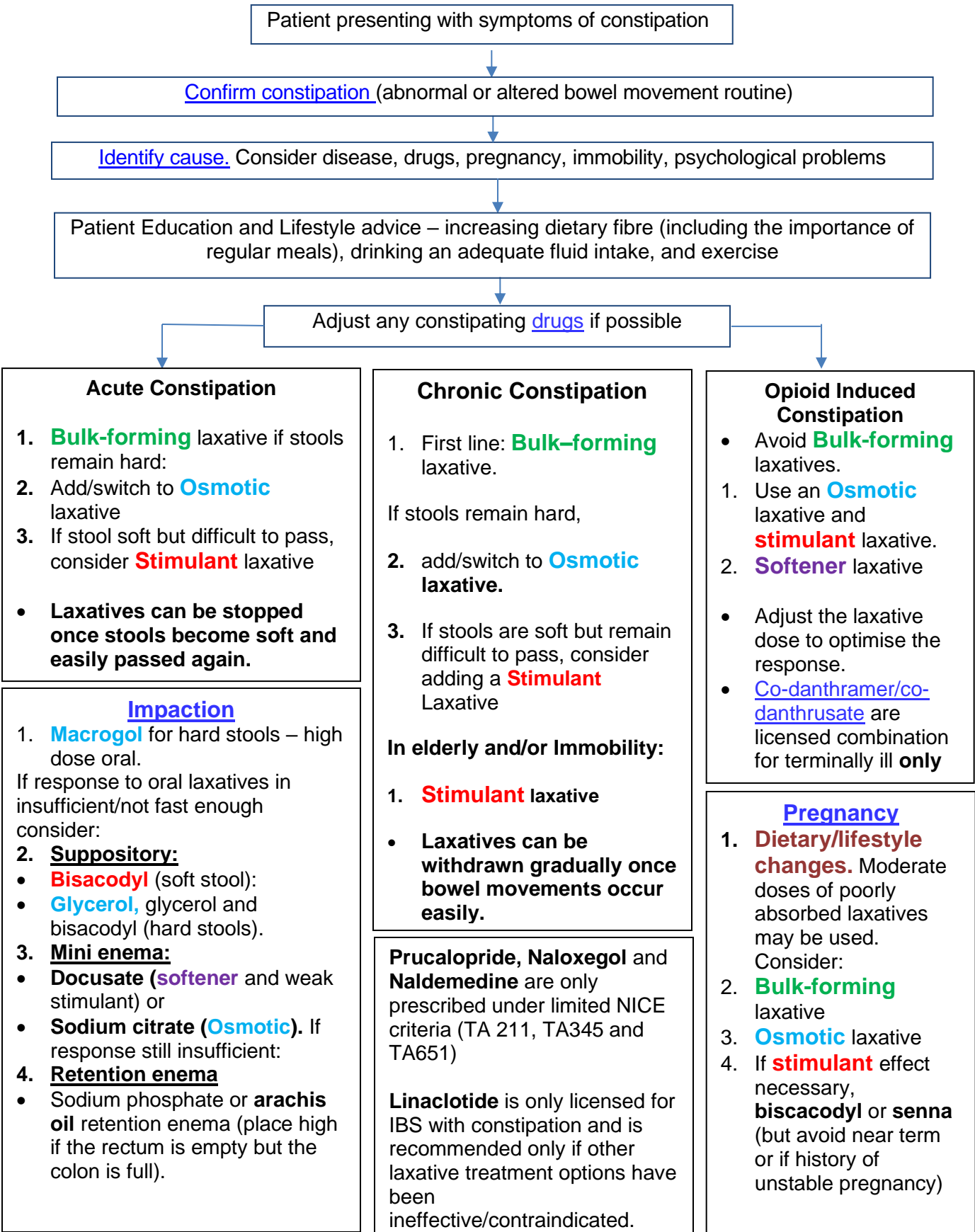


Guideline for the Use of Laxatives to Treat Constipation (GI1)

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This guideline is intended for use in primary care



SCCG Primary Care Laxative Guidelines for Adults

Local Implementation

Review and, if appropriate, revise prescribing of laxatives for adults to ensure that they are prescribed routinely only for the short-term treatment of constipation when dietary and lifestyle measures have proven unsuccessful or if there is an immediate clinical need.

For children and young people, laxatives should be prescribed in line with the [MHRA Drugs Safety Update: OTC Laxatives](#) and [NICE guideline: constipation in children and young people](#).

Selection of laxative should be based on symptoms, cost and patient acceptability, see [factors affecting choice of laxative](#). Laxatives can be **purchased OTC by patients** ([NHSE CCG guidance](#)).

- Recommended **Stimulant** laxative is Senna tablets 7.5mg 2 to 4 at night (for bowel movement next morning) or Bisacodyl 5–10 mg at night, increased if necessary to max. 20 mg at night.
- First line **Softener** laxative is Docusate sodium capsules 100mg to 200mg BD or TDS (max. 500mg daily)
- First line: **Bulk forming** laxative is Ispaghula 1-2 sachets daily (NB adequate fluid intake).
- First line **Osmotic** laxative are Macrogols 1 to 3 sachets daily. Use Lactulose 15ml BD if macrogols are not effective, or not tolerated.



When and how should I stop treatment for chronic constipation in adults?

Laxatives can be **slowly withdrawn** once bowel movements occur easily e.g. 2–4 weeks after defecation has become comfortable and a regular bowel pattern with soft, formed stools has been established.

- **Laxative medication should not be suddenly stopped.**
- The frequency and consistency of the stools should inform the rate of dose reduction.
- Gradual weaning minimises the risk of needing 'rescue therapy' for recurrent faecal loading.
- If a combination of laxatives has been used, **reduce and stop one laxative at a time.**
- Reduce **stimulant** laxatives **first**, if possible. You may also need to adjust the dose of the **osmotic** laxative to compensate.
- Tell the patient it can take several months to be successfully weaned off all laxatives.
- Relapses are common and should be treated early with increased doses of laxatives.

Laxatives need to be **continued long term** for:

- People taking a constipating drug that cannot be stopped, such as an opioid or clozapine.
- People with a medical cause of constipation.

Palliative Care

The [NICE 'Strong opioids in palliative care in adults'](#) (CG 140) and North of England Cancer Network '[Palliative and end of life care guidelines](#)' **Management:**

- Check bowel function regularly – direct questions during assessment and review.
- Attempt to increase fluid/fibre intake e.g. fruit/prune juice and encourage mobility.
- Environmental measures e.g. provide privacy, avoid bedpans, assist a patient to the toilet where possible, use raised toilet seats if necessary.
- Anticipatory prescribing- prescribe a laxative when starting opioids.
- Stop/change constipating drugs where appropriate.
- Consider using a combination of laxatives e.g. stimulant and softener/osmotic agent.
- Titrate laxative to effect to achieve regular stool frequency and optimal consistency.

THINK CAREFULLY BEFORE USING...

- **Stimulant** laxatives if there is a possibility of bowel obstruction.
- **Lactulose** as it can cause flatulence, abdominal bloating, and can worsen abdominal cramps.
- **Bulk forming** laxatives (e.g. Fybogel) or **osmotic** laxatives (e.g. Movicol/Laxido) the volumes of which can be difficult for some patients to tolerate.

NICE guidance on naloxegol, linaclotide, prucalopride

Naloxegol

- [NICE TA 345](#) states that naloxegol is recommended, as an option for treating opioid-induced constipation in adults whose constipation has not adequately responded to laxatives.
- An inadequate response is defined as symptoms of at least moderate severity in at least 1 of the 4 symptoms (incomplete bowel movement, hard stools, straining or false alarms) while taking at least one laxative class for at least 4 days during the prior 2 weeks.

Naldemedine

- [NICE TA 651](#) states that naldemedine is recommended, as an option for treating opioid-induced constipation in adults whose constipation has not adequately responded to laxatives.

Prucalopride

- For women only, after 6 months treatment of at least two classes of laxatives at maximum tolerated doses. Review after 4 weeks. As per [NICE TA211](#)

Linaclotide [ESNM16](#)

- only licensed for patients with Irritable Bowel Syndrome (IBS) with constipation
- recommended for patients in whom ALL other laxative treatment options have been ineffective or contraindicated. Review after 4 weeks & at regular intervals thereafter.

Drug name	Cost of 14 days treatment
Prucalopride 2 mg (Resolor®)	£29.76
Naloxegol 25mg (Moventig®)	£25.76
Linaclotide 290mcg (Constella®)	£18.78
Sodium citrate enema (Micolette® 1 daily)	£5.25
Sodium picosulfate 5 mg/5 ml oral solution (10 ml)	£3.77
Macrogols (2 sachets for 14 days)	£3.46
Manevac® (8 g)	£2.66
Ispaghula husk (Fybogel® 2 sachets)	£2.64
Sterculia (Normacol® 10 g)	£2.22
Docusate (200 mg)	£1.95
Lactulose (20 ml)	£1.62
Methylcellulose (2 g)	£1.61
Glycerol suppository (4 g)	£1.51
Bisacodyl (10 mg)	£1.33
Senna (15 mg)	£0.98

Figure 1: April 2020 Sunderland CCG Cost of 14 Day Laxative Treatment

Note: Doses given do not imply therapeutic equivalence

Original references

1. Clinical Knowledge Summaries. [Constipation](#). Last revised in September 2020
2. NICE Pathways. Constipation Overview. <http://pathways.nice.org.uk/pathways/constipation>
3. [MHRA Drugs Safety Update: Stimulant Laxatives](#) (August 2020)
4. NICE technology appraisal guidance [TA345] (July 2015). Naloxegol for treating opioid induced constipation. <http://www.nice.org.uk/guidance/TA345>. Evidence reviewed July 2018.
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6. NICE technology appraisal guidance 211 (2010) [Prucalopride for the treatment of chronic constipation in women](#). Evidence reviewed January 2014.
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10. NHE England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs (March 2018). <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>