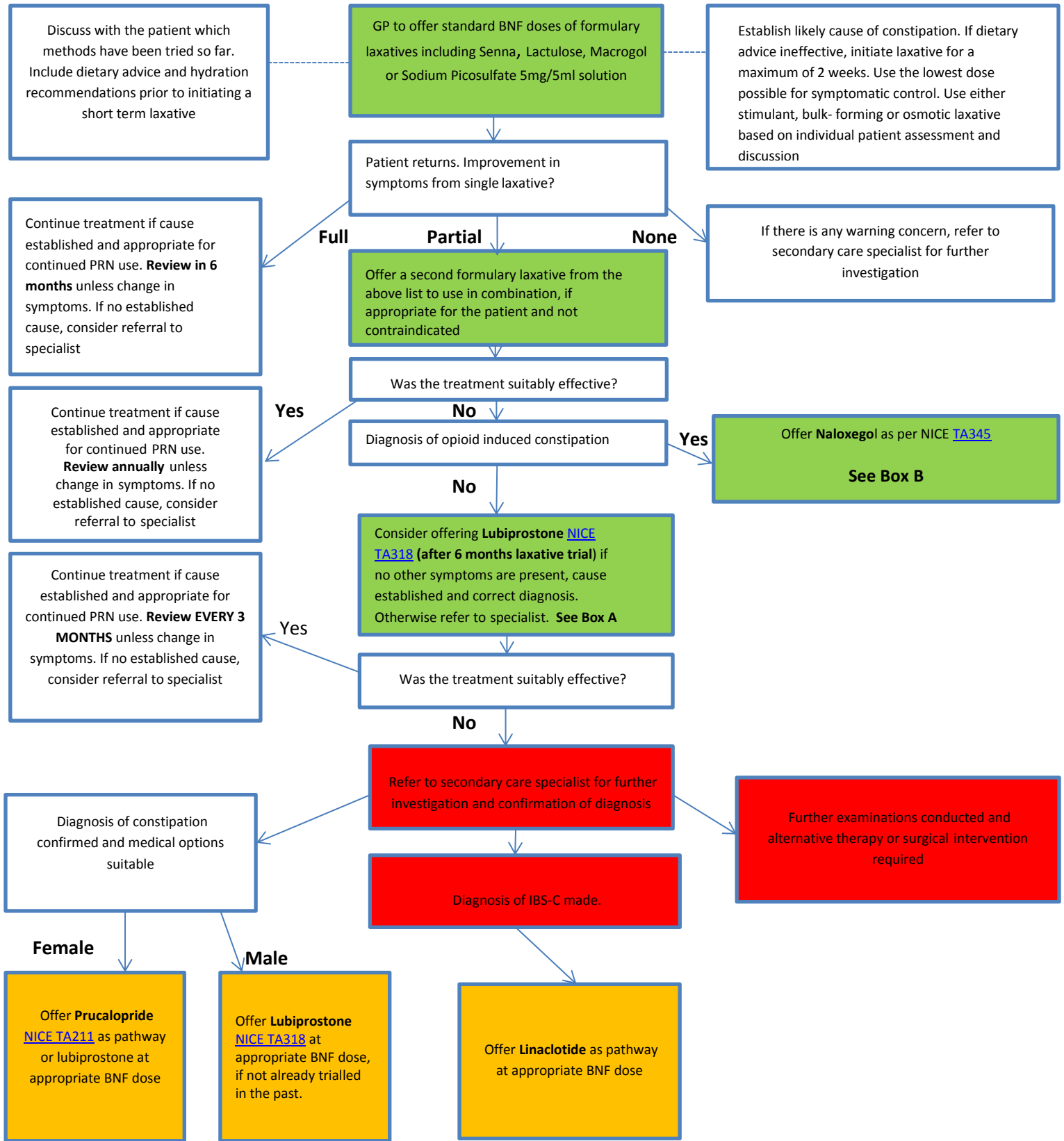


Medical Treatment of Chronic Constipation or IBS-C in Adults

Establish cause of constipation. If likely cause not established or any warning signs present (see box C) consider referral to specialist as per NICE [NG12](#)



Always refer to the current SPC and BNF information before initiating treatment. This guideline is not a substitute for up to date professional judgement.

Box A: Lubiprostone [NICE TA318](#)

Lubiprostone is recommended as an option for treating chronic idiopathic constipation, that is, for adults in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least **6 months**, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered.

If no effective response after 2 weeks treatment, the patient should be re-examined and the benefit of continuing treatment reconsidered.

Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the patient's previous courses of laxative treatments.

Box B: Naloxegol [NICE TA345](#)

Naloxegol is indicated, as an option, for the treatment of opioid-induced constipation in adult when the constipation is not adequately responding to laxatives.

An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains while taking at least 1 class of laxative for at least 4 days during the prior 2 weeks.

The four stool symptoms domain are: incomplete bowel movement, hard stools, straining or false alarms.

Starting dose is 25mg daily (renal impairment: start at 12.5mg daily), see BNF and [SPC](#)

Stop all maintenance laxative treatments.

If no adequate response, refer to specialist.

Dietary and lifestyle

- Increase fibre and fluid intake
- Increase activity and exercise
- Regular unhurried toilet routine
- Responding to defaecation urge

Source of diet information:

Food Fact Sheets on [Fibre](#) and [Fruit and vegetables](#)
Public Health England's booklet [The Eatwell Guide](#)

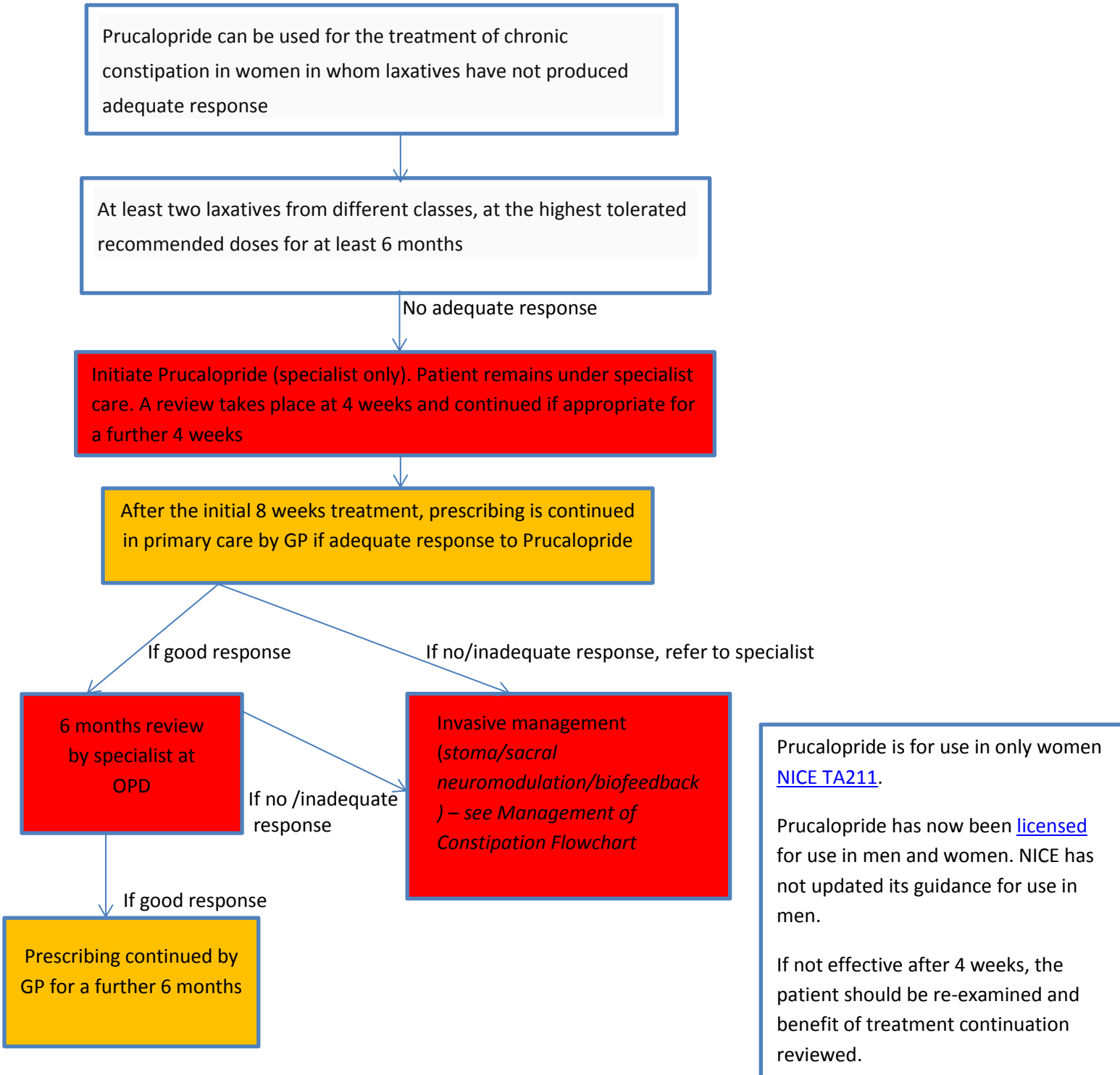
Box C – Red flags/Warning signs

- Unexplained weight loss
- Unexplained abdominal pain
- Unexplained rectal bleeding
- Iron deficiency anaemia
- Tenesmus
- Family history of bowel cancer or inflammatory bowel disease
- Test positive for faecal occult blood
- See NICE [NG12](#)

Colour code:

- Green:** GP initiating and monitoring
- Amber:** Specialist initiation with GP continuation.
- Red:** Specialist Treatment

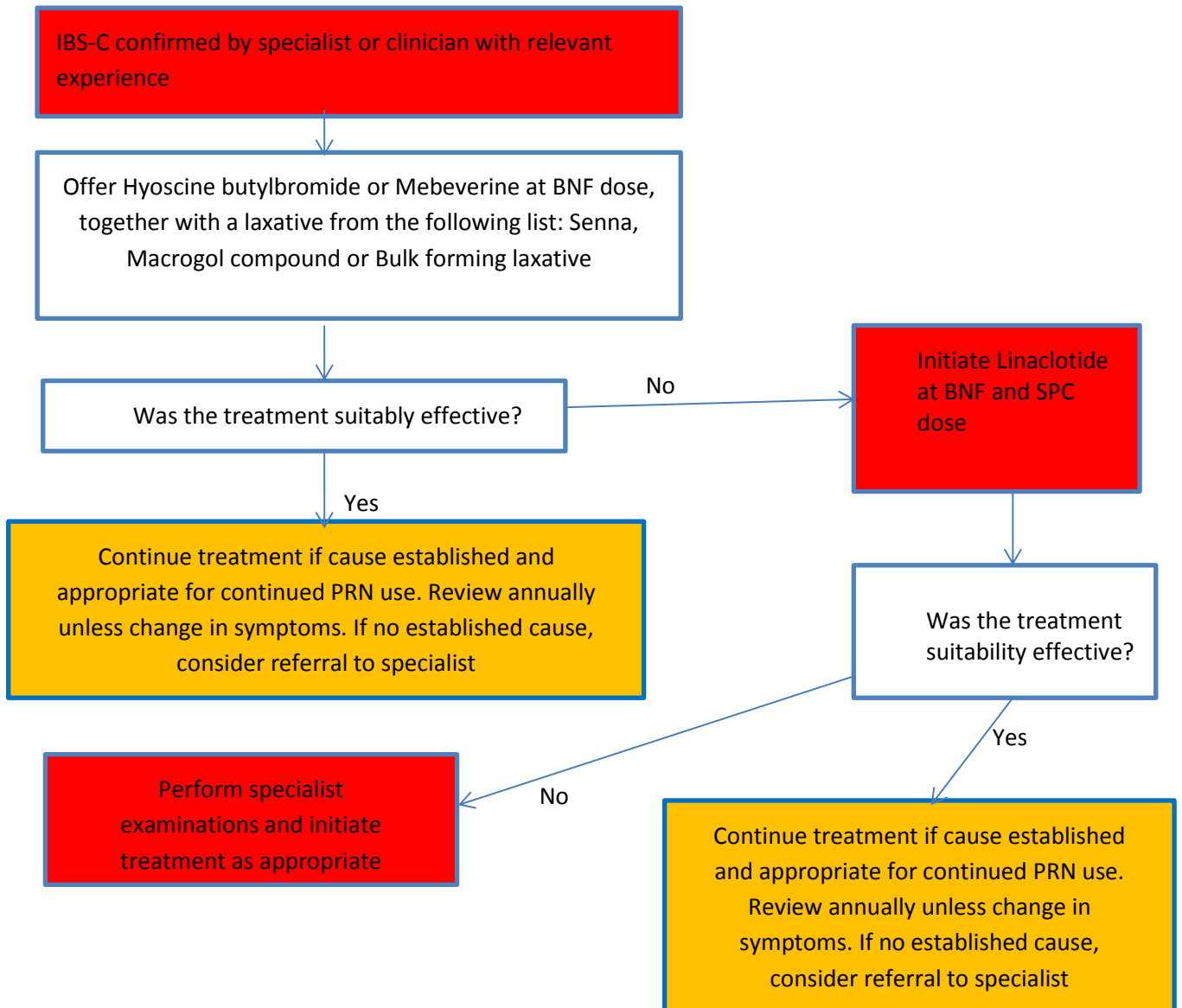
Prucalopride Pathway



Always refer to the current SPC and BNF information before initiating treatment. This guideline is not a substitute for up to date professional judgement.

Medical Treatment of Chronic Constipation or IBS-C in Adults

IBS-C Pathway with Linaclotide



IBS-C NICE [CG61](#): Linaclotide is considered for people with IBS only if optimal or maximum tolerated doses of previous laxatives from different classes have not helped and they have had constipation for at least 12 months.

Follow up people taking linaclotide after 3 months.

Caution should be used when co-administering Linaclotide with proton pump inhibitors, laxatives or NSAIDs due to the increase risk of diarrhoea.

Lactulose should be discouraged.

Always refer to the current SPC and BNF information before initiating treatment. This guideline is not a substitute for up to date professional judgement.

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