

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Algorithm For The Treatment of Refractory Symptomatic Chronic Constipation in adults (NICE TA211#)

JAPC classification
Prucalopride – GREY
 after gastro consultant/specialist initiation. GPs may continue to prescribe as per algorithm

— 2° care responsibility
 — 1° care responsibility

Anatomical, iatrogenic¹ and biochemical causes excluded

Dietary intervention/Exercise/Fluid/Regular meals

Has patient completed a trial of a first laxative at the highest tolerated dose for at least 6 months, or for a reasonable time²?

Has patient completed a trial of a second laxative from a different class at the highest tolerated dose for at least 6 months, or for a reasonable time²?

Yes – failed, stop laxative

Yes - improved

Commence prucalopride
 Phone patient after 4 weeks
 Did patient improve³?

No

Stop prucalopride and consider other measure (enemas, colonic lavage, surgical options)

Continue laxative treatment

Yes

Continue prucalopride treatment

Yes

12 monthly reviews by GP
 Treatment beneficial?

No

Consider a 3 month treatment break²
 Beneficial?

No

Refer to specialist

Linaclotide is an option for patients with irritable bowel syndrome with constipation (IBS-C) following initiation and assessment by specialist.
 See [IBS guideline](#).

Naloxegol (NICE TA345) is an option for treating opioid induced constipation after consultant/specialist initiation and stabilisation for 3 months

#TA211 only includes prucalopride use in women; licensing & local agreement is that this can be extended to use in men

1. Iatrogenic causes = opiates, tricyclic anti-depressants, anti-cholinergics and calcium containing antacids
2. local expert advice
3. Improvement = three or more spontaneous bowel movements per week