Prucalopride

Shared Care Guideline for Prucalopride in the Management of Chronic Constipation

Introduction

Indication/Licensing information

- Prucalopride is indicated for the symptomatic treatment of chronic constipation in adults in whom at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief.
- In Barnsley it is recommended that Prucalopride be initiated by a secondary care specialist (Gastroenterologist or Colorectal Surgeon), but can be continued by primary care when it has proven effective for a particular patient.

Pharmacology

Prucalopride is a selective, high affinity serotonin (5-HT_4) receptor agonist, which stimulates the motility of the colon.

Dosage and administration

	Prucalopride
Usual Dose	2mg OD
Elderly (>65yrs)	1mg OD (increased to 2mg OD if tolerated well)
Hepatic impairment (Child-Pugh class C)	1mg OD (increased to 2mg OD if tolerated well)
Renal impairment (GFR < 30mls/min)	1mg OD

Prucalopride The dose can be taken at any time of day, with or without food.
If there is no benefit from treatment after 4 weeks, the patient should be re-examined and the benefit of continuing treatment reviewed.
Prucalopride (Resolor) is available in 1mg and 2mg tablets.

Responsibilities of the Specialist initiating treatment

Summary

- To assess the suitability of the patient for treatment.
- To discuss the benefits and side effects of treatment with the patient/carer and the need for long term monitoring if applicable.
- To perform baseline tests and if appropriate routine tests until the patient is stable.
- To prescribe for the first 12 weeks of treatment
- To ask the GP whether they are willing to participate in shared care.
- To provide the GP with a summary of information relating to the individual patient to support the GP in undertaking shared care (See Shared care request form in Appendix A).
- To advise the GP of any dosage adjustments required, monitoring required, when to refer back, and when and how to stop treatment (if appropriate).
- To advise the GP when the patient will next be reviewed by the specialist.
- To monitor the patient for adverse events and report to the GP and where appropriate Commission on Human Medicines/MHRA (Yellow card scheme).
- To provide the GP with contact details in case of queries.

Baseline Tests
The initiating Specialist will have done baseline hepatic, and if appropriate, renal function to ensure appropriate prescribing.

Responsibilities of other Prescribers

Acceptance of Responsibility by the Primary Care Clinician
It is optional for GPs to participate in taking on responsibility for shared care for the patient. GPs will take on shared care only if they are willing and able.

Summary

- To reply to the request for shared care as soon as possible.
- To prescribe and adjust the dose as recommended by the specialist.
- To ensure there are no interactions with any other medications initiated in primary care.
- To continue monitoring as agreed with secondary care (guideline should include details of monitoring requirements and what to do when each of the defined parameters alters).
- To refer back to the specialist where appropriate. For example:
  - Patient or general practitioner is **not** comfortable to continue with the existing regime due to either change in condition or drug side effects.
  - Advice in respect of concordance.
  - Special situations, (e.g. Pregnancy)
- Discontinue the drug as directed by the specialist if required
- To identify adverse events if the patient presents with any signs and liaise with the hospital specialist where necessary. To report adverse events to the specialist and where appropriate the Commission on Human Medicines/MHRA (Yellow card scheme).

Clinical Particulars

Prucalopride

BNF therapeutic class	Section 1: Selective 5-HT^4 Receptor Agonists
Cautions and Contraindications	Prucalopride is contraindicated in renal impairment requiring dialysis, intestinal perforation or obstruction due to structural or functional disorder of the gut wall, obstructive ileus, severe inflammatory conditions of the intestinal tract, such as Crohn's disease, and ulcerative colitis and toxic megacolon/megarectum. Prucalopride should be used with caution in patients with renal or hepatic impairment, those with severe and clinically unstable concomitant disease (e.g. cardiovascular or lung disease, neurological or psychiatric disorders, cancer or AIDS and other endocrine disorders) as these have not been studied. In particular Prucalopride should be used with caution in patients with a history of arrhythmias or ischaemic cardiovascular disease. There is very little data on the use of Prucalopride in pregnancy or lactation. The SmPC mentions that Prucalopride should be avoided in women of childbearing potential unless on effective contraception. Animal studies show no obvious effects on male or female fertility.
Adverse Drug Reactions	The most commonly reported adverse effects include; headache, nausea, diarrhoea, abdominal pain, abdominal distension, vomiting, reduced appetite, flatulence, polyuria, rectal bleeding, fatigue and dizziness. Prucalopride was seen to have little effect on cardiovascular parameters such as blood pressure, heart rate and QT interval. However, if a patient develops QT interval prolongation or arrhythmias it is advisable to discontinue treatment and refer back to the specialist (and to a cardiologist if deemed necessary). Adverse effects generally occur at the start of treatment and are usually transient.
Monitoring	Baseline renal and hepatic function will have been carried out by the initiating specialist prior to starting treatment. Monitoring of the continued efficacy of Prucalopride should be undertaken every 3 months. U&E's and LFT's need only be done in those who have deranged results at baseline (recommend every 3 months unless renal or liver disease is clinically unstable), or in those who are deemed to be at risk of dysfunction.
Interactions	A 30% increase in plasma concentrations of erythromycin was found during Prucalopride co-administration. The mechanism for this interaction is not clear. Ketoconazole, a potent inhibitor of CYP3A4 and of P-gp, increased the systemic e xposure to Prucalopride by approximately 40%. This effect is too small to be clinically relevant. Interactions of similar magnitude may be expected with other potent inhibitors of P-gp such as verapamil, cyclosporine A and quinidine.

Communication

Specialist to GP
The specialist will inform the GP when they have initiated prucalopride. When the patient is near completing the satisfactory initiation period, the specialist will write to the GP to request they take over prescribing and where possible give an indication as to the expected length of treatment. The Specialist will also send a Shared care request form to support the GP in undertaking shared care. (Appendix A)

GP to specialist
If the GP has concerns over the prescribing of prucalopride, they will contact the specialist as soon as possible.

Contact names and details

Contact Details	Telephone number	Email
Dr K Kapur, Consultant Gastroenterologist Dr A Soliman, Consultant Gastroenterologist Dr D Bullas, Consultant Gastroenterologist Dr E Said, Consultant Gastroenterologist Dr R Atkinson, Consultant Gastroenterologist Dr V Sathyanarayan, Consultant Gastroenterologist Dr N Sundar, Consultant Gastroenterologist	01226 432542 01226 432715	kapil.kapur@nhs.net a.soliman@nhs.net dominicbullas@nhs.net elmuhtady.said@nhs.net r.atkinson3@nhs.net neela.sundar@nhs.net
Miss A J Payne, Colorectal Surgeon Mr Christopher Whitfield, Colorectal Surgeon Mr Rao Mehmood, Colorectal Surgeon Miss J Phillips, Colorectal Surgeon Mr A Abdelbaky, Colorectal Surgeon Mr Chowdhray, Colorectal Surgeon	01226 432898	alisonpayne@nhs.net christopherwhitfield@nhs.net rmehmood@nhs.net a.abdelbaky1@nhs.net manishchowdhary@nhs.net
Gillian Turrell, Medicines Information BHNFT	01226 432857	gilliansmith2@nhs.net
Dr S Orme, Consultant Physician Specialising in Elderly Medicine	01226 432034	sorme@nhs.net

References

1. Summary of product characteristics for Prucalopride (Resolor) accessed via www.emc.medicines.org.uk
2. BNF April 2021 (Online) access via www.medicinescomplete.com
3. NICE guidance TA211 – Prucalopride for the treatment of chronic constipation in women, accessed via: www.nice.org.uk
4. Clinical Knowledge Summaries – Constipation, accessed via: http://cks.nice.org.uk/constipation

Development Process

This guidance has been updated by Anila George following an AMBER classification status of Prucalopride by the Barnsley Area Prescribing Committee. This guideline has been subject to consultation and endorsement by the Area Prescribing Committee on 12th May 2021.

Appendix A – Shared Care request form (Amber) Prucalopride

- Specialist to complete when requesting GP to enter a shared care arrangement.
- GP to return signed copy of form.
- Both parties should retain a signed copy of the form in the patient's record.

From (**Specialist**): _____ **To** (**GP**): _____

Patient details

Name: _____ ID Number: _____

Address: _____ DOB: _____

Diagnosed condition: _____

Amber Drug details

Drug name: _____ Dose and frequency: _____

Date of initiation: _____ Length of treatment: _____

The patient will be reviewed by the Consultant on: _____

The patient should be reviewed by the GP by: _____

Monitoring

The following monitoring should be undertaken by the GP:

Parameter		BHNFT Reference Range	Result	Date test done
LFTs	Total Bilirubin	<21micromol/L		
	ALT	0-40 iu/L		
	AST	0-40 iu/L		
	GGT	0-50 iu/L		
	ALP	30-130 iu/L		
	Total Protein	60-80 g/L		
	Albumin	35-50 g/L		
	Globulin	23-44 g/L		

Communication

Consultant
Telephone number: _____ Fax number:_____

Email address: _____

Specialist Nurse
Telephone number: _____ Fax number: _____

Email address: _____

Confirmation of acceptance of shared care

Specialist (Doctor/Nurse) name: _____

Specialist (Doctor/Nurse) signature: _____ Date: _____

I, Dr ……., can confirm I :

☐ accept the request to participate in shared care for the patient named above.

☐ reject the request to participate in shared care for the patient named above. The reason for this being ……..

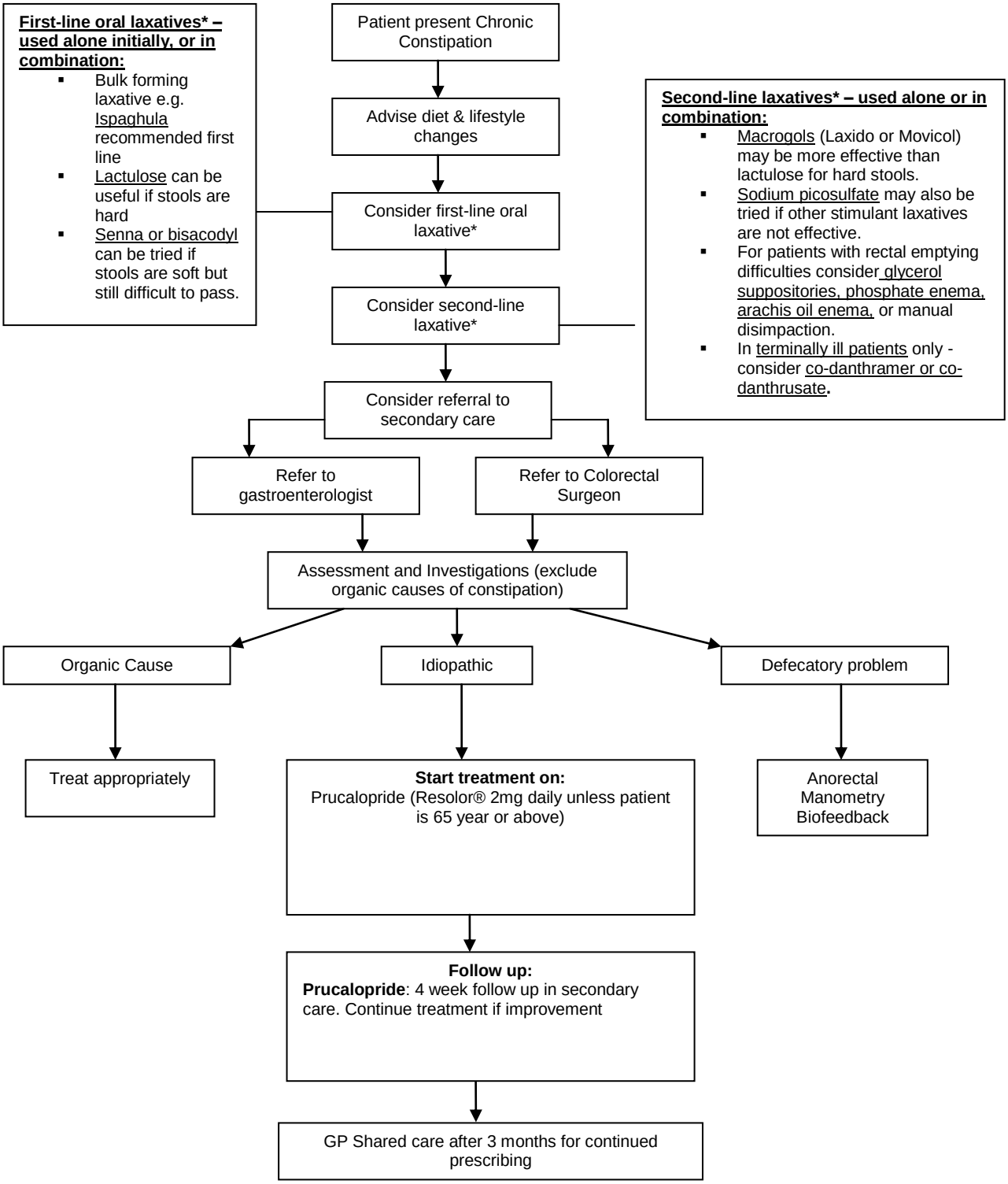
GP signature: _____ Date: _____

To save resources you have been sent appendix A of the shared care document. The full document (*prucalopride in the management of chronic constipation shared care guideline*, *date approved May 2021)* can be accessed on the Barnsley BEST website at the following link:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/

Or via the Barnsley Area Formulary www.barnsleyformulary.nhs.uk

Management of Chronic constipation in Adults

(adapted from NICE TA 211 (Prucalopride for the treatment of chronic constipation in women) 2010)



***Adjust** the dose, choice, and combination of laxative according to symptoms, speed with which relief is required, response to treatment, and individual preference.
***Titrate** the dose of laxative gradually, upwards or downwards, to produce one or two soft, formed stools per day.
***Treatment should be continued** with at least two laxatives from two different classes for a minimum of six months in women prior to initiating treatment with prucalopride.

Compiled by: Dr K Kapur Consultant Gastroenterologist, Mr T Offori Colorectal Surgeon, Miss A J Payne Colorectal Surgeon, Gillian Smith Lead Pharmacist BHNFT May 2012