Laxative guidelines for adults – Adapted for Barnsley from Rotherham guidelines BEST

Key messages:

- Lifestyle advice of **fluid intake**, fibre & exercise **must** be continued throughout laxative therapy
- Never use two of the same class of drugs (ie lactulose & macrogol)
- Always use a stimulant first line for drug induced (esp. opiods) as osmotics just cause bloating
- Always add in another laxative type (not replace) as often the synergistic action of softening, bulking and stimulant is much more effective and lowers the side-effects of individual agents
- **Always consider impaction and overflow if patient reports diarrhoea on laxatives**

Bulk forming Ispaghula one sachet twice a day
Softener Docusate 200mg twice a day
Stimulant Bisacodyl 2 at night (max 4 daily) OR senna 2 at night (max 2 BD) OR glycerine suppositories PRN
Osmotic Macrogol 1 to 3 sachets daily OR lactulose 15ml BD
Linaclotide 290mcg once daily – consultant initiation only
Prucalopride / Lubiprostone – consultant initiation only

RED Flags:

- Persistent unexplained change in bowel habit
- Persistent rectal bleeding without anal symptoms
- Narrowing of the stool calibre?
- Palpable mass in the lower right abdomen or the pelvis?
- Unexplained weight loss, iron deficiency anaemia, fever, or nocturnal symptoms?
- Family history of colon cancer, or inflammatory bowel disease?
- Severe, persistent constipation that is unresponsive to treatment?

Start at the top and use **ONE** option in category

Then **ADD** in the next steps (unless otherwise stated)

Reduce & remove the last step when controlled

Drug induced	**Chronic (>12 weeks)**	**Chronic (with IBS [1])**	**Chronic frail / low mobility**	**Pregnancy / breastfeeding**
**** increase fluid intake, dietary fibre and exercise ****				
Start laxatives on initiation of high dose opioids.[2]	Investigate possible causes	Antispasmodics Use soluble fibre[3]	Sill encourage fibre, fluid & exercise	Ensure non –drug interventions first
Stimulant	**Bulk forming** with plenty of fluid	**Softener**	**Softener**	Builk forming with plenty of fluid
Softener	**Softener**	**Macrogol** (NOT lactulose)	**Stimulant**	**Osmotic**
Osmotic	**Stimulant**	**Stimulant**	**Osmotic**	**Senna** [4]
DO NOT use bulk forming Specialist use only: co-danthramer co-danthrusate & Opiod antagonists (ie Naloxegoll)	**Osmotic**	**Refer to secondary care the start Linaclotide**	**Bulk forming may cause blockage**	Only use these drugs in pregnancy and breast feeding except on consultant advice
	REFER to Secondary care to consider prucalopride or Lubiprostone			

Impaction – prevent reoccurrence with lifestyle advice and regular laxatives. Exact treatment depends on cause and size of impaction, advice maybe required from the Colorectal Advanced Nurse Practitioner OR the continence service **Options include**:

- Glycerin or bisacodyl suppositories
- Phosphate or arachis (peanut) oil enemas
- Macrogol disimpaction regimen (use with caution)

Printable resources: Patient.co.uk constipation in adults patient information leaflet

Nutrition & Dietetic information leaflets, BDA fact sheets

Reference:

1 Irritable Bowel Syndrome www.patient.co.uk leaflet
2 Greater than 120mg codeine /day (i.e. co-codamol 30/500) or strong opioids (i.e. morphine MR)
3 fruit, root vegetables & oats – NOT insoluble fibre of bran, whole grains & cereals
4 not near term or unstable pregnancy

Background information	Advantages	Disadvantages
Bulk–forming laxatives (such as ispaghula) retain fluid within the stool and increasing faecal mass, leading to stimulation of persistalsis. They also have stool-softening properties	First-line in adults when it is difficult to get enough fibre in the diet. Better tolerated than bran. **2-3 days to effect**	**Adequate fluid intake** is important to prevent intestinal obstruction. Must not be taken immediately before bed. This may be difficult for the frail and elderly. Not recommended for people taking constipating drugs. Side-effects of flatulence and bloating.
Stool Softener- Surface-wetting agents (docucaste) reduces the surface tension of the stool, allowing water to penetrate and soften it. It also has a weak stimulant effect.	Does not require a large fluid intake. **12 – 72 hours to effect**	Side effects of abdominal cramps and diarrhoea. Often needs an additional laxative to be added (either stimulant or osmotic)
Stimulant laxatives cause peristalsis by stimulating colonic nerves (senna) or colonic and rectal nerves (bisacodyl)	Rapid effect. Restarts peristalsis in drug- induced constipation **6-12 hours to effect**	Required the stool to be softened by increasing dietary fibre and liquid or another laxative (softener / osmotic) Side-effects include cramps and diarrhoea, and should be avoided in intestinal obstruction.
Osmotic laxatives (macrogols & lactulose) increase fluid in the large bowel. This produces distension leading to stimulation of peristalsis. ***Prescribe macrogol generically, and do not use lactulose sachets***	Produce very soft stools with large volume. **2-3 days to effect**	Macrogols require a large volume to drink and if **adequate fluid** is not taken can led to dehydration. They may be counter-productive in patients with IBS. Side effects include flatulence, bloating, cramping and nausea. Lactulose causes colic due to breakdown by bacteria, and is NOT recommended for IBS patients
Linaclotide is a Guanylate cyclase- C receptor agonist causing decreased visceral pain, increased intestinal fluid secretion and accelerated intestinal transit	Linaclotide is ONLY licenced for patients with Irritable Bowel Syndrome (IBS) with constipation and **ONLY recommended in patients whom ALL other laxative treatment options have been ineffective or contraindicated.** (Antispasmodics may still be used) There is no routine monitoring necessary. It is advised that U&E's are checked periodically in patients predisposed to electrolyte disturbances, should prolonged or severe diarrhoea occur.	
	Novel action so is an alternative to traditional laxatives	There is no long-term data for the efficacy or side-effects of this treatment
Lubiprostone is a chloride-channel activator that acts on the gut to increase intestinal fluid secretion which increases motility	As per NICE TA318. **To be initiated by a specialist. Only after 6 months of treatment of at least two classes of laxatives** at minimum tolerated doses.	
	Novel action so is an alternative to traditional laxatives	There is no long-term data for the efficacy or side - effects of this treatment
Prucalopride is a selective, high-affinity, serotonin (5HT4) receptor agonist and has enterokinetic effects, enhancing intestinal mobility.	**Amber lighted so initiation by consultant only.** As per NICE TA211. Only, after 6 months treatment of at least two classes of laxatives at maximum tolerated doses. GP to review efficacy/ tolerability **every 3 months**)	
	Novel action so it is an alternative to traditional laxatives	The most common side effects are headache and GI symptoms (abdominal pain, nausea or diarrhoea)
Peripherally acting opioid antagonists: **Naloxegol – Amber-Green** - Moventig® Methylnatrexone and Naloxone (in Targinact ®)	NICE TA345 states naloxegol is an option for treating opioid induced constipation in adults who constipation has not adequately responded to laxatives. Methylnaltrexone is only licenced for use in palliative care.	
	Combats the mechanism of opioid induced constipation	Concurrent bisacodyl (or alternative stimulant) is still required for all patients, and possibly other laxatives.

Neurological /MS/ Stroke / spinal injuries etc
These patients may require more complicated regime including rectal stimulation and manual evacuation. Over use of traditional laxatives (especially osmotics) can result in faecal incontinence, Seek advice from their specialist team or the continence service.

A referral can be made to the continence service for assessment, advice and support at all stages. Especially consider for impacted, neurological conditions or failure of traditional laxatives. GP's and Nurses can send written referrals to continence service and call for advice **Tel: 01226 645057 Fax: 01226 433561**