

LAXATIVE GUIDELINE – ADULTS

This guidance is for secondary care in-patients only. For primary care advice, please see:

<https://g-care.glos.nhs.uk/pathway/608/resource/11>

Constipation is a symptom-based disorder which describes unsatisfactory defecation because of infrequent stools, difficulty passing stools or the sensation of incomplete emptying.

Types of constipation

- Functional constipation is chronic (present for 12 weeks in the preceding six months) constipation without a known cause
- Secondary constipation is constipation caused by a drug (e.g. opiates, anticholinergics) or underlying medical condition (e.g. Parkinson's disease, MS, pregnancy)

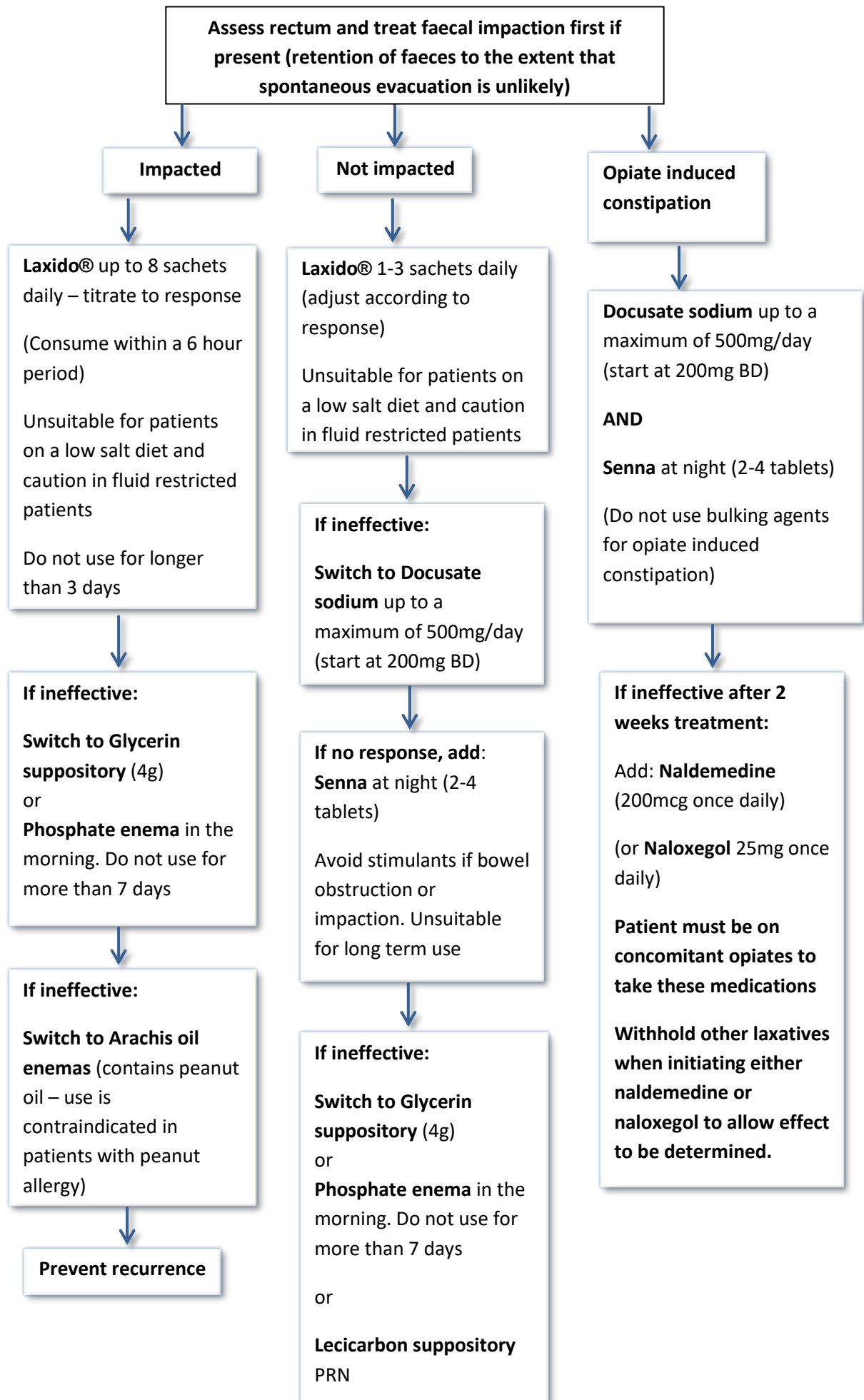
Treatment with laxatives

- **The smallest effective dose of a laxative should be used**, and this dose reduced gradually with the aim to stop once symptoms resolve (soft, formed stool with no straining at least three times a week)

Types of commonly used laxatives

Bulk-forming	Stimulants	Faecal softeners	Osmotic	Bowel cleansing solutions
Ispaghula (Fybogel®) Sterculia (Normacol®) Oats	Bisacodyl Dantron (Co-danthramer®, Co-danthrusate® - palliative care only) Senna Glycerol	Docusate sodium Linseeds	Macrogols (Movicol®/Laxido®) Phosphates (rectal) Lactulose	Fleet® Klean-prep® Citramag® Picolax® Moviprep®

- Lactulose should only be used to treat hepatic encephalopathy in liver failure



Other drugs used in constipation

Prucalopride – as per NICE TA 211

- Chronic constipation that has failed to respond to at least 2 laxatives from different classes at the highest tolerated doses for at least 6 months and where invasive treatment is being considered.
- Efficacy of prucalopride to be reviewed after 4 weeks and drug discontinued if ineffective.

Linaclootide

- Third-line for IBS-C in patients who have failed on a combination of laxatives and antispasmodics (first-line) and antidepressants (second-line).
- Patients must be reviewed at 4 weeks and treatment should be discontinued if ineffective / not-tolerated.

Naldemedine – as per NICE TA 651

- An option for treating opioid-induced constipation in adults who have had laxative treatment
- This is a peripherally acting mu-opioid receptor antagonist (PAMORA) so patients must be on opiate therapy to receive this medication

Naloxegol – as per NICE TA 345

- An option for opioid-induced constipation which has not adequately responded to laxatives. An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

Methylnaltrexone - restricted to Palliative Care Team

- Opioid-induced constipation which is resistant to usual laxative therapy (and where naloxegol and naldemedine have failed or are unsuitable), in patients receiving palliative care.