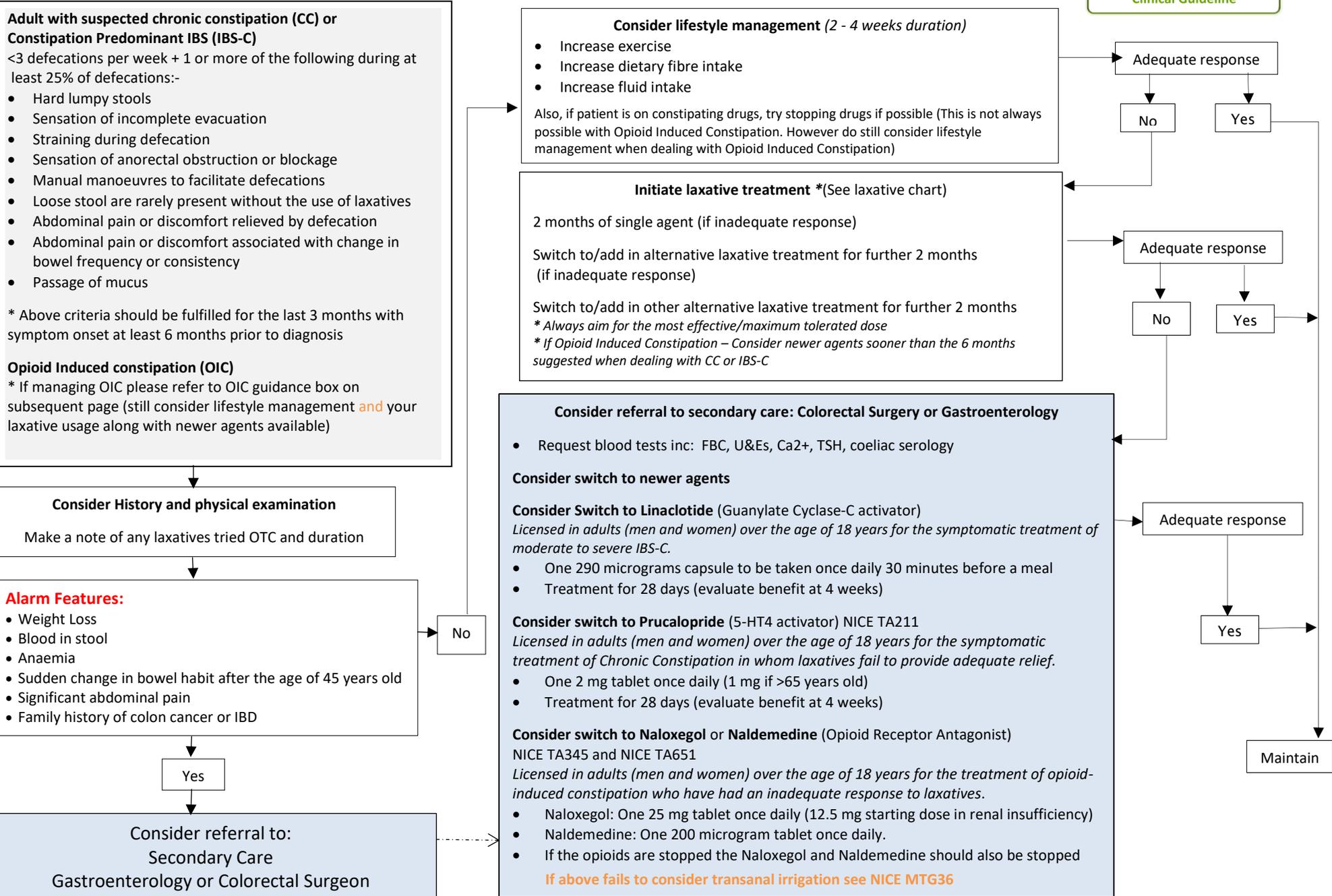


# Integrated Care Pathway for Chronic Constipation CC/IBS-C/OIC

Not to be used in children <18 years of age or in pregnancy



## Opioid Induced constipation (OIC) guidance box

Opioids are commonly prescribed for their analgesic properties. Unfortunately their use often results in Opioid Induced Constipation (OIC). Symptoms of OIC can include factors such as stools that are hard and dry, straining and pain when defecating, sense of urgency, bloating, abdominal tenderness, feeling sick, lethargy and appetite loss.

When managing OIC consider lifestyle management and use of laxatives (\*see laxative chart). Lifestyle and laxative treatment may be needed throughout opioid therapy and beyond. If unsuccessful consider newer agents such as Naloxegol.

Naloxegol and Naldemedine are recommended as options for OIC in adults whose constipation has not adequately responded to laxatives. An inadequate response is defined as OIC symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

## \* Laxative chart

Infrequent Urge	Stimulant agent e.g. Senna
Small, Hard stool	Bulking agent e.g. Psyllium Husk
Slow transit constipation	PEG e.g. Macrogol
Difficulty evacuating	Glycerin Suppository

## Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

- Type 1 - 2 indicate constipation
- Type 3 - 4 are ideal stools
- Type 5 - 7 are suggestive of diarrhoea

Heaton, K W & Lewis, S J 1997, 'Stool form scale as a useful guide to intestinal transit time'. Scandinavian Journal of Gastroenterology, vol.32, no.9, pp.920 - 924

Drugs used in managing constipation	Mode of Action	Common side effects
<b>Bulking agent</b>	Fibre helps increase absorption of water into the stool thus bulking out the stool and make it softer and easier to pass	Bloating, diarrhoea, rumbling sounds, nausea, stomach cramps
<b>Stool softeners</b>	They cause water and fats to mix with the stool, making it easier to move along the bowels	Stomach ache, cramping, dehydration (or throat irritation with liquid forms)
<b>Osmotic Agents</b>	They attract more water into the bowels from the epithelial cells to soften the stools	Cramps, diarrhoea, gas, nausea
<b>Stimulants</b>	They stimulate the sensory nerves in the mucosa of the colon to secrete more water and electrolytes	Dizziness, diarrhoea, nausea, rectal bleeding
<b>Prucalopride</b> <b>5HT-4 Agonist</b>	Activates 5HT-4 receptors in the colon which increase acetylcholine secretion increasing peristalsis in the colon.	Headache, Nausea, Diarrhoea, abdominal pain, flatulence, abdominal bowel sounds, dyspepsia, vomiting
<b>Linaclotide</b> <b>Guanylate Cyclase-C stimulation</b>	Stimulates intestinal GC-C which help reduce abdominal pain and increase intestinal fluid which in turn accelerates GI transit	Diarrhoea, abdominal pain, abdominal distension, flatulence
<b>Naloxegol</b> <b>Peripheral Opioid Receptor antagonist</b>	Peripherally acting opioid receptor antagonist. It therefore decreases the constipating effects of opioids without altering their central analgesic effects.	Abdominal pain, Diarrhoea, Nausea, Headache, Flatulence, Vomiting, Nasopharyngitis, Hyperhidrosis
<b>Naldemedine</b> <b>Peripheral Opioid Receptor antagonist</b>	Peripherally acting opioid receptor antagonist. It therefore decreases the constipating effects of opioids without altering their central analgesic effects.	Diarrhoea; gastrointestinal discomfort; nausea; vomiting

The Information is issued for guidance and advice only.

Read full summary of product characteristics for information on the cautions, contra-indications, side effects, doses and full prescribing information for any of the drugs or classes of drugs mentioned.

Please remember Prescribers remain responsible for their patients' care and prescriptions signed.

## References:

Diagnosis and Treatment of chronic constipation, a European perspective – J Tack, Neurogastroenterology Motil (2011) 23, 697-710  
Chronic Constipation Integrated Care Pathway Group 2012 – Anton Emmanuel et al