

Pathway for Constipation Treatment in Adults

Not to be used in <18years of age or in pregnancy

Patient diagnosed with constipation

Take **patient history** and **physical examination**

Be alert for any '**red flags**' (see box 1) that might indicate a serious underlying condition

Red flags present

Refer to secondary care

Adjust any constipating medication, if possible (see box 2)

Consider **lifestyle management**: 4 weeks duration

- Check patient is eating and drinking normally. Identify if there are any barriers to them eating and drinking e.g. dementia
- Increase exercise, dietary fibre intake and fluid intake
- Toileting routine e.g. unhurried, ensure privacy, respond immediately to the sensation of needing to defecate
- A [patient information leaflet](#) is available on constipation.

Constipation persists

Opioid induced constipation

Prescribe bisacodyl AND macrogol

- Adjust the laxative dose to optimise the response.
- Continue long term to prevent constipation
- AVOID bulk-forming laxatives

Start bulk-forming laxative e.g. **ispaghula husk**
Important: maintain good hydration (may be difficult for frail or elderly).

Constipation persists despite 2 months treatment

Switch to/add in alternative laxative

- If stools remain hard, add or switch to an osmotic laxative e.g. **Laxido**
- If stools are soft but difficult to pass or inadequate emptying, add a stimulant laxative e.g. **bisacodyl**

Constipation persists despite further 2 months treatment

Switch to/add in alternative laxative e.g. **docusate sodium**

Constipation persists despite further 2 months treatment

Check:

- Patient is eating and drinking normally and identify any barriers to this
- Compliance with medication and lifestyle advice
- Re-enforce lifestyle advice
- Laxative doses have been titrated to maximum tolerated/ licenced

Constipation persists despite 6 months of laxatives

Consider a two week course of lubiprostone

- Continue current treatments
- One 24mcg capsule to be taken twice daily with food for a **two week course only**.
- Review after 2 weeks – if ineffective stop and do not re issue. If effective stop and see how the patient responds. This treatment is not licensed for continuous use. A two week course can be prescribed again if needed in the future.
- See NICE criteria to ensure patient is eligible (box 4)

Patient not responding to lubiprostone

Refer to secondary care

Prucalopride may be recommended as per NICE TA211 (hospital recommended, GP continued)

Discontinue laxatives once constipation resolved

Laxatives can be slowly withdrawn 2–4 weeks after defecation has become comfortable and a regular bowel pattern with soft, formed stools has been established. (see box 3)

Box 1 – Red flags

- Persistent unexplained change in bowel habit
- Significant abdominal pain
- Family history of colon cancer or inflammatory bowel disease
- Palpable mass in lower right abdomen or pelvis
- Unexplained weight Loss
- Blood in stool
- Unexplained rectal bleeding
- Unexplained anaemia

Box 2 – Examples of constipating medication

Aluminium antacids, antimuscarinics (such as procyclidine, oxybutynin), antidepressants (most commonly tricyclic antidepressants, but others may cause constipation in some individuals), calcium supplements, diuretics, iron supplements, opioids.

Box 3 – Discontinuing laxatives

- Wean gradually to minimise risk of requiring 'rescue therapy' for recurrent faecal loading.
- If > 1 laxatives have been used, reduce and stop one at a time
- Begin by reducing stimulant laxatives first, if possible.
- Advise the person that it can take several months to be successfully weaned off all laxatives.
- Relapses are common. Treat early with increased laxative doses.
- Laxatives need to be continued long term for:
 - People taking a constipating drug that cannot be stopped, such as an opioid.
 - People with a medical cause of constipation.

Box 4 – [NICE TA318](#): Lubiprostone for treating chronic idiopathic constipation

- Lubiprostone is recommended as a possible treatment for people with chronic idiopathic constipation:
 - who have previously been treated 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
 - when invasive treatment is being considered.
- If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered.
- 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.

Laxative choices

Nb. All the laxatives listed below are available to purchase over the counter from pharmacies and supermarkets

| Type | Laxative | Time to effect | Points to note | Cost* (pack size) |
|---------------------------|------------------------------|-----------------------|---|-------------------|
| Bulk forming | Ispaghula husk (Ispagel) | 2 – 3 days | Must not be taken immediately before bed. Adequate fluid intake is important, to prevent intestinal obstruction. This may be difficult for the frail or children. Not recommended for people taking constipating drugs. | £2.29 (30) |
| Stimulant laxatives | Bisacodyl tablets | 6 – 12 hours | Licensed only for short-term use. | £2.29 (60) |
| | Senna tablets | 8 – 12 hours | Licensed only for short-term use. Syrup is unpalatable. | £7.12 (60) |
| Osmotic | Macrogols (Laxido) | 2 – 3 days | Some people find it difficult to drink the prescribed volume of macrogol. Licensed for use in faecal impaction. | £4.27 (30) |
| | Lactulose | 2 – 3 days | Adequate fluid intake recommended. | £3.25 (500ml) |
| Surface-wetting laxatives | Docosate sodium capsules | 12 – 72 hours | Probably acts both as a softening agent and a stimulant. May be a useful alternative for people who find it hard to increase their fluid intake. | £2.09 (30) |
| Rectal laxatives | Glycerol 4g suppositories | 15 – 30 minutes | Lubricating and weak stimulant. Can be used for hard or soft stools Licensed for occasional use only. Suppositories must be placed alongside the bowel wall so that body heat causes them to dissolve and distribute around the rectum. Suppositories should be moistened before use to aid insertion. | £1.72 (12) |
| | Bisacodyl 10mg suppositories | 15 minutes to 3 hours | Stimulant laxative. Avoid if large, hard stools, as no softening effect. Use for soft stools. | £3.53 (12) |

*Prices correct March 2015