

Management of Constipation in Adults with Dysphagia

1. Investigate, exclude and then manage any underlying [secondary causes](#) of constipation. Review [medication](#) that may be causing or contributing to symptoms with doctor/pharmacist.
2. Consider how the patient eats or drinks: check their Recommendations for Eating, Drinking and Swallowing (REDS) document for speech and language (SLT) recommendations.
3. **In patients who require thickened fluids, it is difficult to achieve the correct IDDSI level when gum-based thickeners (e.g. Nutilis Clear®, Thick and Easy Clear®) are used to thicken polyethylene glycol laxatives i.e. macrogols-brands include Movicol®/Laxido®. Alternatives should be considered, refer to table below and see [MHRA drug safety alert](#) with regards to starch-based thickeners which MUST be avoided with polyethylene glycol laxatives. This guidance should be used alongside learning letter LL-AR-2023-047**
4. Consider fluid intake – for advice see the Dysphagia NI information poster “[Staying hydrated with eating, drinking and swallowing difficulties \(dysphagia\)](#)” or [leaflet](#). Ensure the patient has sufficient hydration and dietary fibre. Refer to the table below, some laxatives are unsuitable if there is insufficient hydration.
5. Consider ability to swallow oral medication. Discuss options with a pharmacist for those patients unable to swallow tablets/capsules/thin liquids safely. **Please note, thickening any liquid medication should only be carried out as a last resort. It will be difficult for patients and/or carers to assess if thickened liquid medication are at the correct IDDSI level.**
6. Review table below for most appropriate laxative choice and discuss with Doctor/Pharmacist to confirm. Discuss possible options with patient.

For further information refer to:

[NICE 'Scenario: Constipation in Adults' \(2023\)](#)

[NICE 'Constipation: Factors affecting choice of laxative' \(2023\)](#)

Table adapted with permission from Dr William McKeown. Source: [Frailty-It's everyone's business](#)

Developed by [PHA Dysphagia NI Partnership](#) and [SPPG Pharmacy and Medicines Management](#)

Date of preparation: 01/2023

Date of review: 01/2025



Changes to medication a pharmacist may recommend

Option 1

- Use a licensed medicine in a suitable formulation to meet the patients needs. For example, switching to a different formulation such as switching from a tablet to a liquid.
- **Remember that patients who need *thickened fluids* cannot take thin liquid medicines. Thickening of liquid medications should only be used when there is no other suitable option.**

Option 2

- Use a licensed medicine off-label e.g.
 - Splitting a tablet
 - Crushing a tablet
 - Opening a capsule

Please note these options are not suitable for all medicines and a pharmacist will advise.

Option 3

- Switching to a 'Special' liquid medicine.
- 'Special' liquid medicines need to be ordered by the pharmacist bespoke to each patient. They are usually only used when there is no other suitable option as they are unlicensed and often expensive.
- **Remember that patients who need *thickened fluids* cannot take thin liquid medicines. Thickening of liquid medications should only be used when there is no other suitable option.**

**Assess suitability of laxative based on SLT Recommendations for Eating, Drinking and Swallowing document (REDS).
Ensure laxative choice is appropriate for individual patient. Use in conjunction with learning letter LL-AR-2023-047**

Type	Examples	Advantages	Disadvantages
Bulk Formers: Retain fluid and increase faecal mass and stimulate gut movement	Ispaghula e.g. Fybogel®	Helpful in adults with low dietary fibre	Can cause bloating, not good for elderly if they struggle to drink enough. Patients/Carers will find it difficult to assess if thickened product is at the correct IDDSI level for administration. Not recommended for people taking constipating drugs.
Osmotic: Increases fluid in large bowel, softens motion and induces gut movement	1. Polyethylene glycol (Macrogols) e.g. Movicol®/ Laxido®. If patient is on a gum-based thickener e.g. Nutilis Clear®/ Thick and Easy Clear avoid use of macrogols in this cohort. See LL-AR-2023-047 and MHRA drug safety alert regarding starch-based thickeners and macrogols. 2. Lactulose	Softens stool Beneficial in opioid induced constipation along with stimulant laxative	Difficult to drink enough volume of fluid needed Adequate oral hydration is needed to prevent dehydration Patients/Carers will find it difficult to assess if thickened macrogol is at the correct IDDSI level for administration and it can take a long time to thicken. Takes 2-3 days to take effect
Stimulant: Stimulates gut movement	Senna Bisacodyl Sodium Picosulfate	Beneficial in opioid induced constipation along with osmotic laxative e.g. opiates Acts within 6-12 hours	Avoid in obstruction Often requires a stool softener as well Can cause cramps and diarrhoea
Stool softeners: Reduce surface tension in stool allowing water to penetrate	Docusate-also has a weak stimulant effect	Useful for hard stools 12 hours to have effect. Does not require increased fluid intake	Can cause abdominal cramps, nausea, flatulence or diarrhoea
Suppositories/Enemas: Various actions depending on preparation used	Glycerol Suppository Bisacodyl Suppositories Microlax enema	Acts within 15 minutes-3 hours	Invasive Can cause electrolyte disturbances

For further information refer to:

[NICE 'Scenario: Constipation in Adults' \(2023\)](#)

[NICE 'Constipation: Factors affecting choice of laxative' \(2023\)](#)

Table adapted with permission from Dr William McKeown. Source: [Frailty-It's everyone's business](#)

Developed by [PHA Dysphagia NI Partnership](#) and [SPPG Pharmacy and Medicines Management](#)

Date of preparation: 01/2023

Date of review: 01/2025