

# Primary Care Constipation Guidelines

Version 2.2 – May 2024

| VERSION CONTROL |               |  |
|-----------------|---------------|--|
| Version         | Date          | Amendments made  |
| Version 1       | November 2016 | New guideline  |
| Version 1.1     | December 2016 | Bisacodyl removed from the children's pathway and replaced with sodium picosulphate. Approved at LMMG. Minor amendments to formatting. |
| Version 2.0     | May 2018      | Minor changes to the layout. Additional information relating to the prescribing of laxatives and self-care added to the adult pathway. |
| Version 2.1     | November 2020 | Lubiprostone removed.  |
| Version 2.2     | May 2024      | Naldemedine added. Doses were updated in the children's and young people's pathway.  |

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3. Management of constipation in children: NICE Clinical Guideline 99

### Please note:

NHS England have advised CCGs that a **prescription for the treatment of infrequent constipation should not routinely be offered in primary care** as the condition is appropriate for **self-care**.

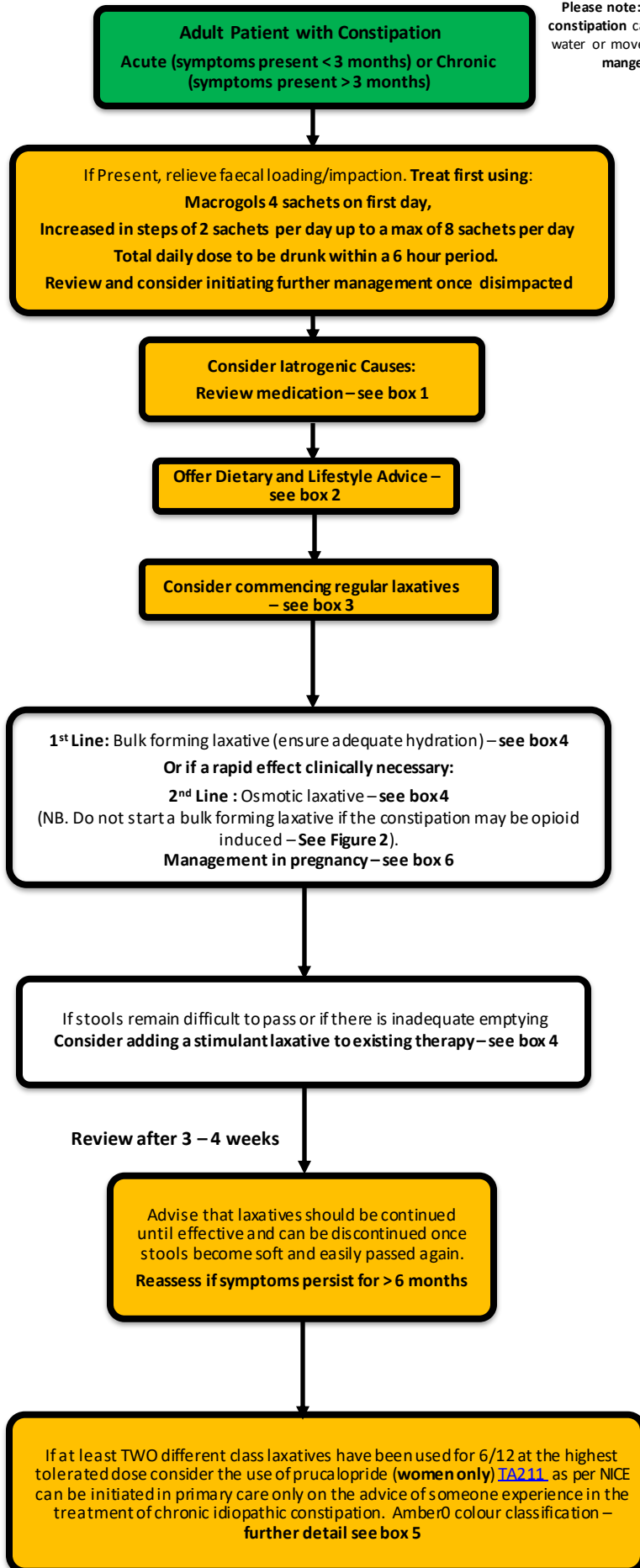
The NHS England guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.

GPs should continue to prescribe laxatives to manage acute constipation with more complex aetiology (e.g. iatrogenic) and chronic constipation.

The NHS England guidance **does not apply** to the management of children and laxatives for children should continue to be prescribed by GPs.

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

Please note: Patients presenting with short term, infrequent constipation caused by changes in lifestyle or diet, such as lack of water or movement or changes in diet, should be advise to self-mange by purchasing laxatives over-the counter



## Box 1: Medication commonly prescribed that may cause constipation:

Opioids  
Calcium channel blockers  
Diuretics  
Iron preparations  
Anti-cholinergic drugs  
Tricyclic antidepressants  
Verapamil  
Clozapine

(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 defecation first thing in the morning or 30 minutes after a 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 – 30 gram 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 and fruit juices, high in sorbitol can be recommended. Dried fruit has a higher sorbitol content than fresh fruit (5 – 10 times higher).

## Box 3: Criteria for commencing regular laxative therapy:

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

## Box 4: Classes of laxatives

**Bulk-forming**  
Ispaghula Husk 3.5gram ONE sachet TWICE a day

**Osmotic**  
Laxido (macrogols) Orange one to three sachets daily

**Stimulant**  
Bisacodyl 5 – 10mg at night

**Softener**  
Docusate sodium 100mg – 200mg twice a day (up to 500mg a day in divided doses)

Patients presenting with short term, infrequent constipation caused by changes in lifestyle or diet, such as lack of water or movement or changes in diet, should be advise to self-mange by purchasing laxatives over-the counter

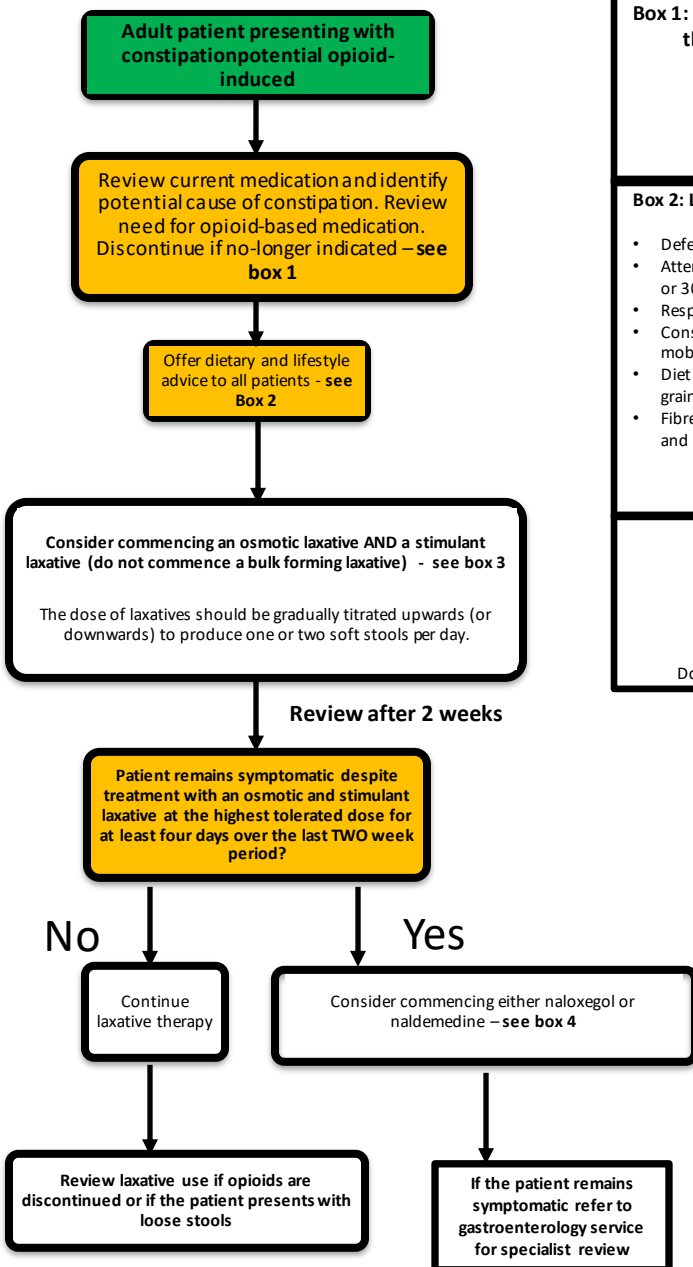
## Box 5: Prucalopride:

NICE TA 211 relates to the use of prucalopride in woman only. Prucalopride is now licensed for 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 licensed. Local arrangements for the use of prucalopride should be followed where available.

## Box 6: Pregnancy:

Avoid osmotic laxatives (except lactulose). Senna should be avoided near term or if there is a history of unstable pregnancy. Offer dietary advice.

# Management of constipation in adult patients: opioid-induced constipation pathway



## Box 1: Medication commonly prescribed that may cause constipation:

Opioids  
Calcium channel blockers  
Diuretics  
Iron preparations  
Anti-cholinergic drugs

Tricyclic antidepressants  
Verapamil  
Clozapine  
(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
- Attempt defecation first thing in the morning or 30 minutes after a meal
- Respond immediately to the call to toilet
- Consideration should be given to those with mobility issues
- 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.
- 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 and fruit juices, high in sorbitol can be recommended. Dried fruit has a higher sorbitol content (5 – 10times higher)
- Effects may take up to four weeks.

## Box 3: Classes of laxatives and lowest cost July 2016 (eMIMS):

**Osmotic**  
Laxido Orange One to Three sachets Daily

**Stimulant**  
Bisacodyl 5 –10mg At Night

**Softener**  
Docusate sodium 100mg – 200mg Twice a Day (up to 500mg a Day in divided doses)

## Box 4: Naloxegol and naldemedine

Naloxegol and nalmedine can be considered as an option for treating opioid-induced constipation, per the relevant TA, if a patient remains symptomatic despite having laxative treatment.

### Naloxegol (NICE TA345) – LSCMMG RAG status ‘Green’

Naloxegol can be used to treat opioid-induced constipation in primary care for patients whose constipation has not adequately responded to laxatives. An inadequate response is defined as: opioid-induced symptoms of at least moderate severity in at least one of the **four stool symptom domains (see below)** while taking at least one laxative class for at least four days during the prior two weeks.

The four stool symptoms domains are:

**Incomplete bowel movement, hard stools, straining or false alarms.**

Naloxegol dose (adults): 25mg ONCE daily in the morning

**Contraindications:** Gastro-intestinal or peritoneum malignancy (risk of gastro-intestinal perforation); known or suspected gastro-intestinal obstruction; patients at risk of recurrent gastro-intestinal obstruction; recurrent or advanced ovarian cancer (risk of gastro-intestinal perforation); vascular endothelial growth factor (VEGF) inhibitor treatment (risk of gastro-intestinal perforation).

**Cautions:** Alzheimer’s disease (advanced); cardiovascular disease; CNS metastases; congestive heart failure (symptomatic); Crohn’s disease; diverticulitis (active or recurrent); multiple sclerosis (active); peptic ulcer disease (severe); primary brain malignancies; QT interval over 500 milliseconds; recent history of myocardial infarction (within 6 months)

### Naldemedine (NICE TA651) – LSCMMG RAG status ‘Green’

Naldemedine is recommended, within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have had laxative treatment.

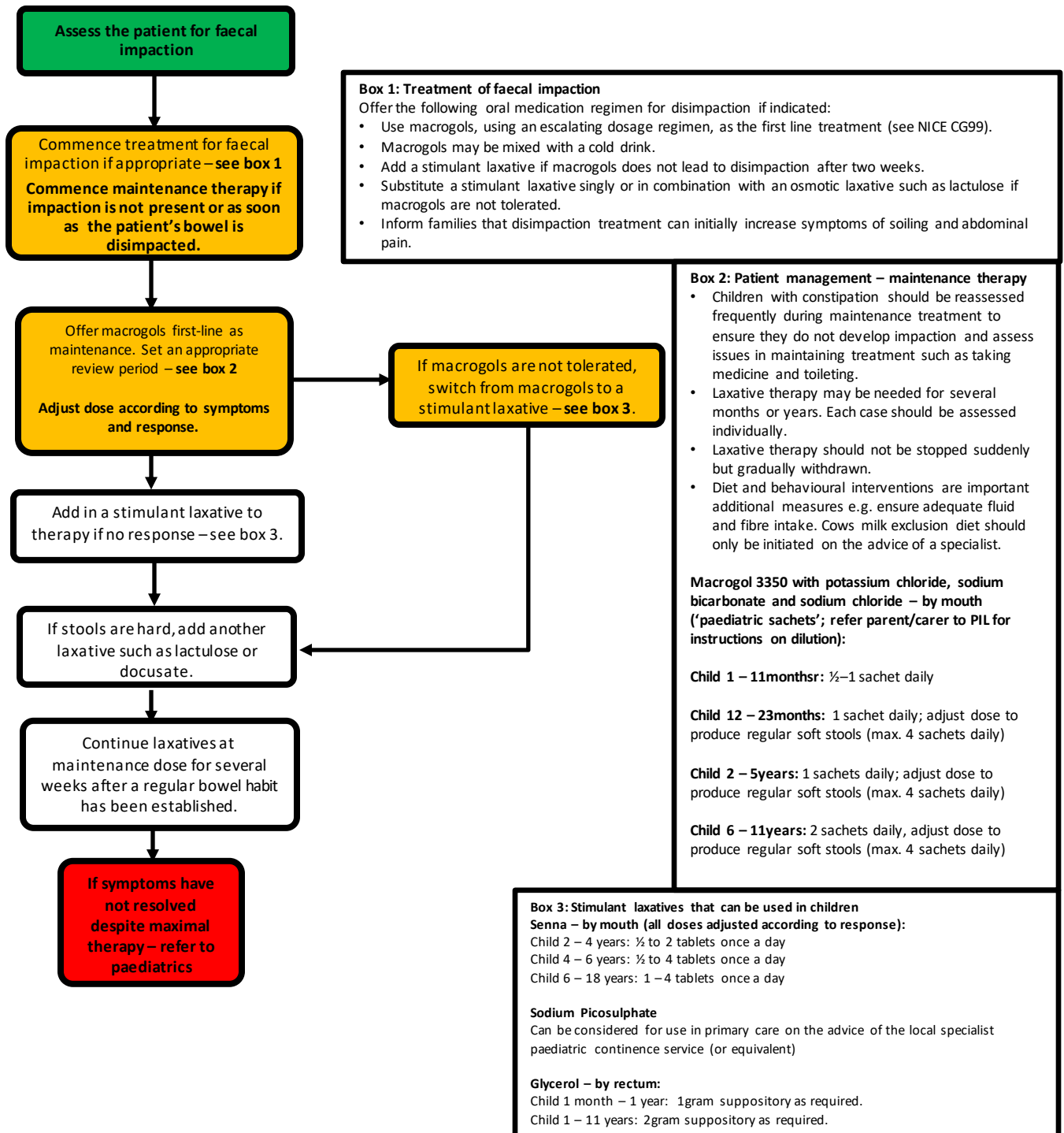
Naldemedine dose (adults): 200micrograms ONCE daily

**Contraindications:** Increased risk of recurrent obstruction (risk of gastro-intestinal perforation); known or suspected gastro-intestinal obstruction (risk of gastro-intestinal perforation).

**Cautions:** Conditions with impaired integrity of the gastro-intestinal wall (risk of gastro-intestinal perforation); treatment initiation in patients aged 75 years and over. The manufacturer advises caution in patients with clinically important disruptions to the blood-brain barrier (e.g. advanced Alzheimer’s disease, active multiple sclerosis, primary brain malignancies)—the risk of opioid withdrawal or reduced analgesia.

**To be read in conjunction with the most recent version of the SPC**

# Management of constipation in children: NICE Clinical Guideline 99



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