Constipation briefing

This briefing reviews the treatment of short term and chronic constipation in adults (over 18 years). It focuses on reviewing therapy to reduce inappropriate treatment and also ensure cost-effective prescribing.

Key recommendations

- Ensure a clear diagnosis of constipation before considering a laxative and that the constipation is not secondary to an underlying undiagnosed complaint. Bowel habit can vary considerably in frequency without the patient suffering any harm.
- Adopt a stepwise approach to the management of constipation, starting with diet and lifestyle factors.
- Over the counter (OTC) laxatives can be recommended for short-term, infrequent constipation caused by changed in lifestyle or diet such as inadequate hydration or exercise.
- Avoid or adjust medicines that cause constipation if possible.
- 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.
- Stimulant laxatives should only be used short term. They should be prescribed as acute (not repeat) prescriptions.
- Review the continued need for laxatives after discharge from secondary care, e.g. where they were prescribed with opioids post-surgery and intended for short term use.
- Do not use bulk forming laxatives in opioid induced constipation.
- Avoid using two drugs in the same class together, e.g. lactulose plus a macrogol.
- Ensure that the NICE recommendations are followed for prucalopride, naloxegol and linaclotide.
- Care homes should have a robust ordering system and checking process in place to ensure that laxatives and other medicines are only ordered if they are needed. Refer to PrescQIPP bulletin 93: Reducing medicines waste in care homes: information for care home staff

Supporting information

Advise on lifestyle measures such as increasing dietary fibre, fluid intake and activity levels in short-duration and chronic constipation. In adults, laxatives should be reserved for constipation that has not responded adequately to lifestyle interventions, or for when rapid relief of symptoms is needed. If laxative treatment is indicated for the treatment of short-term or chronic constipation, start treatment with a bulk-forming laxative. If stools remain hard, add or switch to an osmotic laxative. Use macrogols as first choice of an osmotic laxative. Use lactulose if macrogols are not effective, or not tolerated. If stools are soft but the person still finds them difficult to pass or complains of inadequate emptying, add a stimulant laxative.[1,2]

Adjust the dose, choice, and combination of laxative according to symptoms, speed with which relief is required, response to treatment, and individual preference. The dose of laxative should be gradually titrated upwards (or downwards) to produce one or two soft, formed stools per day.[1,2]

Review the prescribing of laxatives. Laxatives can be slowly withdrawn when regular bowel movements occur without difficulty, e.g. 2-4 weeks after defecation has become comfortable and a regular bowel pattern with soft, formed stools has been established. If more than one laxative has been used, reduce and stop one at a time, if possible the stimulant should be reduced first.[1,2] Laxatives need to be continued long term for people taking a constipating drug that cannot be stopped such as an opioid or people with a medical cause of constipation.[1,2]

Costs and savings

Spend on laxatives is over £98 million per annum across England and Wales (NHSBSA Feb-Apr20). Savings can be generated through appropriate prescribing and through good clinical practice and review. Prescribing should be reviewed to ensure it is appropriate and treatment is effective/still required. Laxative prescribing should mostly be for short term only.

A 30% reduction in laxative prescribing could result in potential annual savings of £29.4 million across England and Wales or £46,072 per 100,000 population.

Over £8.5 million is spent on Movicol® preparations in England and Wales (NHSBSA Feb-Apr20). **A 50% switch from Movicol to generic prescribing (macrogol compound oral powder sachets sugar free), or to the lowest cost brands, Cosmocol® and Laxido® could result in potential annual savings of over £2 million or £3,367 per 100,000 patients.**

£1.3 million was spent on naloxegol across England and Wales (NHSBSA Feb-Apr20) and there was a 67.3% growth in items compared to Feb-Apr19. **Switching 50% of patients from naloxegol to naldemedine could save £126,737 per annum across England and Wales or £199 per 100,000 population.**

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References

1. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. https://www.medicinescomplete.com/ Accessed on 30/07/20.
2. Clinical Knowledge Summaries. Constipation. Last revised September 2020. http://cks.nice.org.uk/constipation

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-272-constipation/
	Tools	
	Data pack	https://data.prescqipp.info/#/views/B272_Constipation/FrontPage?:iid=1

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