

Psychotropic Induced Constipation Guideline (Antipsychotic / Clozapine / Depot)

Prophylaxis: Is the person able to:

- Adequately hydrated 1.5L minimum fluid intake
- Do 20 min light aerobic exercise / day
- Be adherent with bulk forming / stool softening agents (Metamucil, Fybogel, Docusate)
- Make dietary / lifestyle changes
- Use a stool chart

RED FLAGS

- Moderate to severe abdominal pain

OR

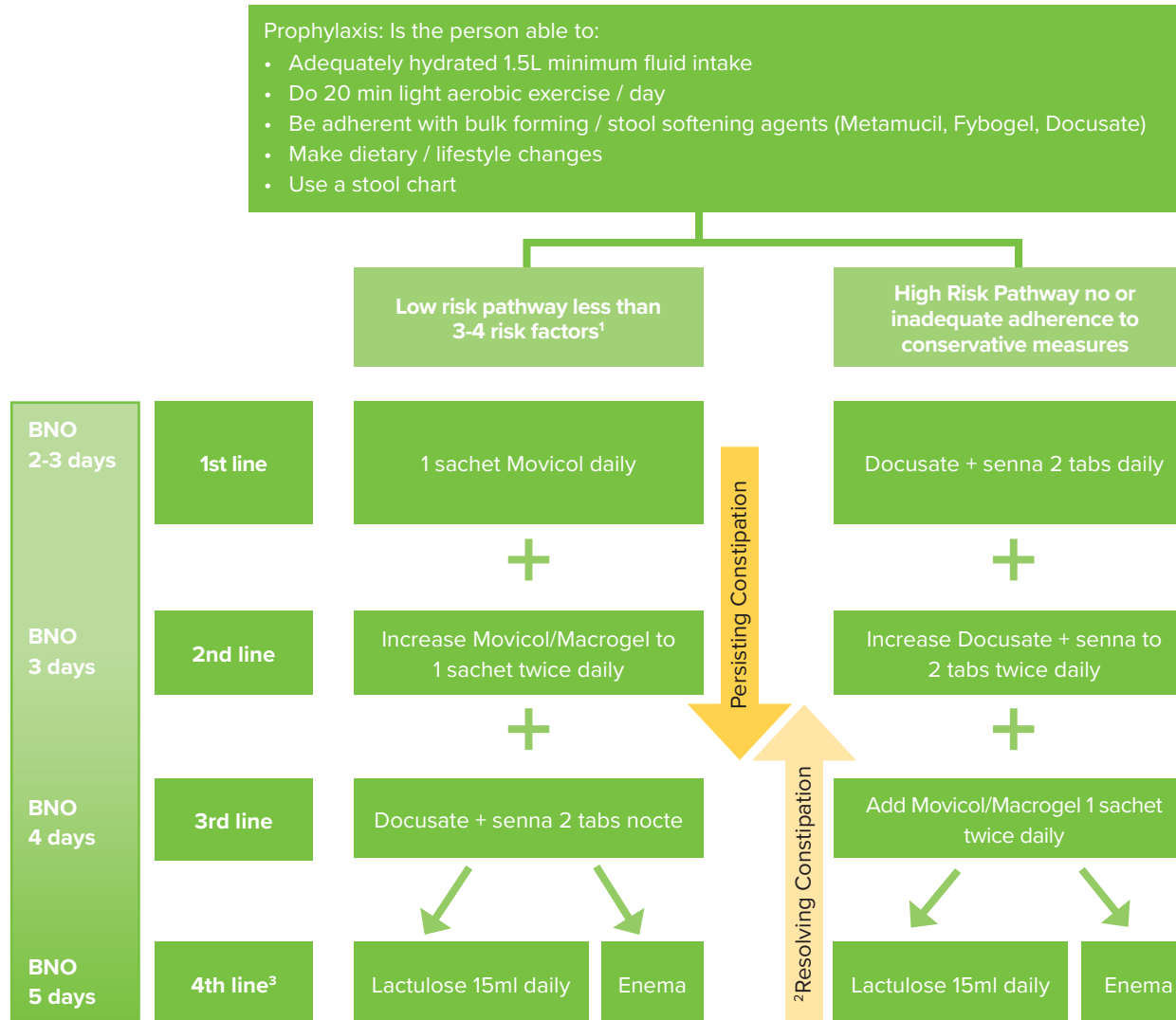
- Any abdominal pain/discomfort lasting over an hour

AND

One or more of the following:

- abdominal distension
- vomiting
- diarrhoea (esp bloody)
- absent or high pitched bowel sounds
- haemodynamic instability
- signs of sepsis
- leukocytosis

- NIL BY MOUTH
- **EITHER URGENT MEDICAL REVIEW**
- OR
- **TRANSFER TO NEAREST TERTIARY CENTRE/ EMERGENCY DEPARTMENT**



¹RISK FACTORS

Profile

- age > 65

Lifestyle

- Low fibre
- Lack of exercise/immobility
- Dehydration

Medical

- CNS: Parkinsons, Stroke, MS
- ERS: Hypothyroid, Diabetes
- GIT: IBS, Diverticular disease
- RHEUM: Scleroderma,
- SURG: Previous abdominal surgery

Iatrogenic

- opioids
- anticholinergics
- calcium channel blockers
- antipsychotics
- Supplements, Iron, Calcium

²Once resolution of constipation occurs sequentially step back through lines of intervention
³Long term use of lactulose has malabsorption risks

Review and reassess as clinically required to achieve successful resolution of constipation: If opening bowels regularly every 3 days or greater despite 3rd and 4th line interventions or regular use of G&O enemas or laxatives like Magnesia San Pellegrino, expedient referral to a specialist gastroenterologist or general physician is required for guidance.