Flow chart A – Adult presents in primary care with chronic constipation

Careful history and examination, paying particular attention to ‘Alarm Features’, i.e.
- Weight Loss
- Blood in stool
- Iron deficiency Anaemia
- Persistent change in bowel habit for >4 weeks after the age of 45 years old
- Significant abdominal pain
- Abdominal or rectal mass
- Family history of colon or ovarian cancer or IBD
- Bloods: FBC, CRP, Ca125, coeliac screen, TFTs, Ca2+

No Alarm features present → Review whether any prescribed medication may be a causative or contributory factor (see list) → Establish a diagnosis on basis of symptoms

Consider urgent referral to secondary care if any of these alarm features are present or there is other cause for concern warranting specialist advice

Provide lifestyle advice as per Clinical Knowledge Summaries and NICE CG61. If patient not responding after adequate trial....
Flow chart B – Management of chronic idiopathic constipation in primary care (use flow chart A first)

Initiate laxative treatment (refer to [list of options]) - 2 months of single agent. Switch to/add in alternative laxative treatment for further 2 months if response is inadequate. Ensure two months of combination therapy has been undertaken.

Response to treatment

- Continue successful drug and review in 6 months and consider trial without treatment, or whether continued therapy is required

No response to treatment

- For patients with a diagnosis of chronic idiopathic constipation who have no alarm features, who have attempted lifestyle changes, and who have not responded to a 2 month trial of combination of laxatives (unless exacerbating symptoms) offer:
  - Lubiprostone 2 week trial OR Prucalopride 4 week trial

Considerations
- May need some dose adjustment in elderly/renal or liver impairment - see product literature

If no response despite minimum trial of either lubiprostone or prucalopride double check diagnosis,
- NICE guidance on Prucalopride for treating chronic constipation in women (Dec 2010)
- NICE guidance on Lubiprostone for treating chronic idiopathic constipation (July 2014)

Consider referral to secondary care
Flow chart C – Management of IBS with constipation (IBS-C) in primary care (use flow chart A first)

Consider the following pharmacological measures:
- Antispasmodic agents
- Antimotility agents
- Laxatives (not including lactulose)
- If none of the above help, second line options are tricyclic antidepressants or an SSRI where a TCA is not effective.

Response to treatment

For patients with a diagnosis of IBS-C who have no alarm features, who have attempted lifestyle changes,
From NICE CG 61: Consider linaclotide for people with IBS only if
- optimal or maximum tolerated doses of previous laxatives from different classes have not helped and
- they have had constipation for at least 12 months.

Follow up people taking linaclotide after 3 months

The SPC states: Physicians should periodically assess the need for continued treatment. The efficacy of linaclotide has been established in double-blind placebo-controlled studies for up to 6 months. If patients have not experienced improvement in their symptoms after 4 weeks of treatment, the patient should be re-examined and the benefit and risks of continuing treatment reconsidered.

NICE CG 61 states:
Consider tricyclic antidepressants (TCAs) as second-line treatment for people with IBS if laxatives, loperamide or antispasmodics have not helped. Start treatment at a low dose (5–10 mg equivalent of amitriptyline), taken once at night, and review regularly. Increase the dose if needed, but not usually beyond 30 mg. Consider selective serotonin reuptake inhibitors (SSRIs) for people with IBS only if TCAs are ineffective.

Take into account the possible side effects when offering TCAs or SSRIs to people with IBS. Follow up people taking either of these drugs for the first time at low doses for the treatment of pain or discomfort in IBS after 4 weeks and then every 6–12 months
Prucalopride is only licensed for chronic constipation, therefore is also ‘off-label’ for IBS-C.
POINTS TO NOTE WHEN USING THE PATHWAY AND FLOW CHARTS

DRUGS CAUSING CONSTIPATION

- Analgesics
- Anticholinergics
- Cation-containing agents
- Neurally active agents

DRUGS CAUSING CONSTIPATION

- Analgesics
- Antipsychotics, anti-depressants, anti-spasmodic, anti-histamines
- Anticholinergics
- Iron supplements, aluminium (antacids, sucrufate)
- Cation-containing agents
- Neurally active agents

LAXATIVES

- bulk-forming laxatives
- osmotic laxatives
- stimulant laxatives
- faecal softener laxatives

LAXATIVES

- wheat or oat bran, ispaghula husk, methylcellulose, sterculia
- lactulose, macrogols, magnesium hydroxide, sodium citrate enema, phosphate enema
- senna, glycerol or bisacodyl suppositories, sodium picosulfate (Picolax®) preparations
- arachis oil, docusate sodium

LINKS TO RELEVANT INFORMATION AND GUIDANCE

Summary of product characteristics for Prucalopride
Summary of product characteristics for Lubiprostone
Summary of product characteristics for Linaclootide

NICE pathway for management of constipation in adults
NICE Evidence Summary: Irritable bowel syndrome with constipation in adults: linaclotide (April 2013)
NICE guidance on Prucalopride for treating chronic constipation in women (Dec 2010)
NICE guidance on Lubiprostone for treating chronic idiopathic constipation (July 2014)

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