Pathway for the Treatment of Constipation in Adults

**Patient with constipation:** Must be 18 years and older, and not pregnant
- Take patient history and undertake physical examination

**Absence of ‘red flags’**: Defecation is unsatisfactory because of infrequent stools, difficult stool passage, or seemingly incomplete defecation. Stools are often dry and hard, and may be abnormally large or abnormally small.

1. Dietary and life style adjustment for 4 weeks: Increase exercise, dietary fibre and fluid intake.
2. Consider adjusting any constipating medication. See box B overleaf for examples of constipating drugs

**Presence of ‘red flags’** (see box A overleaf): Refer to secondary care as this may be indicative of a serious underlying condition. Extra vigilance required in patients who may have difficulty communicating their symptoms e.g. patients with learning disability.

**Non-opioid induced constipation**

Does constipation persist?
- No: Discontinue laxatives. See box C overleaf
- Yes: Continue dietary and lifestyle adjustment and initiate laxative treatment with a bulk-forming laxative for two months. Aim for the highest tolerated recommended dose.
  - *Ispaghula husk granules* - Time to effect: 2-3 days

**Persisting constipation**

Does constipation persist?
- No: Discontinue laxatives. See box C overleaf
- Yes: Add a stimulant laxative for a further two months. Aim for the highest tolerated recommended dose.
  - *Senna 7.5mg tablets* - Time to effect: 8-12 hours
  - *Bisacodyl 5mg tablets* - Time to effect: 6-12 hours
  - *Docusate sodium 100mg capsules* - Time to effect: 12-72 hours
  - *Naldemedine* – in line with NICE TA651 where constipation has not responded to laxative treatment.

**Opioid induced constipation**

Does constipation persist?
- No: Discontinue laxatives. See box C overleaf
- Yes: Stop the above laxatives

**Constipation resolved**
- Discontinue laxatives. See box C overleaf

**Inadequate relief despite at least 6 months treatment with the above laxatives**
- Patient considered to have chronic constipation – bowels open not more than 3 times a week consistently over 6 months

Consider treatment with prucalopride 1mg or 2mg tablets as per NICE technology appraisal guidance 211 (licensed in both men and women)\(^8,9\)
- Dose: 2mg tablet once daily; Elderly >65 years, initially 1mg once daily, increased if necessary to 2mg once daily for four weeks

**Effective and well tolerated**
- Ongoing treatment in primary care, but with regular checks every eight weeks by the GP to ensure treatment is effective and well tolerated.

**Ineffective after the first course or not well tolerated**
- Stop prucalopride

**Constipation persisting**
- Re-check diagnosis
- Refer to secondary care

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**Constipation persisting**
- Consider treatment with linaclotide 290mcg capsules as per NICE CG 61 (where no response to 1st line (antispasmodics; laxatives [not lactulose]) or 2nd line (tricyclic or SSRI where TCA not effective)) 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.

**IBS-C**
- Consider treatment with linaclotide 290mcg capsules as per NICE CG 61 (where no response to 1st line (antispasmodics; laxatives [not lactulose]) or 2nd line (tricyclic or SSRI where TCA not effective)) 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.
Box A: ‘Red flags’

- Unexplained weight loss
- Rectal bleeding
- Iron deficiency anaemia, Persistent change in bowel habit for >4 weeks after the age of 45 years old
- Significant abdominal pain
- Palpable mass in the abdomen or the pelvis
- Family history of colon cancer, ovarian cancer or IBD
- Fever
- Nocturnal symptoms

Box B: Examples of constipating drugs

Common constipating drugs are

- Opioids,
- Iron supplements
- Antipsychotics.

Others include

- Aluminium antacids,
- Antimuscarinics (such as procyclidine, oxybutynin),
- Antidepressants (most commonly tricyclic antidepressants, but others may cause constipation in some individuals),
- Some antiepileptics (such as carbamazepine, gabapentin, oxcarbazepine, pregabalin, phenytoin),
- Sedating antihistamines,
- Antispasmodics (such as diclofenac, hyoscine),
- Calcium supplements,
- Diuretics,
- Verapamil.

Box C: Discontinuing laxatives

- Laxatives can be slowly withdrawn 2–4 weeks after defecation has become comfortable and a regular bowel pattern with soft, formed stools have been established
- Wean gradually to minimise risk of requiring ‘rescue therapy’ for recurrent faecal loading.
- If more than one 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.

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References

2. Specialist opinions of gastroenterologists at West Suffolk Foundation Trust
3. NICE (2013): NICE Evidence Summary 16 – Irritable bowel syndrome with constipation in adults: linaclotide
5. NICE (2014): NICE technology appraisal guidance 211 – Prucalopride for the treatment of chronic idiopathic constipation in women
13. Dorset Commissioning Statement for prucalopride (September 2020)
14. NICE (2020): NICE Technology Appraisal guidance 651: Naldemedine for treating opioid-induced constipation
15. Dorset Commissioning Statement for Naloxegol and Naldemedine (November 2020)