BSW MANAGEMENT OF CONSTIPATION IN ADULTS GUIDELINES

NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

This pathway is for **adults** with constipation.
If pregnant or breastfeeding , see overleaf. For children see NICE CG99

Absence of 'red flags':
Defecation unsatisfactory because of infrequent stools, difficulty passing stools, or a sensation of incomplete emptying.

Presence of 'red flags' (see box A overleaf)
OR
Signs that may suggest a serious underling cause such as lower GI tract cancers (NG12).

REFER

1. **Advise on diet and lifestyle adjustment:** increase exercise, dietary fibre and fluid intake. Patient info here
2. **Manage any underlying secondary cause of constipation (see box B overleaf).** Consider reducing or stopping drug treatments that may be causing or contributing to symptoms if appropriate.

Persisting constipation

If constipation resolves at any point see box C overleaf

Non-opioid induced constipation

Continue dietary and lifestyle adjustments and initiate oral laxative treatment using a stepped approach.

- **1st line: Bulk-forming laxative** (may be unsuitable for elderly/frail patients with inadequate fluid intake)
- **Ispaghula husk:** 1 sachet BD

- **2nd line:** switch to or add an **osmotic laxative**
- **Macrogol:** 1 sachet OD-TDS
- **Lactulose:** 15ml BD, adjust according to response.

- **3rd line: Stimulant laxative**
- **Senna:** 7.5-15mg daily (max 30mg daily), usually at night. Initial dose should be low and then gradually increased.
- **Docusate:** up to 500mg daily in divided doses.

Treatment failure: consider referral to a specialist

If at least 2 laxatives from different classes have been tried at the highest tolerated doses for at least 6 months, **prucalopride** [**Amber TLS**] may be initiated in primary care after discussion with, or at the recommendation of, a specialist. For these patients, invasive treatment would otherwise be considered. See NICE TA211

- **Prucalopride:** 2mg tablet OD; Elderly >65 years, initially 1mg OD, increased to 2mg OD for four weeks.
- Review at 4 weeks for efficacy. If effective and well tolerated, review every 6 weeks. If it is ineffective or not tolerated then stop and refer back to specialist.

Opioid induced constipation

All patients taking regular opioids should be prescribed a regular stimulant laxative at first opioid prescription for constipation prevention.

Continue dietary and lifestyle adjustment and a combination of the following laxatives:

- **Osmotic laxative:** time to effect 2-3 days
- **Macrogol:** 1 sachet OD-TDS
- **Lactulose:** 15ml BD, adjust according to response
- **Stimulant laxative:**
- **Senna:** 7.5-15mg daily (max 30mg daily), usually at night. Initial dose should be low and then gradually increased – time to effect 8-12hrs
- **Bisacodyl:** 5-10mg OD, increased up to 20mg daily, dose to be taken at night – time to effect 6-12hrs
- **Docusate sodium:** up to 500mg daily in divided doses – time to effect 12-72hrs.

Do not initiate a bulk forming laxative e.g. ispaghula husk.

Inadequate response to laxatives:
1st line Naldemedine (Rizmoic): 200micrograms OD. Use in line with **NICE TA651**.
2nd line Naloxegol (Moventig): 25mg OM (12.5mg daily if renal insufficiency or on a CYP3A4 inhibitor). Use in line with **NICE TA345.**

Faecal impaction

- **Hard stools:** consider high dose of oral macrogol. 4 sachets on first day, increased by 2 sachets daily, total dose to be drank within a 6 hours period. Maximum 8 sachets a day.
- **Soft stools or hard stools after a few days treatment:** consider starting or adding a stimulant laxative
- **If response to an oral laxative is inadequate or too slow consider adding suppositories or a mini-enema:**
- Bisacodyl for soft stools
- Glycerol alone or glycerol plus bisacodyl for hard stools
- A mini enema such as docusate or sodium citrate. May be repeated for hard impacted faeces.
- **If no response:**
- Consider using arachis (peanut) oil or sodium phosphate enema. Place high if rectum full but colon is empty.
- Note that enemas may need a district nurse or carer to administer them. Warn the patient that diarrhoea and faecal overflow may occur before disimpaction is complete.

Box A: Red flags

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

Refer to secondary care if any of the above symptoms present as this may be indicative of a serious underling condition.

Box B: Possible causes of constipation

Drugs which may cause constipation:

- Aluminium antacids
- Antimuscarinics (e.g. procyclidine, oxybutynin)
- Antidepressants (e.g. TCAs)
- Antiepileptics
- Sedating antihistamines
- Clozapine (essential to treat, fatalities reported)
- Antispasmodics (e.g. hyoscine)
- Calcium & iron supplements
- Opioids
- Verapamil

Conditions which may contribute to constipation:

- Bowel obstruction
- Irritable bowel syndrome
- Cancer
- Diverticulitis
- Dehydration
- Hospitalisation
- Immobility
- Hypothyroidism
- Neuromuscular disorder
- Stimulant laxative abuse
- Eating disorder
- Hypercalcaemia
- Pregnancy
- Depression
- Parkinson's disease

Box C: Discontinuation of laxatives

- Laxatives can be slowly withdrawn 2-4 weeks after defecation has become comfortable and a regular bowel pattern with soft, formed stools has been established.
- Wean gradually to minimise risk of requiring 'rescue therapy' for recurrent faecal loading.
- If more than one laxative has been used, reduce and stop one at a time. Begin by reducing stimulant laxatives first, if possible.
- Advise patients that it can take several months to be successfully weaned off all laxatives.
- Relapses are common. Treat early with increased laxative doses.

Box D: Pregnancy and breastfeeding

- Advice on lifestyle measure such as increasing dietary fibre, fluid intake and activity levels as appropriate.
- If lifestyle adjustments are ineffective, offer short-term treatment with oral laxatives. Adjust the dose, choice and combination of laxatives accordingly.
- **1st line: Bulk-forming laxative.**
  - **Ispaghula husk:** 1 sachet BD
- **2nd line:** if stools remain hard, add or switch to an **osmotic laxative.**
  - **Macrogol:** 1 sachet OD-TDS
- If stools are soft but difficult to pass, or there is a sensation of incomplete emptying, consider a short course of a **stimulant laxative.**
  - **Senna:** 7.5-15mg daily (max 30mg daily), usually at night. Initial dose should be low and then gradually increased.
- If response to treatment is still inadequate, consider prescribing a **glycerol suppository.**
- **For information on the safety of specific laxatives in pregnancy, see the** UKTIS website.
- **For information on safety of specific laxatives in breastfeeding, see the** SPS website.

Box E: Other relevant information

- **Constipation in neurological patients/MS/stroke/spinal cord injury**: These patients may require a more complicated regime including rectal stimulation and manual evacuation.
- **To help with monitoring:** Consider assessing baseline Bowel Function Index (link) and using Bristol Stool Chart
- Over use of traditional laxatives (especially osmotics) can result in faecal incontinence. **A referral can be made to local continence services for assessment, advice and support at all stages.**
  - Continence service Salisbury Central Health Clinic: 01722 323196
  - Continence service St. Martins Hospital: 01225 831766 BATHNES.BABs@virgincare.co.uk
  - Continence service Trowbridge Community Hospital: 01225 711323
  - Clinical Manager Wiltshire Continence Service: karenredgrove@nhs.net
  - NHS Swindon CCG: gwh.swindoncontinenceservice@nhs.net 01793 696671
- For local guidance on IBS with constipation, see BSW Management of IBS with Constipation in Adults

References:

- Clinical knowledge summaries: Constipation in adults (Nov 2020) https://cks.nice.org.uk/topics/constipation/management/adults/
- NICE suspected cancer: recognition and referral guidance (Aug2020) https://cks.nice.org.uk/topics/gastrointestinal-tract-lower-cancers-recognition-referral/
- Information for patients: https://patient.info/digestive-health/constipation
- **BSWformulary continence formulary** http://bswformulary.nhs.uk/chaptersSub.asp?FormularySectionID=17