

Figure 1: The Constipation Ladder (version 1).

## CCDHB Constipation Ladder

Try higher doses of the same laxative before adding another agent from a different class. Aim to reinforce non-pharmacological interventions and wean off laxatives as possible. Read the accompanying guideline for more details.

For ambulatory patients with Primary Constipation (no obvious pathology or red flags)	
Step 1: Lifestyle changes	Remain active, hydrated and increase dietary fibre intake.
Step 2: Dietary supplements	Best option: <b>Psyllium Husk</b> [Konsyl-D] <sup>S</sup> (1 Tbsp in 250ml H <sub>2</sub> O, OD then BD if tolerated) Other options: <b>Prunes</b> (6 pieces BD) <b>Kiwifruit</b> <sup>Ax</sup> (1 whole peeled BD) <b>Kiwi Crush</b> <sup>Ax</sup> (70mL in 130mL H <sub>2</sub> O BD) <b>Zyactinase</b> [Phloe] <sup>Ax</sup> (1-2 tablets OD or BD as per response)
If hospitalized, bed-bound, initiating opioids or constipated despite above:	
Step 3: Add an osmotic agent	<b>Macrogol</b> <sup>S</sup> (1 Sachet OD, BD or TDS as per response) or <b>Lactulose</b> <sup>S</sup> (15mL OD or BD as per response)
Step 4: Add a stimulant:	<b>Bisacodyl</b> <sup>S</sup> (10mg oral tablet or rectal suppository OD)
For severe constipation or faecal impaction	
Step 5: try one or more of the following:	<b>Macrogol</b> <sup>S</sup> (8 sachets with 1L H <sub>2</sub> O over 8 hours, repeat daily for 3 days if needed) <b>Mineral Oil Enema</b> (1 enema OD) Manual Removal of Faeces

<sup>S</sup>: Subsidised agents.  
<sup>Ax</sup>: Avoid if allergic to Kiwifruit or Latex.

For opioid induced constipation: Avoid Psyllium Husk.  
For pregnant and breastfeeding women: safest options are Psyllium Husk, Macrogol and Lactulose.  
For moderate Chronic Kidney Disease (GFR <45): may develop fluid overload or hyperkalaemia from hydration, Psyllium Husk, Prunes, Kiwifruit, Kiwi Crush or high dose Macrogol.

Figure 2: The Constipation Ladder (version 2).

## CCDHB Constipation Ladder <sup>V2</sup>

Refer to the [Constipation guideline for community and hospitalised adults](#) for further details.

Try higher doses of the same laxative before adding another agent from a different class.  
Aim to reinforce non-pharmacological interventions and wean off laxatives where possible.

For mobile community patients with primary constipation (no obvious pathology or red flags)	
Step 1: Lifestyle changes	Remain active, keep hydrated and gradually increase dietary fibre intake.
Step 2: Fibre supplement	<b>Psyllium Husk</b> (1 tablespoon in 250 mL of cold liquid: once or twice a day)
If hospitalised, bed-bound, initiating opioids or constipated despite above:	
Step 3: Osmotic agents	Either <b>Molaxole</b> ® (1 Sachet: once, twice or three times a day) Or <b>Lactulose</b> (15 mL: once or twice a day)
Step 4: Rescue stimulant	<b>Bisacodyl</b> (10 mg oral tablet or rectal suppository: once a day)
For severe constipation or faecal impaction	
Step 5: Consider one or more of the following	<b>Molaxole</b> ® (8 sachets in 1 L water over 8 hours: repeat daily for 3 days if needed) <b>Paraffin (Mineral Oil) Enema</b> * (1 enema: once a day) Manual Removal of Faeces

\* Paraffin Enemas are funded in the hospital, but not in the community.

**For opioid induced constipation:** avoid Psyllium Husk.  
**For pregnant and breastfeeding women:** recommended options are Psyllium Husk, Molaxole® and Lactulose.  
**For moderate Chronic Kidney Disease (GFR <45):** avoid excess hydration, Psyllium Husk and high dose Molaxole®

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**Table 1:** The Defined Daily Dose (DDD) utilised for each laxative.

Laxative	Defined Daily Dose (DDD)
Docusate tablet	150mg
Laxsol®	2 tablets
Sodium-phosphate enema	1 enema
Glycerol 3.6g suppository	1 suppository
Sodium-citrate enema	1 enema
Psyllium husk	1 dispensation event
Macrogol (Molaxole®)	2 sachets
Lactulose	10mL
Bisacodyl tablet	10mg
Bisacodyl suppository	10mg
Paraffin mineral oil enema	1 enema
Methylnaltrexone ampoule	6mg

**Table 2:** Comparison of laxatives dispensed before and after the intervention.

Laxative dispensed	Pre-implementation period		Post-implementation period	
	Defined Daily Doses dispensed		Defined Daily Doses dispensed	
	n	(%)*	n	(%)*
Docusate tablet	1,170	(1.0%)	396	(0.4%)
Laxsol®	63,693	(57.0%)	14,554	(16.0%)
Sodium-phosphate enema	1,222	(1.1%)	343	(0.4%)
Glycerol suppository	1,596	(1.4%)	1,025	(1.1%)
Sodium-citrate enema	1,340	(1.2%)	140	(0.2%)
<b>Non-Preferred Laxatives</b>	<b>69,021</b>	<b>(61.8%)</b>	<b>16,458</b>	<b>(18.1%)</b>
Psyllium husk	2,186	(2.0%)	2,791	(3.1%)
Macrogol (Molaxole®)	11,471	(10.3%)	24,874	(27.3%)
Lactulose	28,641	(25.6%)	26,897	(29.6%)
Bisacodyl tablet	208	(0.2%)	17,773	(19.5%)
Bisacodyl suppository	236	(0.2%)	678	(0.7%)
Paraffin mineral oil enema	6	(0.0%)	1,344	(1.5%)
Methylnaltrexone	2	(0.0%)	190	(0.2%)
<b>Preferred Laxatives</b>	<b>42,750</b>	<b>(38.2%)</b>	<b>74,547</b>	<b>(81.9%)</b>
<b>Total Laxative</b>	<b>111,771</b>	<b>(100.0%)</b>	<b>91,005</b>	<b>(100.0%)</b>

**Table 3:** Comparison of lactulose doses dispensed before and after the intervention.

Lactulose dosage dispensed	Pre-implementation period*	Post-implementation period*
<10mL	1.4 %	0.7 %
10mL	12.3 %	10.6 %
15mL	11.9 %	28.2 %
20mL	71.5 %	49.7 %
25mL	0.5 %	0.5 %
30mL	1.7 %	7.0 %
>30mL	0.6 %	3.4 %

\*Due to rounding, totals of percentages may not correspond with the sum of the separate values.