Introduction

Constipation is a common problem in all ages, but twice as common in women than men and more common in the elderly. See flowchart for recommended treatment options.

Definitions

- **Constipation** - can be defined as defecation that is unsatisfactory because of infrequent stools, difficult stool passage, or seemingly incomplete defecation. Stools are often dry and hard, may be abnormally large, or abnormally small. Constipation is often thought of as a symptom
- **Functional (primary or idiopathic) constipation** – chronic constipation of unknown cause, and **secondary (organic) constipation** – caused by drugs or a medical condition are considered disorders.
- **Faecal loading/impaction** - is retention of faeces making spontaneous evacuation unlikely. They are usually palpable on abdominal examination or may be felt on internal rectal examination.
- **Overflow (bypass or encopresis soiling) incontinence** - leakage of loose stools around impacted faeces

A: Presentation of Patient with Constipation

- **Clarify understanding of patient and confirm diagnosis by establishing:**
  - What does the person believe to be normal bowel movements?
  - What is the normal pattern of defecation?
  - When did constipation first become a problem?
  - What is the frequency and character of the stool? (e.g. hard, large/small, discomfort/straining or bleeding) See Bristol Stool Chart
- **Assess presence and degree of faecal loading/impaction and faecal incontinence:**
  - Can fecal masses be felt by palpating abdomen or rectal examination?
  - Is their fecal incontinence or loose stools?
  - Have manual measures been necessary to relieve faecal loading/impaction?
- **Assess severity and impact of constipation and any faecal incontinence:**
  - Is there any nausea, vomiting, loss of appetite, or loss of body weight?
  - Is their abdominal pain or distension?
  - Is their pain or bleeding on passing stools?
  - Is underwear regularly and involuntarily soiled?
- **Assess predisposing factors:**
  - Diet low in fibre, or person dehydrated?
  - Toileting habits
  - Changes in routine or lifestyle
  - General level of activity/mobility
  - Any eating disorder, anxiety or depression

Constipation Guideline
Any organic causes of constipation?:
- Endocrine or metabolic disorder?
- Irritable bowel syndrome
- Anal fissure, haemorrhoids, rectal prolapse
- Colonic strictures
- Inflammatory bowel disease
- Obstructive colonic mass?

Assess effectiveness of management to date:
- What has already been tried?
- What has been the response?

Are there any warning signals?:
- Persistent unexplained change in bowel habits?
- Palpable mass in the lower right abdomen or pelvis?
- Persistent rectal bleeding without anal symptoms?
- Narrowing of stool caliber?
- Family history of colon cancer, or IBD?
- Unexplained weight loss, iron deficiency anaemia, fever or nocturnal symptoms?
- Severe persistent constipation that is unresponsive to treatment?

B: Investigations required
- Always carry out a digital rectal examination in patients with unexplained symptoms related to the lower gastrointestinal tract.
- No further investigations are routinely required in an adult with constipation.
- On assessment the possibility of secondary causes may warrant further investigation to confirm or exclude.

C: Referral 2,3 (referral form)
- Reasons for referral:
  - URGENT referral of suspected lower gastrointestinal cancer if any of the following apply, or any warning signal (above) in anyone over 50 years.

<table>
<thead>
<tr>
<th>Person</th>
<th>Symptoms and signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 years of age and above</td>
<td>Rectal bleeding with a change in bowel habit towards looser stools and/or increased stool frequency persisting for 6 weeks or more.</td>
</tr>
<tr>
<td>60 years of age and above</td>
<td>Rectal bleeding persisting for 6 weeks or more without a change in bowel habit and without anal symptoms. A change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more without rectal bleeding.</td>
</tr>
<tr>
<td>Of any age</td>
<td>A right abdominal mass consistent with involvement of the large bowel. A palpable rectal mass (intraluminal and not pelvic: a pelvic mass outside the bowel would warrant an urgent referral to a urologist or gynaecologist).</td>
</tr>
<tr>
<td>Woman (not menstruating)</td>
<td>Unexplained iron deficiency anaemia and haemoglobin 10 g/100 mL or less.*</td>
</tr>
<tr>
<td>Man of any age</td>
<td>Unexplained iron deficiency anaemia and haemoglobin 11 g/100 mL or less.*</td>
</tr>
</tbody>
</table>

* Anaemia considered on the basis of history and examination in primary care not to be related to other sources of blood loss (e.g. ingestion of nonsteroidal anti-inflammatory drugs) or blood dyscrasia.

- An underlying cause is suspected (obtain blood tests for inflammatory markers, hypothyroidism, hypercalcaemia and coeliac disease before person attends appointment)
- Pain and bleeding on defecation is severe or does not respond to treatment for constipation
- Treatment is unsuccessful
- Faecal incontinence is present
- Consider dietetic referral if more advice on diet is required

Constipation Guideline
**D: Management of constipation**

See **Flowchart**

Laxatives should generally be avoided except where straining will exacerbate a condition (such as angina) or increase the risk of rectal bleeding as in haemorrhoids.\(^1\)

Additional information on types of laxatives:

<table>
<thead>
<tr>
<th>Laxative</th>
<th>Time to effect</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Warnings/Additional information /Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bulk forming laxatives</strong></td>
<td></td>
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</tr>
<tr>
<td>Isphaghula</td>
<td>2–3 days</td>
<td>Useful as a first-line choice in adults when it is difficult to get enough fibre in the diet. Better tolerated than bran.</td>
<td>Must not be taken immediately before bed. Adequate fluid intake is important, to prevent intestinal obstruction.</td>
<td>Not recommended if difficulty swallowing, intestinal obstruction, faecal impaction, immobile</td>
</tr>
<tr>
<td><strong>Osmotic laxatives</strong></td>
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<td></td>
</tr>
<tr>
<td>Lactulose(^\circ)</td>
<td>2–3 days</td>
<td>Palatable — although some find it sickly sweet.</td>
<td>Adequate fluid intake recommended.</td>
<td>Caution with lactose intolerance. Can cause flatulence, cramps and abdominal obstruction</td>
</tr>
<tr>
<td>Macrogols (Polyethylene glycol)</td>
<td>1–3 days</td>
<td>Licensed for use in faecal impaction.</td>
<td>Some children and adults find it difficult to drink the prescribed volume of macrogol.</td>
<td>Caution in IBD, intestinal perforation or obstruction. NB. Sits in bowel so does not need to be counted if fluid restricted</td>
</tr>
<tr>
<td><strong>Stimulant laxatives</strong></td>
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<tr>
<td>Senna</td>
<td>8–12 hours</td>
<td>Rapid effect.</td>
<td>Licensed only for short-term use. Syrup is unpalatable.</td>
<td>Avoid in intestinal obstruction. Can cause abdominal cramp.</td>
</tr>
<tr>
<td>Bisacodyl</td>
<td>6–12 hours</td>
<td>Rapid effect.</td>
<td>No syrup available. Licensed only for short-term use.</td>
<td></td>
</tr>
<tr>
<td><strong>Rectal laxatives</strong></td>
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<td></td>
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</tr>
<tr>
<td>All rectal laxatives</td>
<td>—</td>
<td>Easy to use if administered correctly. Timing of effect may be more predictable than with oral laxatives.</td>
<td>Some people find them undignified and unpleasant to use. All unlicensed for the treatment of faecal loading/impaction except Relaxit(^\circ) micro-enema and Arachis oil retention enema.</td>
<td></td>
</tr>
<tr>
<td>Glycerol suppositories</td>
<td>15–30 mins</td>
<td>Rapid effect. Can be used for hard or soft stools.</td>
<td>Licensed for occasional use only.</td>
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<tr>
<td>(Lubricating and weak stimulant)</td>
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<tr>
<td>Bisacodyl suppositories</td>
<td>15–30 mins</td>
<td>Rapid effect. Use for soft stools.</td>
<td>Avoid if large, hard stools, as no softening effect.</td>
<td>May cause local irritation</td>
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<tr>
<td>(Stimulant)</td>
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<tr>
<td>Phosphate enema (Osmotic)</td>
<td>5 mins</td>
<td>Rapid effect. Useful to remove hard, impacted stools.</td>
<td>Unlicensed for faecal impaction. Licensed for occasional use only. Correct administration important to prevent damage to rectal mucosa.</td>
<td>May cause local irritation</td>
</tr>
<tr>
<td>Arachis oil enema (Softener)</td>
<td>Overnight</td>
<td>Useful for hard, impacted stools.</td>
<td>Licensed for occasional use only.</td>
<td>Should not be used in people with peanut allergy.</td>
</tr>
<tr>
<td>Discontinued delete</td>
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</tbody>
</table>
E: Commonly prescribed drugs that cause constipation

- Aluminium antacids
- Antimuscarinics e.g.
  - Procyclidine
  - Oxybutinin
- Antidepressants
  - Tricyclic antidepressants
  - Others in some individuals
- Antiepileptics
  - Carbamazepine
  - Gabapentin
  - Oxcarbazepine
  - Pregabalin
- Sedating antihistamines
- Antipsychotics
- Antispasmodics
  - Dicycloverine
  - Hyoscine
- Calcium channel blockers
  - Verapamil
- Calcium supplements
- Diuretics
- Iron preparations
- Opioids

REFERENCES

AUTHOR:
Dr Adam Stone – Consultant Gastroenterologist (SRH) Western Sussex Hospitals NHS Trust;
Original Author : Jane Popplestone - Joint Formulary Pharmacist (SRH, Western locality WSxPCT);

Others Involved: Graeme Kennedy - Assoc Head of Pharmacy MM, (SRH), LRMG Western Sussex Hospitals NHS Trust.

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Confirmed diagnosis of constipation

Are there any warning signals?
- YES: URGENT referral of suspected lower GI cancer
- NO: Acute (short term) constipation

LIFESTYLE advice
- Patient still constipated, no intestinal obstruction and lifestyle advice ineffective or waiting to be effective, then consider laxatives
  - Adequate fibre in diet OR immobile AND NO intestinal obstruction
  - Low fibre diet AND mobile AND NO intestinal obstruction

Osmotic laxative
- *Lactulose 15ml BD*
  - Stools still hard after 3/7 ADD or SWITCH
  - Soft stools but still difficulty in passing or inadequate emptying after 48 hrs ADD
  - STOP when stools are soft and easily passed
  - Reinforce lifestyle advice

Bulk forming laxative
- Ispaghula husk 1BD
  - Ensure adequate fluid intake

Stimulant laxative
- Senna Tablets 2 ON
  - Acute constipation
  - Constipation due to secondary causes or drugs
  - Use further laxatives dependent on individual preference, adjust dose and combination as required, titrate dose to produce 1-2 soft stools per day
  - Add glycerol suppository +/- bisacodyl suppository

Chronic (long term) constipation
- Does patient have faecal impaction?
  - YES: Macrogol (Movicol) sachet 8OD for Max 3/7
  - NO: ADD stimulant laxative senna Tablets 2ON

For patients who require a more rapid relief from constipation the choice or type of laxative may need to be tailored to individual needs, refer to table for additional information on the various formulary drugs