoms have not improved after 1 week, patients should see their doctor.
- In severe or persistent cases, there may be a need for surgical intervention, following assessment at the GP surgery

# Non-pharmacological therapy

1. Soak regularly in a warm bath to relax the muscle and reduce the muscle tension and pain
2. Keep the anal area clean to avoid infection.

## **Non-prescription medication for hemorrhoids**

- The FDA has identified several ingredients as safe and effective to alleviate burning, discomfort , inflammation, irritation, itching, pain, and swelling.
- These products are simply palliative; they are not meant to cure hemorrhoids or other anorectal disease.

## Product selection guidelines

Knowledge of:

1. Type, location and severity of anorectal disorder.
2. Past medical history.
3. Medications or allergies.
4. Ability to apply or insert medications
5. Other factors as diet and daily activity

# Local anaesthetics

- **Work by blocking nerve- impulse transmission.**
- Safe and effective : benzocaine 5%-20%, lidocaine 2%-5% (e.g., Xylocaine) , and tetracaine 0.5%-1%.
- They relief symptoms of pain, itching, burning, discomfort.
- Products should not be applied to abraded skin as this will increase absorption systemically.



# Vasoconstrictors

- **Decrease mucosal perfusion by causing vasoconstriction** in the ano-rectal area after topical application.
- For temporary relief of itching, discomfort , and irritation.
- They are structurally related to catecholamines as ephedrine and phenylephrine.

# Vasoconstrictors

- Patients with diabetes, thyroid disease, heart disease, hypertension, or enlarged prostate, as well as those taking antidepressants, antihypertensive agents, or cardiac medications, should not use hemorrhoidal agents with vasoconstrictors without first consulting their primary care provider.

# Protectants

- **Provide a physical barrier, forming a protective coating over skin or mucous membranes.**
- for temporary relief of itching, irritation, discomfort, and Burning..
- Products include aluminum hydroxide gel ,lanolin, (external use only).
- Systemic absorption is minimal, thereby systemic adverse effects are uncommon.



# Astringents



- **Lessen mucus and other secretions and protect underlying tissue** through a local and limited protein coagulant effect .
- They provide temporary relief of itching, discomfort , irritation, and burning.
- Products considered to be safe and effective include bismuth salts , witch hazel, (external use only) .

# Topical steroids

- Hydrocortisone, in concentrations of no more than 1%, is the only corticosteroid approved for nonprescription use in anorectal preparations.
- ↓ Inflammation, ↓ swelling, ↓ itching and hence ↓ pain.
- The use of such products is restricted to those over 18. Treatment should not be used continuously for longer than 7 days.

Ingredient	Concentration per Dosage Unit (%)	Frequency of Use (Maximum Daily Dosage)
<b>Corticosteroids</b> Hydrocortisone	0.25–1	Up to 3–4 times/day



# Counterirritants

- Counterirritants such as *menthol* are sometimes included in antihaemorrhoidal products on the basis that their stimulation of nerve endings gives a sensation of cooling and tingling, which distracts from the sensation of discomfort. *Menthol* and *phenol* also have antipruritic actions.



## ***How to use OTC products***

- Ointments and creams can be used for internal and external haemorrhoids and should be applied in the morning, at night and after each bowel movement.
- An applicator is included in some packs of ointments and creams, and patients should be advised to take care in use to avoid any further damage to the perianal skin.
- Suppositories can be recommended for internal haemorrhoids. A suppository should be inserted in the morning, at night and after bowel movements

## Follow the following methods for the prevention of hemorrhoids

- Dietary changes
- Drink more liquids and eat more leafy green vegetables, which will make stools bulkier and softer to relieve constipation.
- Some people with constipation or hard stools may benefit from increasing the amount of fiber in their diet.

## Follow the following methods for the prevention of hemorrhoids

- Don't stop the urge

If you feeling to go for toilet than immediately you should go, we should not avoid excretion and shouldn't ignore it.

## Follow the following methods for the prevention of hemorrhoids

- Exercise

Doing exercise and maintain body health will reduce pressure on veins, which can occur with long periods of standing or sitting.

- Stool softeners, If a laxative causes watery, runny stools, it could cause an infection in the anus and should not be used.

## Follow the following methods for the prevention of hemorrhoids

- Sitting restrictions


Sitting too long, particularly on the toilet, can increase the pressure on the veins in the anus.


## PATIENT EDUCATION FOR Anorectal Disorders (continued)




### Nonprescription Medications

- Anorectal products contain local anesthetics, vasoconstrictors, protectants, astringents, keratolytics, and/or analgesics/anesthetics/antipruritics. Select products containing only ingredients needed to relieve specific symptoms.
  - See Table 18-3 for guidelines for applying anorectal products.
  - See Table 18-4 for recommended dosages.
  - Use only selected vasoconstrictors (ephedrine and phenylephrine), protectants (not glycerin), and astringents (calamine and zinc oxide) inside the rectum.
  - Use only products approved for external use if patient is pregnant. If internal use is required, protectants with the exception of glycerin, may be used.
  - If patient has a history of cardiovascular disease, diabetes, hyperthyroidism, hypertension, or difficulty urinating due to prostate problems, avoid topical products containing vasoconstrictors.
  - If patients are taking medications to treat hypertension or depression, then avoid the use of any anorectal product containing vasoconstrictors without first consulting your primary care provider.
  - Anorectal products containing ephedrine sulfate or phenylephrine may cause nervousness, tremor, sleeplessness, nausea, and loss of appetite.
  - Appropriate use of anorectal products should reduce or relieve symptoms within a few days of self-treatment.
- Patient preferences should be considered, especially when specific products may be used to treat the same symptoms, when there is a choice between an ointment and a suppository, and when generic products are available.

 Stop using the anorectal product and contact a primary care provider as soon as possible if insertion of a product into the rectum causes pain.

 Contact a primary care provider if symptoms worsen, new symptoms such as bleeding develop, or symptoms do not improve after 7 days of self-treatment.

 Certain people may develop allergic or hypersensitivity reactions to products containing recommended concentrations of approved ingredients. Discontinue product and contact a primary care provider as soon as side effects develop, such as a rash or increased itching, redness, burning, or swelling in the anorectal area.