



Primary Care Laxative Prescribing in Adults

Prior to prescribing laxatives all patients should be counselled to consider making dietary and life-style changes and increasing their fluid intake. It is important to be sure that the constipation is not due to a secondary undiagnosed condition. In the majority of cases long term treatment with laxatives isn't necessary unless required for faecal impaction.

Important considerations **Red flags that may indicate an underlying condition** - Severe, persistent constipation that is unresponsive to treatment, unexplained weight loss, iron deficiency anaemia, fever or nocturnal symptoms, persistent unexplained change in bowel habit, palpable mass in the lower right abdomen or pelvis, persistent rectal bleeding with anal symptoms, narrowing of stool calibre, family history of colon cancer, or inflammatory bowel disease.

Drugs that are commonly known to cause constipation - Aluminium antacids, Antimuscarinics, Tricyclic Antidepressants, Antiepileptic's, Antipsychotics (especially clozapine), Antispasmodics, Opioids, Diuretics, Iron supplements, Verapamil, Calcium supplements

Choice of laxatives

Prices correct as of Nov 2014 sourced from the [British National Formulary 2014](#) and the [NHS Prescription Services Drug Tariff](#) First line choice is highlighted in **BOLD**

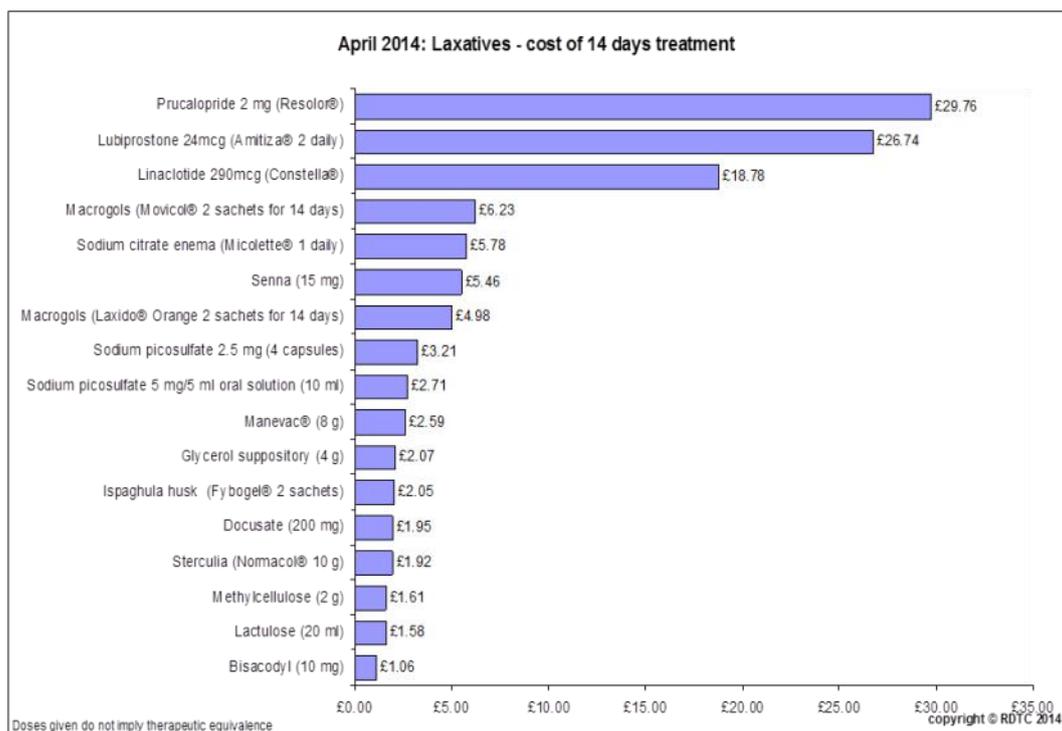
Laxative	Available products	Cost	Initial dose
Bulk forming laxatives	Fybogel (ispaghula husk)	£2.20 30 sachets	One sachet twice daily.
	Methylcellulose	£3.22 112 x 500mg tablets	Three to six tablets twice daily
	Sterculia (Normacol)	£6.85 500g granules	1-2 heaped 5ml spoonful's once to twice daily
Stimulant laxatives	Bisacodyl	£2.29 60 x 5mg gastro resistant tablets	5mg - 10mg at night
		£3.53 12 x 10mg suppositories	10mg in the morning
	Senna	£7.12 60 x 7.5mg tablets	15mg - 30mg at night
		£2.69 500ml x 7.5mg/5ml oral solution	10mls - 20mls at night
	Docusate sodium	£2.09 30 x 100mg capsules	Up to 500mg daily in divided doses
		£5.49 300mls 50mg/5ml solution	Up to 500mg daily in divided doses
	Glycerin suppositories (glycerol)	£0.88 12 x 1g	ONE PRN
	£1.08 12 x 2g	ONE PRN	
	£1.77 12 x 4g	ONE PRN	
	Sodium Picosulfate	£6.43 300ml 5ml/5mg elixir	5mg - 10mg at night
Osmotic laxatives	Lactulose	£2.82 500ml oral solution	15ml twice daily.
	Laxido/Movicol (macrogol)	£6.68 30 sachets	1-3 sachets daily in divided doses
	Micalax Micro-enema	£0.41p x 5ml pack	As a single dose

[Linacotide, Lubiprostone and Prucalopride - Other drugs used for constipation—not routinely indicated](#)

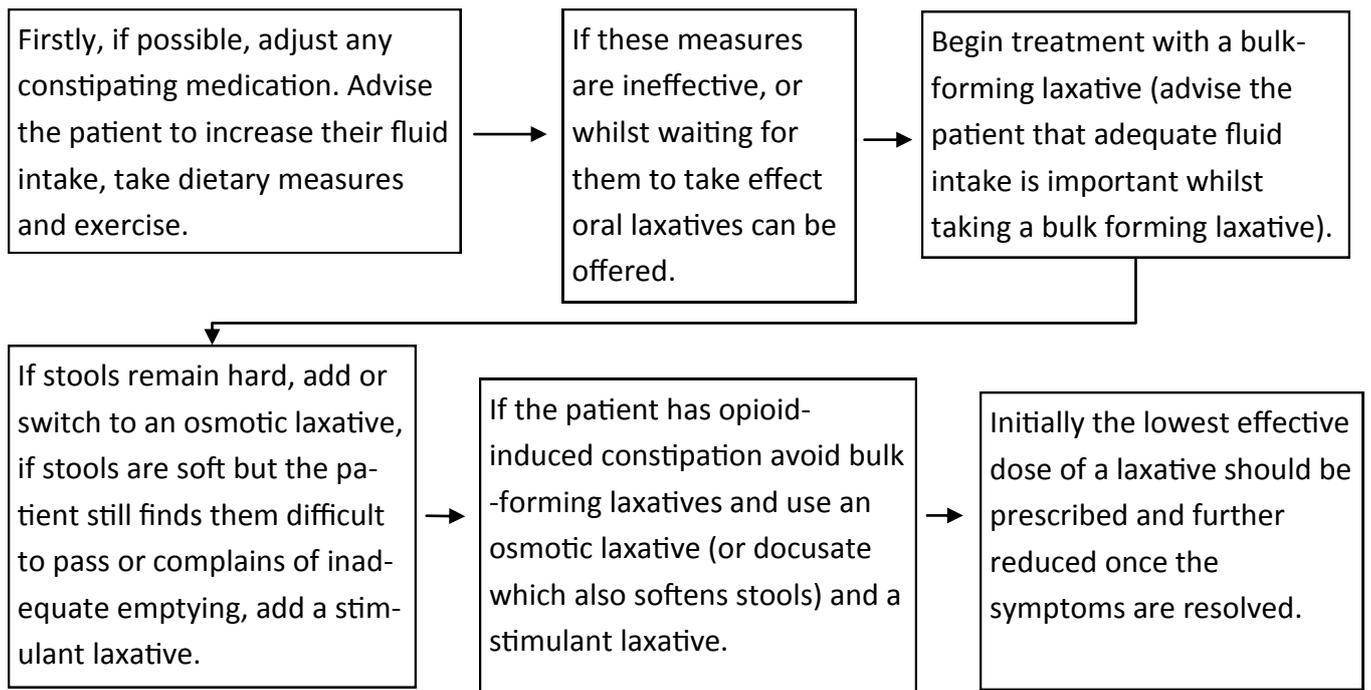
Drug	Indication	Cost	Initial dose	Guidance
Linacotide Constella®	Linacotide is licensed for the treatment of moderate to severe irritable bowel syndrome associated with constipation. <i>But only if the following conditions apply:</i> <i>The condition has been diagnosed based on the Rome criteria for IBS . The condition has not responded to all other pharmacological treatments or the patient is intolerant to all other treatments</i>	£37.56 28 caps	290mcg once daily	Local CKW CCG commissioning statement available here
Lubiprostone	Lubiprostone is licensed for the treatment of chronic idiopathic constipation in adults whose condition has not responded adequately to life-style changes (including dietary changes).	£59.36 56 caps	24mcg twice daily for 2 weeks	NICE TA318 Lubiprostone for treating chronic idiopathic constipation available here
Prucalopride Resolor®	It is licensed for the treatment of chronic constipation in women, when other laxatives have failed to provide an adequate response.	1 mg £38.69 28 tabs 2 mg £59.52 28 tabs	2mg once daily	NICE TA211 Prucalopride for the treatment of chronic constipation in women available here

[Cost comparison chart](#)

This cost comparison chart sourced from [NHS Regional Drug & Therapeutics Centre shows](#) comparative costs at basic NHS prices (as of April 2014) for laxatives. The chart shows the cost of 14 days treatment at a standard daily dose (shown in brackets).



Treatment options—Managing short duration constipation



Advise the patient that laxatives can be stopped once their stools become soft and easily passed again

The use of enemas in treating constipation.

- Use oral laxatives in the first instance with the addition of suppositories or mini enemas (micralax) if the response to oral laxatives alone is not sufficient or has not been fast enough.
- If, after using a combination of oral laxatives and suppositories or mini enemas (micralax), the result is still unsatisfactory, then the use of a sodium phosphate enema or arachis oil enema should be considered (arachis oil enemas are not suitable for patients who have a peanut allergy). Enemas may need to be repeated several times to clear hard impacted faeces and can often need to be administered by a district nurse or carer.
- In addition to the treatment for faecal loading and impaction, patients presenting with chronic constipation also need to be advised about dietary measures and any possible adjustments need to be made to any constipating medication as is recommended for the treatment of short duration constipation

For laxative prescribing in children see [NICE CG99 Constipation in children and young people](#)

For further information refer to the NICE constipation Clinical Knowledge Summary available at <http://cks.nice.org.uk>

For use in Calderdale CCG, Wakefield CCG, North Kirklees CCG and Greater Huddersfield CCG

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