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 lifestyle 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**

Continue dietary and lifestyle adjustment and initiate laxative treatment with a bulk-forming laxative for two months. Aim for the highest tolerated recommended dose.
- Fybogel® granules - Time to effect: 2-3 days; Cost: £4.27/28 days

**1.** Does constipation persist?
- No
  - Discontinue laxatives. See box C overleaf
- Yes
  - Switch to or add an osmotic laxative for a further two months. Aim for the highest tolerated recommended dose.
    - Lactulose 3.1–3.7g/5ml solution – Time to effect: 2-3 days; Cost: £5.41/28 days
    - Macrogol compound oral powder sachets – Time to effect: 2-3 days; Cost: £3.99 - £11.96/28 days

**2.** 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.
    - Bisacodyl 5mg tablets – Time to effect: 6-12 hours; Cost: £1.07-£4.29/28 days
    - Sodium picosulfate 5mg/5ml elixir – Time to effect: 6-12 hours; Cost: £3.15-£6.30/28 days
    - Senna 7.5mg tablets – Time to effect: 8-12 hours; Cost: £3.29-£6.57/28 days
    - Docusate sodium 100mg capsules – Time to effect: 12-72 hours; Cost: £1.95-£9.75/28 days

**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

Stop the above laxatives

Consider treatment with lubiprostone 24mg capsules as per NICE technology appraisal guidance 318
- Treatment course: 24 microgram capsule twice daily for two weeks; Cost: £29.68/14 days

**Effective and well tolerated after the first course**
- GP to consult with specialist if clear indication exists for ongoing treatment

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

**Refer to secondary care**

**Opioid induced constipation**

Continue dietary and lifestyle adjustment and initiate laxative treatment
- Consider prescribing:
  - An osmotic laxative
    - Lactulose 3.1–3.7g/5ml solution - Time to effect: 2-3 days; Cost: £5.41/28 days
    - Macrogol compound oral powder sachets - Time to effect: 2-3 days; Cost: £6.23-£18.70/28 days
  - A stimulant laxative
    - Bisacodyl 5mg tablets - Time to effect: 6-12 hours; Cost: £1.07-£4.29/28 days
    - Sodium picosulfate 5mg/5ml elixir – Time to effect: 6-12 hours; Cost: £3.15-£6.30/28 days
    - Senna 7.5mg tablets - Time to effect: 8-12 hours; Cost: £3.29-£6.57/28 days
    - Docusate sodium 100mg capsules - Time to effect: 12-72 hours; Cost: £1.95-£9.75/28 days
  - Adjust laxative dose to optimise response
  - Continue long term to prevent constipation
  - Avoid bulk-forming laxatives (e.g. Fybogel® granules)

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

**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 or not well tolerated**
- Further evaluation by secondary care specialist

**Other measures including invasive treatment e.g. sigmoidoscopy**

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Costs calculated based on BNF recommended doses and correct as at May 2015. Abbreviation: GP - General practitioner
Box A: ‘Red flags’\textsuperscript{1,2}

- Palpable mass in the abdomen or the pelvis
- Rectal bleeding
- Family history of colon cancer
- Unexplained weight loss, iron deficiency anaemia, fever, or nocturnal symptoms

Box B: Examples of constipating drugs\textsuperscript{1}

Common constipating drugs are opioids, iron supplements and 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 dicycloverine, hyoscine), calcium supplements, diuretics, and 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 has 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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Adapted from the I&ESCCG pathway for constipation treatment in adults (version 0.5, December 2014)

References
2. Specialist opinions of gastroenterologists at West Suffolk Foundation Trust
3. NICE (2014): NICE technology appraisal guidance 318 – Lubiprostone for treating chronic idiopathic constipation. NICE