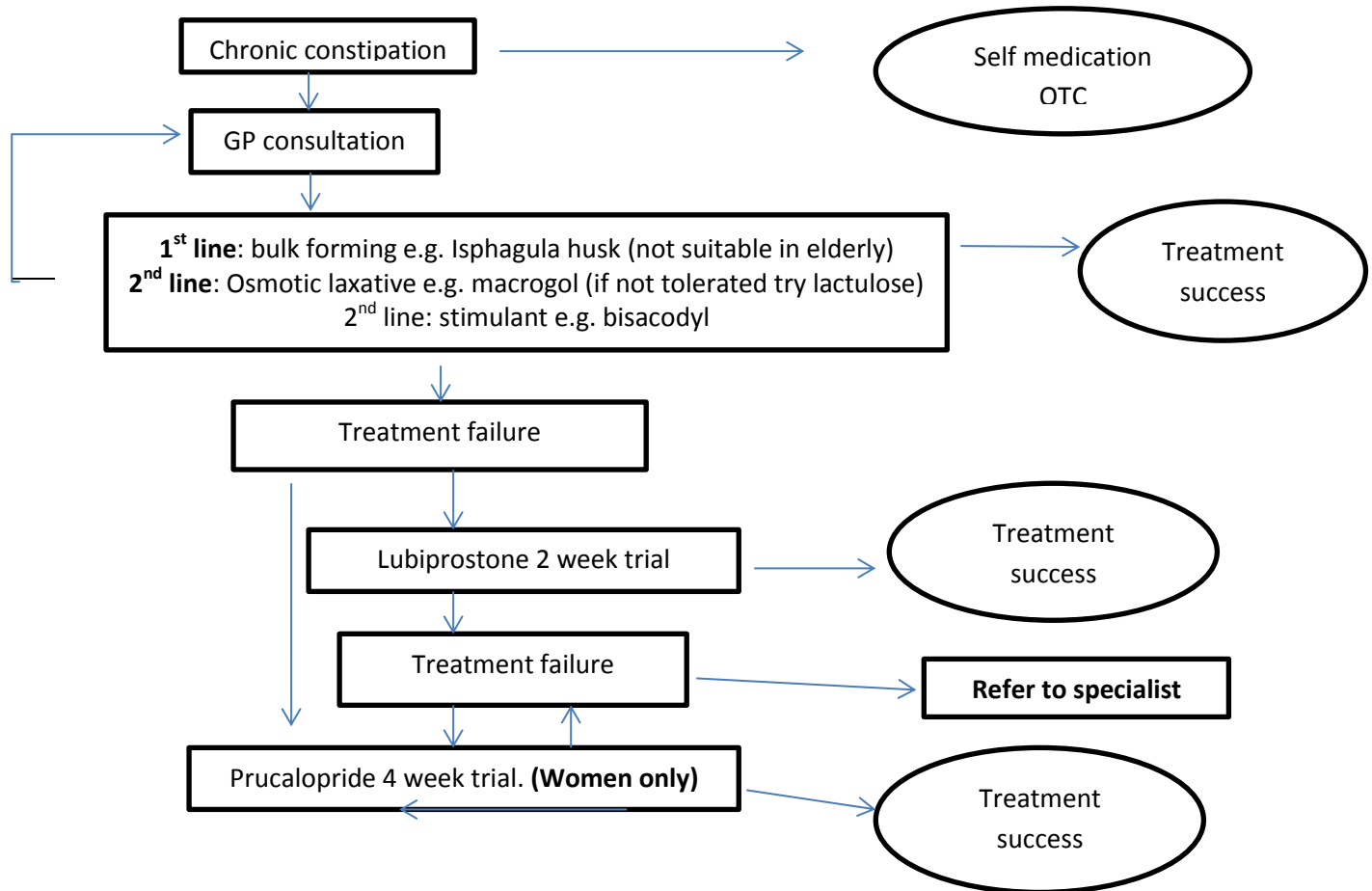


## Adult Chronic Idiopathic Constipation Pathway



### Treating chronic constipation

- Relieve faecal loading/impaction, if present.
- Set realistic expectations for the results of treatment
- Advise about lifestyle measures — increasing dietary fibre (including the importance of regular meals), drinking an adequate fluid intake, and exercise.
- Adjust any constipating medication, if possible.

### Laxatives are recommended:

- If lifestyle measures are insufficient, or whilst waiting for them to take effect.
- For people taking a constipating drug that cannot be stopped.
- For people with other secondary causes of constipation.
- As 'rescue' medicines for episodes of faecal loading.

### If laxative treatment is indicated:

- **1<sup>st</sup> line:** bulk-forming laxative such as **isphagula husk** (not suitable in patients who cannot maintain good hydration such as the frail or elderly).
- **2<sup>nd</sup> line:** (stools remain hard), add or switch to an osmotic laxative such as **marogol**. If macrogol is not tolerated, lactulose should be tried.
- **2<sup>nd</sup> line:** (stools are soft but difficult to pass or inadequate in emptying), add a stimulant laxative such as **bisacodyl**.
- Adjust the dose, choice, and combination of laxative according to symptoms, speed with which relief is required, response to treatment, and individual preference. Gradually titrated upwards (or downwards) to produce one or two soft, formed stools per day.
- **3<sup>rd</sup> line:** If at least two laxatives (from different classes) have been tried at the highest tolerated recommended doses for at least 6 months, consider the use of **lubiprostone or prucalopride (prucalopride is only licensed for use in women)**