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

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 latrogenic causes: Review medication

Box 1: Medication commonly prescribed that may cause constipation (NICE CKS), this is not an exhaustive list:

- Aluminium-containing antacids; iron or calcium supplements.
- Analgesics, such as opioids
- Antidepressants, such as tricyclic antidepressants;
- Calcium-channel blockers, such as verapamil, diltiazem.
- Antiepileptic drugs, such as carbamazepine, gabapentin, oxcarbazepine, pregabalin, or phenytoin.
- Antispasmodics, such as hyoscine.
- Diuretics such as furosemide;
- Antipsychotics, such as amisulpride, clozapine, or quetiapine.
- Antihistamines, such as hydroxyzine.
- Antimuscarinics, such as procyclidine and oxybutynin.

Medical conditions that can predispose to constipation as per NICE CKS:
Renal failure
Heart failure
(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 to defecation first thing in the morning or 30minutes after 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 juices, high in sorbitol, can be recommended. Dried fruit has a higher sorbitol content that fresh fruit (5-10 times higher).

Consider commencing regular laxatives

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

1st Line: Bulk forming laxatives (ensure adequate hydration**)
Ispaghula Husk 3.5gram ONE sachet TWICE a day

(NB. Do not start a bulk forming laxative if the constipation may be opioid induced).
Caution in patients with fluid restricted conditions (eg. heart failure, renal- dialysis dependant)

Or if a rapid effect clinically necessary:
2nd Line: Osmotic laxative
Macrogols one to three sachets daily

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

Stimulant Bisacodyl 5 -10mg at night (maximum of 20mg)

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

Incomplete evacuation – Suppositories

Low faecal mass - Bulk forming laxatives (e.g. isphagula husk)
Combination therapies may be required

Management in pregnancy
Offer a bulk-forming laxative first-line, such as ispaghula.
If stools remain hard, add or switch to an osmotic laxative, such as lactulose.
If stools are soft but difficult to pass, or there is a sensation of incomplete emptying, consider a short course of a stimulant such as senna.
If the response to treatment is still inadequate, consider prescribing a glycerol suppository.
Senna should be avoided near term or if there is a history of unstable pregnancy.

Bibliography: 1) National Institute for Health and Clinical Excellence (NICE), "Clinical Knowledge Summary:

If at least TWO different laxatives have been used for 6/12 at the highest tolerated dose consider the use of Lubiprostone NICE TA318 as per NICE initiation by a clinician experienced in the treatment of chronic idiopathic constipation

Or
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**.**

NICE TA 211 relates to the use of prucalopride in woman only. Prucalopride is now licensed for the 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 licenced.

Review after 3-4 weeks use of prucalopride should be followed where available.

Constipation," NICE, Manchester, 2015.

2) National Institute for Health and Clinical Excellence (NICE), "NICE technology appraisal 211: Prucalopride for the treatment of chronic constipation in women", NICE, Manchester, 2010.

3) National Institute for Health and Clinical Excellence (NICE), "NICE Technology appraisal 318: Lubiprostone for treating chronic idiopathic constipation" NICE, Manchester, 2014.

4) Ford et al, "Laxatives for chronic constipation in adults," The British Medical Journal, vol. 345, no. e6168, 2012.

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