

Constipation Management in Adults

Exceptions

Prior to treatment – Confirm constipation

Step 1: Identify Cause – treat underlying cause if possible, adjust constipating medication if possible

Step 2: Lifestyle Advice and Educate¹

1. Increase dietary fibre (Fibre intake should be increased gradually, aiming for 18 to 30g/day)
2. Drink plenty of fluid (at least 1.5 to 2 L/day) (unless contraindicated e.g. heart or renal failure)
3. Increase physical activity

Step 3: Laxative therapy necessary?

Acute (Short term and prompt effect)

Step 4: Senna (exclude intestinal obstruction)

15mg at night (can increase to 30mg ON)

Step 5: If ineffective

Add in Docusate

Up to 500mg daily in divided doses

Step 6: Rapid relief

(If rectum is full - can be used at any step)

- Glycerol 4g suppository PRN or
- Phosphate enema PRN or
- Bisacodyl 10mg suppository PRN

Step 7: Review Treatment

Advise that laxatives can be stopped once the stools become soft and can be passed easily (Bristol stool chart: type 3-4)

Chronic (long-term use, delayed onset)

Step 4: Ispaghula Husk (Fybogel®/ Isogel®)

- 1 sachet BD (not suitable for patients with inadequate fluid intake)
- Avoid in patients with chronic slow transit constipation

Step 5: If ineffective

Add in Senna (exclude intestinal obstruction)

15mg at night (can increase to 30mg ON)

Step 6: If ineffective:

Add macrogol (Laxido®) – 1 sachet OD-TDS

Step 6: For frail/elderly patients with poor fluid intake:

Add Docusate –Up to 500mg daily in divided doses

Step 7: Lubiprostone (Restricted use in line with NICE only- see page 2)³

- Only to be prescribed in line with NICE Guidance
- Chronic constipation when other laxatives have failed to provide adequate response

Step 8: Prucalopride (Restricted use in line with NICE only- see page 2)⁴

- Only to be prescribed in line with NICE Guidance
- Chronic constipation **in women** when other laxatives have failed to provide adequate response

Step 9: Step Review Treatment

Dose to be titrated (up or down) so that one or two soft stools are formed a day (Bristol stool chart: type 3-4)

Opioid Induced Constipation

Change to less constipating drug(s) if possible

1. Increase fluid and fruit and veg consumption
2. Senna 15mg- 30mg ON
3. Docusate – Up to 500mg daily in divided doses
4. Macrogol (Laxido®) – 1 sachet up to TDS
5. Adjust laxative dose to optimize response

Palliative patients only:

Co- danthramer: 1 -2 capsules ON

Faecal Impaction

Macrogol (Laxido®)

- Up to 8 sachets daily – all to be consumed within a 6 hour period (max. duration – 3 days)⁴

Pregnancy or whilst Breast-feeding

1. Offer lifestyle advice
2. Ispaghula Husk (Fybogel®/ Isogel®) – 1 sachet BD or
3. Macrogol (Laxido®) – 1 sachet up to TDS

Lubiprostone

Lubiprostone is a chloride-channel activator that acts in the gut to increase intestinal fluid secretion, which increases motility.

NICE Guidance³

1. Lubiprostone is recommended as an option for treating chronic idiopathic constipation, that is, for adults (both men and women) in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered.
2. If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered.
3. Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the person's previous courses of laxative treatments specified in 1.

Prucalopride

Prucalopride is a selective 5HT₄- receptor agonist with prokinetic properties. It is licensed for the treatment of chronic constipation in women when other laxatives have failed to provide adequate response.

NICE Guidance⁴

1. Prucalopride is recommended as an option for the treatment of chronic constipation **only in women** for whom treatment with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and invasive treatment for constipation is being considered.
2. If treatment with prucalopride is not effective after 4 weeks, the woman should be re-examined and the benefit of continuing treatment reconsidered.
3. Prucalopride should only be prescribed by a clinician with experience of treating chronic constipation, who has carefully reviewed the woman's previous courses of laxative treatments specified in 1.

References:

1. Clinical Knowledge Summaries - Constipation January 2013. Accessed via <http://cks.nice.org.uk/constipation#!scenario recommendation> on 26th February 2014
2. MeReC Bulletin. Vol.21 No.02 January 2011. Accessed via www.npc.nhs.uk on 26th February 2014
3. NICE Guidance for Lubiprostone for the treatment of chronic idiopathic constipation. July 2014. Accessed via <http://www.nice.org.uk/guidance/TA318> on 20th October 2014
4. NICE Guidance for Prucalopride for the treatment of chronic constipation in women. December 2010. Accessed via www.nice.org.uk on 26th February 2014
5. Laxido Orange, powder for oral solution. Summary of Product Characteristics. Revised January 2013. Accessed via www.medicines.org.uk on 26th February 2014
6. World Gastroenterology Organisation Practice Guidelines: Constipation 2007. Accessed via http://www.worldgastroenterology.org/assets/downloads/en/pdf/guidelines/05_constipation.pdf on 26th February 2014