

<p>Author Year; Country Score Research Design Total Sample Size</p>	<p>Methods</p>	<p>Outcome</p>
<p>Johns et al. 2021 USA, Europe, Canada N=28 studies</p>	<p>Objective: To examine the literature on pharmacological agents used to manage neurogenic bowel dysfunction of individuals with SCI or MS N=26 studies SCI, 2 studies MS Methods: Studies were included if the population was SCI or MS, included bowel-related outcomes, and if the independent variable was some form of medication and/or medicated suppository Databases: Medline, Embase, and CINAHL up to June 2020</p>	<ol style="list-style-type: none"> 1. Oral Laxatives <ul style="list-style-type: none"> - Polyethylene glycol (PEG), magnesium hydroxide, docusate sodium, lactulose, bisacodyl, and sennosides were used in current treatment. - Prescription relies on expertise and evidence from the general population, but studies do not investigate long-term usage: suggest prescribing a simple agent to start as it may have fewer adverse effects for people with constipation (starting the night before bowel routine, usually every other day or 3x/week). - Reassess regimen in the following weeks, aiming for ideal stool consistency and improved evacuation. 2. Prokinetic Drugs <ul style="list-style-type: none"> - Metoclopramide and neostigmine are not used in current management. - Prucalopride is recommended to treat constipation when there is a lack of responsiveness to laxatives, but there is little evidence demonstrating its efficacy for people with NBD and SCI. 3. Potassium channel blocker <ul style="list-style-type: none"> - Fampridine is not currently used for bowel management after SCI.

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		<ul style="list-style-type: none"> - Two RCTs examined fampridine and bowel changes as a secondary outcome in which findings indicate possible improvements, although further study is required. 4. Suppositories and Enemas <ul style="list-style-type: none"> - Suppositories are commonly used but there is a lack of evidence in the SCI population; current medications used include polyethylene glycol, sodium citrate, bisacodyl, sennosides, docusate sodium. - Cross sectional studies report that suppositories may be used by people with more severe NBD. - Multiple studies report that polyethylene glycol-based bisacodyl had higher efficacy compared to hydrogenated vegetable-oil based (HVB) bisacodyl, although HVB suppositories are more common due to lower costs and higher availability. - Mini-enema can be used as a suppository alternative if bowel care is taking too long, they may be more tolerable and easier to insert. 5. Narcotics Antagonist <ul style="list-style-type: none"> - Common option for pain management; current medications include

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		naloxegol, lubiprostone, methylnaltrexone bromide. - No evidence found specific to SCI and opioid-induced constipation or narcotic antagonist.