Management of chronic idiopathic constipation in adults

Meet Rome III criteria?
2 or more of these symptoms during defaecation at least 25% of the time
- Straining
- Lumpy or hard stools
- Sensation of incomplete evacuation
- Sensation of anorectal obstruction/blockage
- Need for manual manoeuvres (e.g. digitation)
- <3 defecations per week
Loose stools are rarely present without the use of laxatives
Symptom onset >6 months ago

Yes

General measures
Increase dietary fibre
Drink 1.5-2 litres fluid per day
Increase physical activity
Treat underlying health conditions e.g. Parkinson’s

No

Consider other diagnoses

No response

Sequential trial of:
1) Ispaghula husk 1 sachet po b.d.
2) Continue ispaghula and add bisacodyl 10-20mg po at night
3) Add/replace with macrogols 1-3 sachets po once/twice a day
For frail patients use docusate sodium 100mg po tds and/or lactulose 10-15mls bd

No response after 6 months at max doses

Consider referral for specialist opinion
Review history
Consider flexible sigmoidoscopy to exclude proctitis

Obstructive defaecation
Or normal transit time

Consider defaecating proctogram and anorectal manometry

Normal

Lubiprostone
Lubiprostone recommended first line
- 24micrograms po bd for 2 weeks

Prucalopride for females non-responsive to lubiprostone
Prucalopride is licensed only for women
- Age 18-65years: 2mg po od for 4 weeks
- Age over 65years: 1mg po od for 4 weeks

Abnormal

Biofeedback training

No response

Responders (an increase in number of spontaneous bowel movements/week) – continue treatment
Non-responders: A full clinical review should be undertaken and invasive treatments considered including colectomy, peristeen system* and sacral nerve stimulation* (not currently routinely available)
**Lubiprostone for chronic idiopathic constipation**

**Indication**
Lubiprostone is indicated for chronic idiopathic constipation in adults in whom treatment with at least 2 different laxatives from different classes at the highest tolerated doses for at least 6 months has failed to provide adequate relief and invasive treatment is being considered.

**NICE technology appraisal**
This treatment has been assessed via NICE technology appraisal 318.

**Use within Wirral University Teaching hospital**
The role of lubiprostone is highlighted in the flow chart on page 1.

It should be used by clinicians with experience of managing constipation.

It is recommended to be used before prucalopride as:
- i) It is marginally cheaper
- ii) It can be used in men as well as women
- iii) It is reported to be better tolerated by patients
- iv) Response rates appear to be more favourable although it is hard to draw clear conclusions on this point due the variable nature of trial end point.

**Prescription and assessment of response**
Lubiprostone is initially prescribed for a 2 week trial. After 2 weeks efficacy should be assessed and the prescription only continued in responders.

The primary end point for assessment of response is an increase in spontaneous bowel movements/week.

**Dosing, contraindications, precautions, side–effects and drug interactions**
Refer to the BNF.
Prucalopride for chronic constipation

**Indication**
Prucalopride is recommended as an option to treat chronic constipation in **women only** in whom treatment with at least 2 different laxatives from different classes at the highest tolerated doses for at least 6 months has failed to provide adequate relief and invasive treatment is being considered.

**NICE technology appraisal**
This treatment has been assessed via NICE technology appraisal 211

**Use within Wirral University Teaching hospital**
The role of prucalopride is highlighted in the flow chart on page 1.

It should be used by clinicians with experience of managing constipation.

It is recommended to be used after using lubiprostone as

i) It is marginally more expensive

ii) It can only be used in women

iii) It is reported to be less well tolerated

**Prescription and assessment of response**
Prucalopride is initially prescribed for a 4 week trial. After 4 weeks efficacy should be assessed and the prescription only continued in responders.

The primary end point for assessment of response is an increase in spontaneous bowel movements/week.

**Dosing, contraindications, precautions, side–effects and drug interactions**
Refer to the BNF.