CARE

GASTROENTEROLOGY FACULTY

Guidance on Chronic Constipation Management

General Practitioner Version

About the CARE Gastroenterology Faculty

The **CARE** (**C**ommunity, **A**cademic & **R**esearch **E**ducation) **Faculty** is a Pan-Canadian group of key opinion leaders focused in a number of gastroenterology areas, who meet to discuss various topics from key conferences throughout the year.

About the CARE Guidance on Chronic Constipation Management

Why Guidance on Chronic Constipation Management?

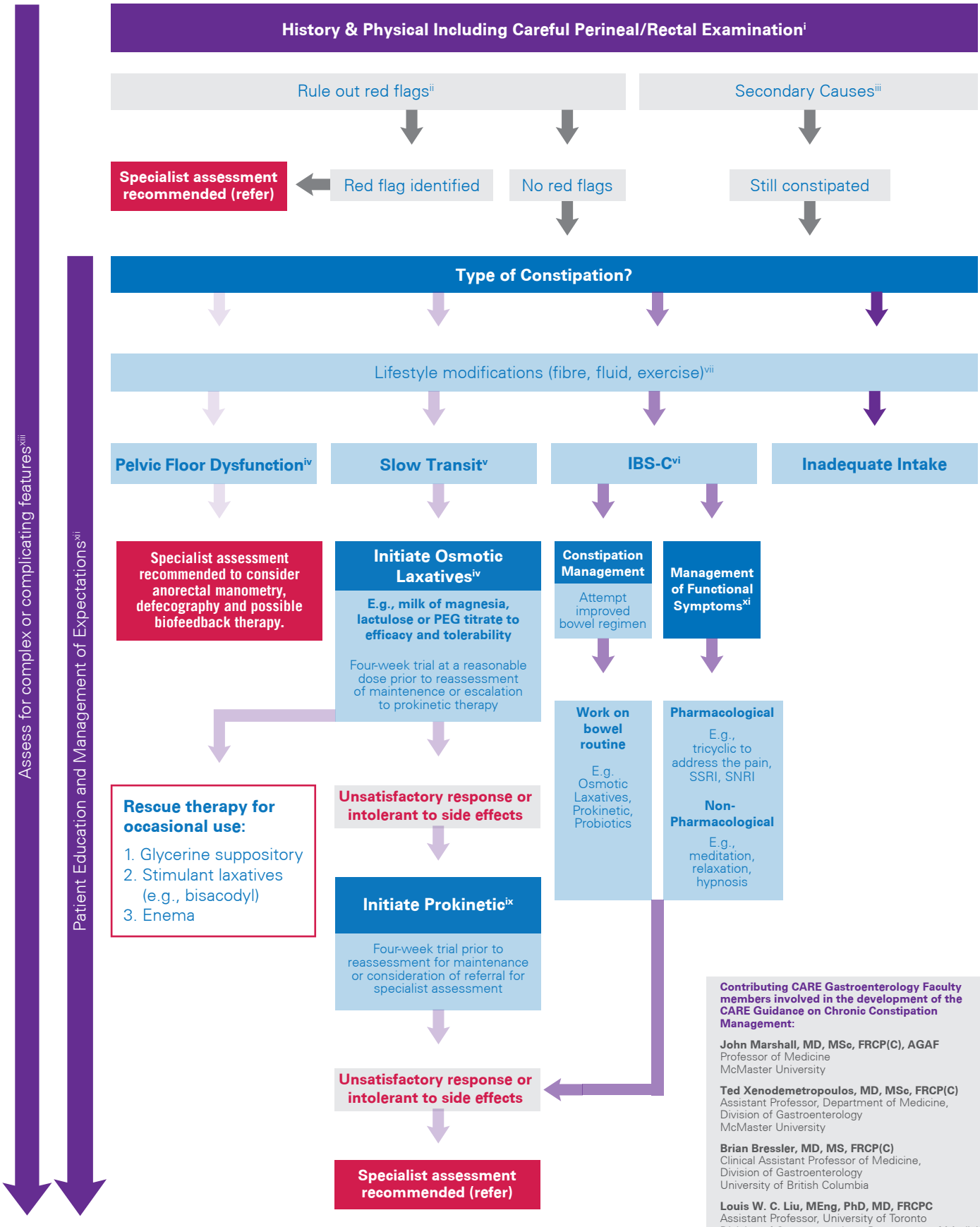
The mission of the CARE Gastroenterology Faculty is to enhance medical education with the explicit goal of improving patient outcomes. Patients with chronic constipation can suffer from extreme discomfort, which affects their quality of life and also their ability to work. The CARE Guidance on Chronic Constipation is intended to help general practitioners measurably improve the evaluation and management of patients with chronic constipation. The CARE Guidance will offer insight into how to determine if initial therapy may not be successful and whether to proceed with more detailed evaluations, as well as how to implement examination modifications.

What is Inside the CARE Guidance on Chronic Constipation Management

- CARE Chronic Constipation Management Algorithm
- Classification of Chronic Constipation
- Red Flags and Secondary Causes
- Cause of Constipation (Pelvic Floor Dysfunction, Slow Transit, IBS-C and Inadequate Intake)
- Lifestyle Modifications
- Osmotic Laxatives and Prokinetics
- Patient Education and Management of Expectations
- Complex or Complicating Features

The toolkit is available online at careeducation.ca/guidance as a PDF.

CARE Chronic Constipation Management Algorithm



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Supportive Chronic Constipation Management Information

[i] Symptoms of Chronic Constipation

- Fewer than three bowel movements per week
- Straining at defecation
- Hard lumpy stools
- Sensations of: Incomplete evacuation, blockage/obstruction and/or gas/bloating
- Manual manoeuvres to facilitate defecation

[ii] Red Flags

- New onset over 50 years old
- Rectal bleeding and weight loss
- Unexplained iron deficiency (with or without anemia)
- Abnormal physical examination findings

[iii] Secondary Causes

- Neurologic: Parkinson's, MS, connective tissue disease (e.g., Scleroderma)
- Drug induced: Anticholinergics, opioids, calcium channel blockers
- Metabolic abnormalities (e.g., thyroid, Ca)

Types of Constipation

[iv] Pelvic Floor Dysfunction

- Manual manouvers facilitate defecation
- Patients strain- nothing happens
- Feel blocked
- Specialist assessment recommended to consider anorectal manometry, defecography and possible biofeedback therapy
- Also consider referral to pelvic floor physiotherapist for assessment

[v] Slow Transit

- Patients have NO urge to defecate

[vi] IBS-C

- Pain is the predominant symptom

[vii] Lifestyle Modifications (Fibre, Fluid, Exercise)

Constipation and Immobility

- While physical activity may not improve stool frequency, it is recommended because it appears to improve patient QoL and decrease bowel symptom severity in addition to offering other general health benefits

Fibre Supplementation

- Target on achieving 25–35 g/day
  - Provide literature to guide treatment
- Diet +/- psyllium supplementation to target
- Gradual titration to target (3–4 g/day/week increment escalation)
- Inform patient about the potential for increased bloating, flatulence, abdominal discomfort and worsened diarrhea or constipation
- Four-week trial is reasonable prior to reassessment for maintenance or escalation to other therapy

[viii] Osmotic Laxatives

- The choice of osmotic laxatives is largely dependent on patient tolerance, financial situation and drug coverage
- Options include:
  - Lactulose 15–30 mL PO BID PRN
    - Caution given potential for abdominal bloating and flatulence
  - PEG 3350 17 g/day PRN
  - Magnesium hydroxide 15–30 ml (80 mg/ml) PO daily PRN
    - Avoid in patients with chronic renal insufficiency
- Four-week trial at a reasonable dose prior to reassessment of maintenance or escalation to prokinetic therapy

[ix] Prokinetics

- Prucalopride, a highly selective $5HT_4$ agonist offers an effective and safe option for patients
- Prucalopride:
  - 2 mg PO daily
  - Dose reduction to 1 mg PO daily in patients ≥ 65 years of age or renal insufficiency with creatinine clearance ≤ 30 ml/min
- Four-week trial reasonable prior to reassessment for maintenance or consideration of referral for specialist assessment

Supportive Chronic Constipation Management Information

[xi] IBS-C Management of Functional Symptoms

- Pharmalogical
  —
- Non-Pharmalogical
  —

[xii] Patient Education and Management of Expectations

- Acknowledge and address the patient's concerns
- Provide specific literature relating to the condition (CARE supportive content currently in development)
- Set realistic goals and manage expectations (e.g., target of incremental improvement rather than complete symptom resolution) to improve compliance and therapy success
- It is important to educate the patients about the natural variation of bowel functions and the range of normal stool frequency
- Encourage patient participation in self-management

[xiii] Assess for Complex or Complicating Features

- Psychosocial factors
- Psychiatric disorders (e.g., depression, anxiety, GAD)

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