NHS Frimley Clinical Commissioning Group

Pharmacological Management of Adult Chronic (>3months) Constipation Pathway in Primary Care

No signs of suspected cancer. Physical examination and history (incl. check OTC use of laxatives) normal. Check for faecal loading or impaction. For **faecal impaction follow+.**
For IBS with constipation, follow IBS management pathway *(in DXS)*

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Consider lifestyle management in all patients.
Increase exercise, dietary fibre intake, and fluid intake.
If patient is on medication that cause constipation try stopping or adjusting doses where possible.
For Opioid induced follow here. For clozapine induced follow here.

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1st Line Bulk Forming laxative
Ispaghula Husk
Dose: 1 sachet morning and evening given in water after meals.
(Do not use for drug induced constipation)

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2nd Line Osmotic laxative (may add to 1st line or switch to 2nd line treatment)
Macrogol best value options Cosmocol® / Laxido®
Dose: 1-3 sachets daily in divided doses, adjusted to response, treat for up to 14 days, repeated if required. For extended use the dose can be adjusted to 1-2 sachets daily.
Use lactulose only if macrogol not effective/ tolerated. Do not prescribe 2 osmotic laxatives, i.e. lactulose plus a macrogol
MHRA warning here

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3rd Line Stimulant laxative (add to osmotic laxative)
Senna or bisacodyl
Dose: senna 7.5-15mg at night; bisacodyl 5-10mg daily, increased if necessary to 20mg once daily.
Avoid prolonged use which may harm intestinal function and electrolyte imbalance (hypokalaemia).

Risk factors for constipation include:

Social
- Low fibre diet or low calorie intake.
- Difficult access to toilet, or changes in normal routine or lifestyle.
- Lack of exercise or reduced mobility.
- Limited privacy when using the toilet.

Psychological
- Anxiety and/or depression.
- Somatization disorders.
- Eating disorders.
- History of sexual abuse.

Physical
- Female sex.
- Older age.
- Pyrexia, dehydration, immobility.

Alarm features: pr bleeding, wt loss, age>50, rectal prolapse, recent onset of symptoms, heam positive stool, obstructive symptoms, change in stool calibre.

Follow-up and review: Laxatives may be slowly withdrawn when regular bowel movements occur without difficulty.

If on dual laxatives, stop the stimulant 1st and adjust the osmotic laxative to compensate.

If symptoms persist, consider underlying/ contributory factors. For other pharmacological treatments refer to gastrectomy specialist.

+Faecal Impaction

1st line
- Hard stools, prescribe po *macrogol e.g. 8 sachets daily, all to be taken over 6 hour period.*
- Soft stools, or ongoing hard stools after po macrogol *add an oral stimulant laxative, as per 3rd line above*
- Inadequate response or too slow, use suppositories (supps) or an enema.
  - ➢ *bisacodyl supps 10mg daily in the AM or glycerol supp 4G PRN, OR glycerol supps plus bisacodyl supps.*
  - ➢ *mini enema either docusate 120mg STAT or sodium citrate* e.g. Microlax® *5ml STAT*

2nd line
- *A sodium phosphate retention enema 128ml daily or arachis oil retention enema 130ml repeated as required.*
- *For hard stool it can be helpful to give the arachis oil enema overnight before giving a sodium phosphate (large volume) or sodium citrate (small volume) enema the next day.*
- *Enemas may need to be repeated several times to clear hard, impacted faeces.*

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