

Primary Care Constipation Guidelines

Version 2.1 – November 2020

VERSION CONTROL		
Version	Date	Amendments made
Version 1	November 2016	New guideline
Version 1.1	December 2016	Bisacodyl removed from the children's pathway and replaced with sodium picosulphate. Approved at LMMG. Minor amendments to formatting.
Version 2.0	May 2018	Minor changes to the layout. Additional information relating to the prescribing of laxatives and self-care added to the adult pathway.
Version 2.1	November 2020	Lubiprostone removed.

Contents

1. Management of constipation in adults: acute and chronic treatment pathways
2. Management of constipation in adults patients: opioid-induced constipation pathway
3. Management of constipation in children: NICE Clinical Guideline 99

Please note:

NHS England have advised CCGs that a **prescription for the treatment of infrequent constipation should not routinely be offered in primary care** as the condition is appropriate for **self-care**.

The NHS England guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.

GPs should continue to prescribe laxatives to manage acute constipation with more complex aetiology (e.g. iatrogenic) and chronic constipation.

The NHS England guidance **does not apply** to the management of children and laxatives for children should continue to be prescribed by GPs.

Management of Constipation in Adult Patients: Acute and Chronic Treatment Pathways

Please note: Patients presenting with short term, infrequent constipation caused by changes in lifestyle or diet, such as lack of water or movement or changes in diet, should be advise to self-mange by purchasing laxatives over-the counter



Adult Patient with Constipation
Acute (symptoms present < 3 months) or Chronic (symptoms present > 3 months)

If Present, relieve faecal loading/impaction. Treat first using:
Macrogols 4 sachets on first day,
Increased in steps of 2 sachets per day up to a max of 8 sachets per day
Total daily dose to be drunk within a 6 hour period.
Review and consider initiating further management once disimpacted

Consider Iatrogenic Causes:
Review medication – see box 1

Offer Dietary and Lifestyle Advice – see box 2

Consider commencing regular laxatives – see box 3

1st Line: Bulk forming laxative (ensure adequate hydration) – see box 4
Or if a rapid effect clinically necessary:
2nd Line : Osmotic laxative – see box 4
(NB. Do not start a bulk forming laxative if the constipation may be opioid induced – See Figure 2).
Management in pregnancy – see box 6

If stools remain difficult to pass or if there is inadequate emptying
Consider adding a stimulant laxative to existing therapy – see box 4

Review after 3 – 4 weeks

Advise that laxatives should be continued until effective and can be discontinued once stools become soft and easily passed again.
Reassess if symptoms persist for > 6 months

If at least TWO different class laxatives have been used for 6/12 at the highest tolerated dose consider the use of prucalopride (**women only**) [TA211](#) as per NICE can be initiated in primary care only on the advice of someone experience in the treatment of chronic idiopathic constipation. Amber0 colour classification – further detail see box 5

Box 1: Medication commonly prescribed that may cause constipation:

Opioids
Calcium channel blockers
Diuretics
Iron preparations
Anti-cholinergic drugs
Tricyclic antidepressants
Verapamil
Clozapine

(note: It is essential that constipation is actively treated in patient receiving clozapine [fatalities reported]).

Box 2: Lifestyle and dietary advice:

- Defecation should be unhurried and appropriate defecation technique encouraged.
- Attempt defecation first thing in the morning or 30minutes after a meal
- Respond immediately to the call to toilet
- Consideration should be given to those with mobility issues – increased physical activity is beneficial.
- Diet should be balanced and contain whole grains, fruits and vegetables.
- Fibre intake should be increased gradually and maintained:
 - Adults should aim to consume 18 – 30gram of fibre per day.
 - Effects may take up to four weeks.
- Adequate fluid intake is important, although there is no evidence that increased fluid intake will improve symptoms in those that are already well hydrated
- Natural laxatives, such as fruit and fruit juices, high in sorbitol can be recommended. Dried fruit has a higher sorbitol content than fresh fruit (5 – 10 times higher).

Box 3: Criteria for commencing regular laxative therapy:

- If lifestyle measures are ineffective
- If a patient is taking a constipating drug that cannot be stopped
- For those with other secondary causes of constipation
- As a 'rescue' for episodes of faecal loading

Box 4: Classes of laxatives

Bulk-forming

Ispaghula Husk 3.5gram ONE sachet TWICE a day

Osmotic

Laxido (macrogols) Orange one to three sachets daily

Stimulant

Bisacodyl 5 – 10mg at night

Softener

Docusate sodium 100mg – 200mg twice a day (up to 500mg a day in divided doses)

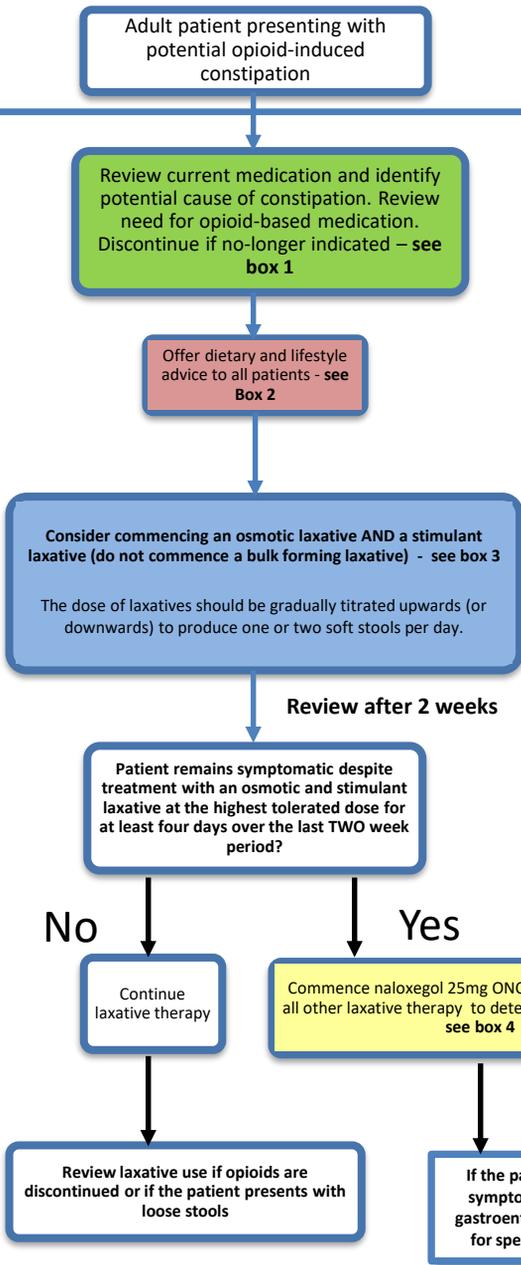
Patients presenting with short term, infrequent constipation caused by changes in lifestyle or diet, such as lack of water or movement or changes in diet, **should be advise to self-mange by purchasing laxatives over-the counter**

Box 5: Prucalopride:

[NICE TA 211](#) relates to the use of prucalopride in woman **only**. Prucalopride is now **licensed** for use in both men and women. NICE has **not** reviewed prucalopride for the management of chronic idiopathic constipation in men. Trial data was not representative and 90% of the study population were women when the drug was first licensed. Local arrangements for the use of prucalopride should be followed where available.

Box 6: Pregnancy:

Avoid osmotic laxatives (except lactulose). Senna should be avoided near term or if there is a history of unstable pregnancy. Offer dietary advice.



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Box 3: Classes of laxatives and lowest cost July 2016 (eMIMS):

Osmotic
Laxido Orange One to Three sachets Daily

Stimulant
Bisacodyl 5 –10mg At Night

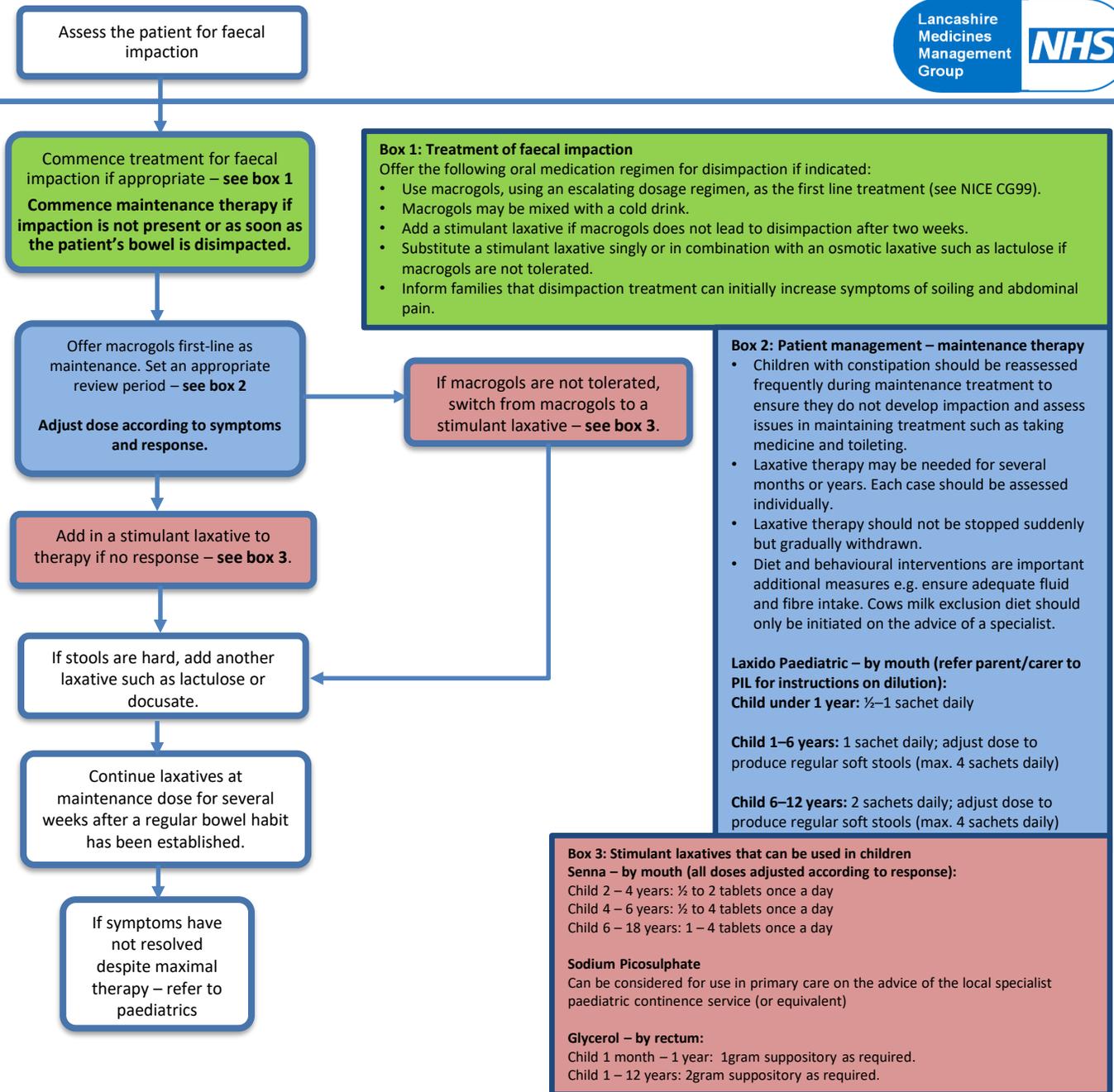
Softener
Docusate sodium 100mg – 200mg Twice a Day (up to 500mg a Day in divided doses)

Box 4: Naloxegol

Naloxegol can be used to treat opioid-induced constipation ([NICE TA 345](#)) in primary care for patients whose constipation has not adequately responded to laxatives. An inadequate response is defined as: opioid-induced symptoms of at least moderate severity in at least one of the **four stool symptom domains (see below)** while taking at least one laxative class for at least four days during the prior two weeks.

The four stool symptoms domains are:
Incomplete bowel movement, hard stools, straining or false alarms.

Bibliography: 1) National Institute for Health and Clinical Excellence (NICE), "Clinical Knowledge Summary: Constipation," NICE, Manchester, 2015. 2) National Institute for Health and Clinical Excellence (NICE), "NICE technology appraisal 345: Naloxegol for treating opioid-induced constipation", NICE, Manchester, 2015.



Bibliography: National Institute for Health and Clinical Excellence (NICE), "NICE Clinical Guideline 99: Constipation in Children and Young People NICE, Manchester, 2015. Royal Pharmaceutical Society, British National Formulary, vol. 70, London: Pharmaceutical Press, 2016.

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