

Dealing with Chronic Constipation

Information for General Practitioners



Chronic constipation (and its frequent companion symptom – faecal incontinence) ruins lives. Yet the condition is still under-recognised and under-supported in the National Health Service, despite some fundamentally important foundation work¹. In particular, supporting materials for healthcare professionals at the primary level on constipation management are scant, and are one of the key resources sought by GPs. This document is one step in redressing that balance.

The Bowel Interest Group (BIG) recently conducted a survey of 147 GPs, nurses and other healthcare professionals in primary care. The survey revealed that between 6 and 7 people present with constipation every week, and the biggest challenge in looking after them is a lack of supporting information. Another review undertaken by BIG has shown that constipation is costing the NHS £71 million per year in unplanned admissions. The hypothesis is that many of these could be avoided if identified and managed at the primary care stage.

Most of these patients are treated empirically with laxatives, with little idea of how, or when, or with which therapeutic alternative, to progress those patients' treatment. Respondents to the survey said they would welcome useful resources on the issue.

Constipation – Best Practice for Treatment

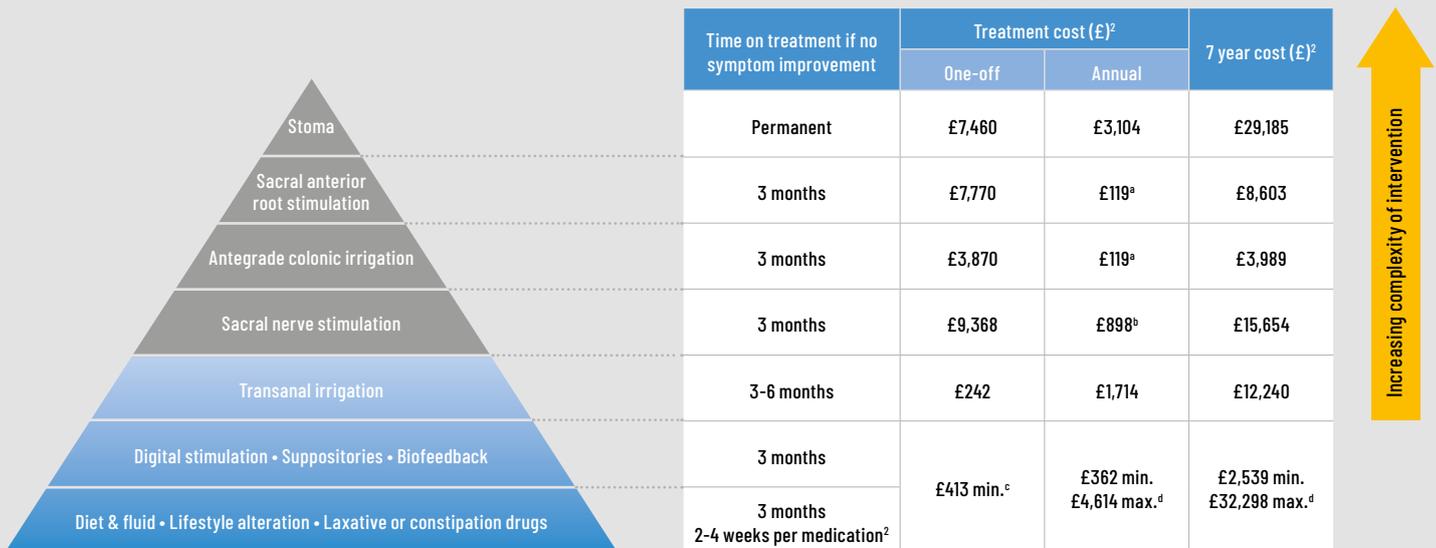
The following diagram summarises the results of research on constipation and treatment options and combines them into a simple diagram to help guide and provide a best practice pathway for general practice in its recognition, treatment and point of escalation of the available therapies for chronic constipation.

“Many Trusts have now created, or are developing, dedicated bowel management pathways based on NICE guidance, and are already experiencing the resulting improved patient outcomes. BIG have created a management pathway based on the NICE Clinical Knowledge Summary. This document is aimed at all clinicians, specialist care professionals, general practitioners and commissioners to help understand the rationale and positioning of this therapy that can have a profoundly positive effect on people's health, quality of life, dignity and requirement for healthcare.”

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DIAGRAM 1: Bowel Dysfunction Treatment Pyramid^{2,3,4}



^a Follow up consultation after 2 months. ^b Follow-up every 7 years (£6,286). ^c One-off cost to include consultant, dietician and GP costs. Caregiver cost is excluded within the minimum cost shown. ^d Cost associated with failed standard bowel care including follow-up appointment costs.

The diagram provides insight into the points of escalation in the treatment of chronic constipation.

The starting point for treatment is at the base of the pyramid with standard Interventions, such as laxatives and dietary changes. However, effective bowel management (following the guidance of several official bodies^{5,6,7}) requires a pathway that first tests those conservative interventions and then, if they are ineffective over a strictly limited period, moves regularly up the pyramid until the patient's condition comes under control. BIG has created an interactive pathway from the Clinical Knowledge Summaries which can be found on its website. It provides further guidance on first, second and third line laxatives prescribed by GPs. Other stages in the pyramid include transanal irrigation^{8,4}. One system is recommended by NICE and likely to provide additional clinical benefits. Transanal irrigation causes a more complete than normal bowel evacuation, helping users to remain continent between regular irrigations. After transanal irrigation more complex and permanent interventions may be required, such as stoma. It is important to move as quickly as possible to the appropriate therapy level to fundamentally improve the patients' ability to live a normal and fulfilling life, both professionally and socially.

Improving Economic Efficiency and Patient Outcomes

Finally, Clinical Commissioning Groups have a number of stated outcome ambitions, and the implementation of an effective evidence-based bowel management pathway is designed to contribute to these, particularly: improved quality of life for patients with long-term condition; reduced emergency admissions, bed occupancy; and improved patient care experience, both in hospital and out of hospital. Moreover, reducing avoidable emergency admissions – and re-admissions – helps local CCGs achieve quality targets enshrined in the NHS quality premium.

The diagram in this short document summarises research on the period for each therapy to be tested before moving up to the next alternative. It also draws on research to indicate the cost to the NHS of each stage. This will be of interest to GPs and CCGs alike to assist their responsible management of public funds.



FOR FURTHER READING:

Bowel Interest Group – The Cost of Constipation⁹

Bowel Interest Group – Chronic Constipation Pathway¹¹

NHS England – Excellence in Continence Care: Practical guidance for commissioners, and leaders¹

NICE – MTG36 Guidance on Peristeen Transanal Irrigation for managing bowel dysfunction⁸

NHS Improvement – Patient Safety Alert¹⁰ Resources to support safer bowel care for patients at risk of autonomic dysreflexia

¹ NHS England, 2018. EXCELLENCE in Continence Care. Practical guidance for commissioners, and leaders... Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf> (Accessed: 30/10/2019) ² NICE, 2019. Clinical Knowledge Summaries: Scenario: Constipation in adults. Available from: <https://cks.nice.org.uk/constipation#!scenario> (Accessed: 30/10/2019)

³ Emmanuel, A., et al. 2016. Long-Term Cost-Effectiveness of Transanal Irrigation in Patients with Neurogenic Bowel Dysfunction, Plus One, DOI: 10.1371

⁴ Emmanuel, A., et al. 2013. Consensus review of best practice in transanal irrigation in adults, Spinal Cord, 51, 732-738. ⁵ NICE, 2014. Faecal Incontinence in Adults, Quality Standard QS54. Available from: <https://www.nice.org.uk/Guidance/QS54> (Accessed: 30/10/2019) ⁶ APPG for Continence Care, 2011. Cost-effective Commissioning For Continence Care. Available from: <http://www.appgcontinence.org.uk/pdfs/CommissioningGuideWEB.pdf> (Accessed: 30/10/2019) ⁷ Continence Care steering Group, 2014. Minimum Standards for Continence Care. Available from: https://www.ukcs.uk.net/resources/Documents/15091716_Revised_Min_Standards_for_CC_in_UK.pdf (30/10/2019)

⁸ NICE, 2018. Medical Technologies Guidance (MTG) 36. Peristeen transanal irrigation system for managing bowel dysfunction. Published 23 February 2018. Available from: <https://www.nice.org.uk/guidance/mtg36> (Accessed: 30/10/2019). ⁹ Bowel Interest Group, 2019. Cost of Constipation Report, 2nd Edition. Available here: <https://bowelinterestgroup.co.uk/cost-of-constipation-report-2019-hcps/> (Accessed: 30/10/2019)

¹⁰ NHS Improvement, 2018. Patient Safety Alert: Resources to support safer bowel care for patients at risk of autonomic dysreflexia. Available from: <https://improvement.nhs.uk/news-alerts/patients-at-risk-of-autonomic-dysreflexia/> (Accessed: 03/08/2018) ¹¹ Bowel Interest Group, 2019. Chronic constipation pathway. Available here: <https://bowelinterestgroup.co.uk> (Accessed: 30/10/2019)