

## Constipation Prescribing Guidelines

These guidelines have been developed to facilitate the standardisation of care for adult patients with constipation throughout the North of Tyne, Gateshead and North Cumbria. The key aims of this document are:

- To standardise appropriate prescribing of laxatives within the Trusts
- To assist Registered Nursing, Midwifery, Medical staff and Pharmacist staff to prescribe the most appropriate laxative
- To ensure that patients receive evidence-based care in the management of constipation

Clinical assessment to be carried out by a competent healthcare professional as per local and national guidance and constipation identified

**STEP ONE:** Identify type and cause of constipation, Acute, Chronic, Opioid induced, faecal impaction, pregnancy induced

**STEP TWO:** Advise on lifestyle measures, ensuring adequate fluid intake, advocate regular meals with good amounts of dietary fibre, encourage physical movement/ exercise, correct toileting position [7 Toilet Positions To Relieve Constipation - Bladder & Bowel Community \(bladderandbowel.org\)](#)

### RED FLAG SYMPTOMS FOR ADULTS WITH CONSTIPATION.

**Red flag symptoms** – refer to NICE guideline for gastrointestinal tract (Lower) ([Overview | Metastatic malignant disease of unknown primary origin in adults: diagnosis and management | Guidance | NICE](#)) cancers – recognition and referral ([Overview | Suspected cancer: recognition and referral | Guidance | NICE](#))

- Change in bowel habit for more than 6 weeks alternating diarrhoea / constipation
- Persistent rectal bleeding
- Weight loss or significant weight gain
- Reduced appetite and or vomiting
- Family history of related colorectal pathology
- Abdominal/Bowel distention and or pain
- Sudden onset cognitive impairment
- Unexplained anaemia

**Follow Local guidelines for referral to gastroenterologist or colorectal services in secondary care**

### **STEP THREE:**

**Identify underlying cause and review existing treatments and where appropriate offer alternatives. There are some common medications which may cause constipation**

- |  |                           |                             |                     |
|--|---------------------------|-----------------------------|---------------------|
| -Calcium channel blockers  | - Diuretics               | - Tricyclic antidepressants | - Iron preparations |
| - Anti-cholinergic medications   | - Sedating antihistamines | - Antimuscarinics           |                     |
| - Opioids – see opioid induced constipation below. - Clozapine – needs active treatment due to fatalities reported see <a href="#">MHRA guidance</a> . |                           |                             |                     |

**STEP FOUR: CONSIDER PRESCRIBING APPROPRIATE LAXATIVE** Follow pathway on page 2

Please consider referral to the Trust Bladder and Bowel / Colorectal Service if required

Approved: January 2023

Review date: January 2026

<b>Opioid Induced Constipation (OIC)</b> NOTE: Bulk forming laxatives should be avoided in this patient group	<b>Chronic Constipation</b> Symptoms >12 weeks First line treatment is dependent on the patients' symptoms	<b>Faecal Impaction</b> NOTE: Treatment depends on the stool consistency	<b>Constipation in pregnancy</b>	<b>Acute Constipation</b>	<b>Palliative Care</b> <a href="#">Palliative-and-End-of-Life-Care-Guidelines.pdf</a> <b>PAGE 14</b>
<b>1<sup>st</sup> Line</b> <b>Stimulant</b> - Incomplete evacuation <b>and/or</b> <b>Softener</b> - Hard stools  Review 2 weeks: No improvement move to 2 <sup>nd</sup> line	<b>1<sup>st</sup> Line</b> <b>Bulk forming</b> -Low faecal mass <b>Stimulant</b> -Slow transit <b>Softeners</b> Pellet stool (Docusate) <b>Osmotic</b> -Hard stools (Macrogol) <b>Suppositories</b> -Obstructive or incomplete evacuation Review 2 weeks: No improvement move to 2 <sup>nd</sup> line	<b>1<sup>st</sup> Line</b> <b>Osmotic</b> Hard stool  Review on day 4: No improvement move to 2 <sup>nd</sup> line	<b>1<sup>st</sup> Line</b> <b>Bulk forming</b>  Review 4 weeks: No improvement move to 2 <sup>nd</sup> line	<b>1<sup>st</sup> Line</b> <b>Bulk forming</b>  Review: If stools remain hard move to 2 <sup>nd</sup> line	Follow palliative care end of life care guidelines, identify cause of constipation, and follow pathway
<b>2<sup>nd</sup> Line</b> <b>REPLACE</b> <b>-Osmotic</b>  Review: Secondary Care 24 hrs Primary Care at day 4	<b>2<sup>nd</sup> Line</b> <b>ADD</b> <b>Stimulant</b> OR <b>Osmotic</b>  Review 2 weeks No improvement stop/ move to 3rd line	<b>2<sup>nd</sup> Line</b> <b>ADD</b> <b>Stimulant</b> -soft stools And/or <b>Osmotic</b> -hard stools	<b>2<sup>nd</sup> Line</b> <b>ADD</b> <b>Softener</b> (lactulose)	<b>2<sup>nd</sup> Line</b> <b>ADD OR REPLACE</b> <b>Stimulant</b> -Soft stools <b>and</b> <b>Softener if incomplete evacuation</b> <b>Osmotic</b> -Hard stools	Concurrent prescriptions of several different laxatives should be avoided as laxative doses should be titrated every 1–2 days according to response, up to the maximum recommended or tolerable dose before changing to alternative.
<b>3<sup>rd</sup> Line</b> <b>REPLACE</b> If not contraindicated prescribe <b>PAMORA</b> Naldemedine Naloxegol  <a href="#">Please note FULL prescribing choices on page 3</a>	<b>3<sup>rd</sup> Line</b> <b>REPLACE</b> <b>5HT<sub>4</sub>-receptor agonist Prucalopride</b>  <b>CONSIDER:</b> <b>ONLY FOR OIC: Naloxegol</b> <b>ONLY FOR IBS: Linaclotide</b>	<b>3<sup>rd</sup> Line</b> <b>ADD</b> <b>Suppository or enema</b>  If response to oral laxatives inadequate or rectum is full (may need to be repeated several times to clear hard impacted stools)	<b>3<sup>rd</sup> Line</b> <b>REPLACE</b> <b>Stimulant</b> (Bisacodyl)  <b>Senna should be avoided near term or if there is a history of unstable pregnancy</b>	<b>3<sup>rd</sup> Line</b> <b>ADD</b> <b>Stimulant</b> If stool is soft or difficult to pass  Review after 1-2 weeks to assess response and modify treatment or seek advice	Co-Danthramer Co-Danthrusate  Only licensed for use in constipation in terminally ill patients as potential carcinogenic risk.  <b>SEEK ADVICE BEFORE PRESCRIBING</b>

## ORAL LAXATIVES <http://emc.medicines.org.uk/> <https://bnf.nice.org.uk/>

**Stimulant Laxative:** **Senna**, causing peristalsis by stimulating colonic nerves with dose of 7.5mg-15mg before bed, Max dose is 30mg or **Bisacodyl**, causing peristalsis by stimulating colonic and rectal nerves with dose of 5-10mg before bed, Maximum dose is 20mg

**Osmotic laxative:** **Macrogol**, which increases fluid in the large bowel, produces distension leading to stimulation of peristalsis with dose of 1- 8 full strength sachets for up to 3 days Review daily, **For Chronic Constipation:** Macrogol 1–3 full strength sachets daily in divided doses usually for up to 2 weeks; maintenance 1–2 sachets daily.

**For Acute Faecal Impaction:** full strength **Macrogol** full strength sachets: 4 sachets on first day, increased in steps of 2 sachets daily, maximum 8 sachets daily. Treatment usually does not exceed 3 days. After disimpaction, switch to maintenance laxative therapy if required; maximum 8 sachets per day. [Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride | Drugs | BNF | NICE](#) NOTE: **Macrogol is considered high in sodium. NOTE: in cardiovascular disease do not prescribe more than 2 full strength sachets in any one hour and monitor urea and electrolytes**

**Softener Laxative:** **Docusate** also has a weak stimulant effect with dose of 100-200mg BD/TDS to a maximum of 500mg per day. Maximum recommended dose of Docusate is 500mg in divided doses adjusted according to response. **Lactulose**, initially 15 mL twice daily, adjusted according to response.

**Bulk forming laxative:** **Ispaghula husk**: one sachet 3.5g twice daily, with at least 150ml water as sufficient fluid intake is important in patients taking Ispaghula husk sachets.

### Specialist Laxatives

**Selective serotonin 5HT<sub>4</sub>-receptor agonist with prokinetic properties:** **Prucalopride (for Women only)** 2mg daily > 65 years 1mg daily, initially 1mg once daily, increased if necessary to 2mg once daily. Use ONLY For treatment of chronic constipation in women after treatment with at least two laxatives from different classes, at highest tolerated doses for at least 6 months. Review and discontinue treatment if no response after 4 weeks

**Pamora: (Peripherally acting  $\mu$ -opioid receptor antagonist):** Use ONLY for treatment of opioid induced constipation in patients whose constipation has not adequately responded to laxatives.

**Naldemedine** 200 micrograms. Once daily with or without food. Caution when prescribing for >75years. Not recommended in severe hepatic impairment.

**Naloxegol** 25mg daily in the morning avoid with patients in severe hepatic impairment.

### Irritable bowel syndrome (IBS) Treatment

**Linaclotide** 290 micrograms once daily. Use ONLY for (IBS) associated constipation if other therapies recommended by NICE for IBS have been ineffective or not tolerated. If no improvement after 4 weeks, the benefits and risks of continuing treatment should be reconsidered.

## RECTAL LAXATIVES

**Suppository or enema:** Can be repeated several times to clear hard impacted stool

**Bisacodyl** 10mg PR daily (soft stools) for hard stools add in Glycerol

**Glycerol** 4G PR daily (hard stools), **Sodium Citrate** 5mls PR for hard stool 1 dose

**Phosphate retention enema: NOT recommended in primary care**, they contain sodium acid phosphate and sodium phosphate. The osmotic activity of the former increases the water content of the stool so that rectal distension follows, and it is thought that this induces defecation by stimulating rectal motility

## **CONTACT DETAILS**

### **The Newcastle upon Tyne Hospitals NHS Foundation Trust**

Specialist Nurse-Colorectal Service NUTH- Contact 0191 2824116 Specialist Nurse-Contenance Service NUTH- Contact0191 2826308

### **Gateshead Health Care NHS Foundation Trust**

Specialist Nurse – Bladder and Bowel Service GHNT – Contact 0191 4458417 Specialist Nurse – Colorectal Service GHNT – Contact0191 4458448

### **Northumbria Health Care NHS Foundation Trust**

Specialist Nurse Contenance – 0191 2828097

### **Cumbria Partnership NHS Foundation Trust**

Community Bladder and Bowel Team Tel: 01946 68643 Mob: 07909772430

[www.cumbriapartnership.nhs.uk](http://www.cumbriapartnership.nhs.uk) | [www.ncuh.nhs.uk](http://www.ncuh.nhs.uk)

## **REFERENCES:**

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(Accessed March 2022)

National Institute for Health and Care Excellence (2021) *Suspected cancer: recognition and referral* NICE guideline [NG12 ]

National Institute for Health and Care Excellence (2017): *Clinical Knowledge Summaries*. [Online]: NICE. Available: <http://cks.nice.org.uk/constipation>

### **Links to Guidelines**

<http://nuth-intranet/cms/SupportServices/EndofLifeCare/UsefulResources.aspx>

[Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride | Drugs | BNF | NICE](#)

<http://www.bnf.org/>

<http://emc.medicines.org.uk/Palliative-and-End-of-Life-Care-Guidelines.pdf>