

CLOZAPINE: MANAGEMENT OF CONSTIPATION & GI HYPOMOTILITY

PREVENT Constipation

- Ask about and encourage adequate hydration, physical activity, and a high-fiber diet.
- Review all medications (especially anti-cholinergics and opiates) and re-assess need.
- Patients at elevated risk for constipation include:
 - Patients on opiates or medications with anticholinergic activity, patients with poor hydration and those who are sedentary and on low-fiber diets
 - In these patients, consider prophylactic use of laxatives when starting clozapine or other medications known to cause constipation. (Stool softeners also may be helpful)
 - Avoid bulking agents such as psyllium (Metamucil) or fiber supplements.
 - Encourage adequate hydration, physical activity and a high fiber diet.

ASK about Bowel Function

- Before starting clozapine and at each regular clinical assessment (e.g. , at least weekly when starting clozapine)
 - Encourage monitoring of bowel function by patient, family and other providers

If a patient reports “constipation” (or any of the complaints above), use the modified Constipation Assessment Scale (below) to confirm its presence and severity

Constipation Assessment Scale	No Problem	Some Problem	Severe Problem
Abdominal distention or bloating			
Change in amount of gas passed rectally			
Less frequent bowel movements			
Oozing liquid stool			
Rectal fullness or pressure			
Rectal pain with bowel movement			
Small volume of stool			
Unable to pass stool			
Straining			
Sense of difficulty in passing stools			
Incomplete evacuation			
Hard lumpy stools			
Prolonged time to stool			
Need for manual maneuvers to pass stool			

If “Some Problem”, monitor bowel function, start treatment (see below), and consider medical consultation.

If “Severe Problem” and/or if patient has nausea/vomiting, refer for **URGENT** medical assessment. Develop a plan for individualized ongoing monitoring for patients with a history of constipation.

TREAT Constipation

- Prescribe laxatives to soften stool and shorten transit time through GI tract.
 - Osmotic laxatives: Lactulose, polyethylene glycol (e.g., Dulcolax, Glycolax, Miralax)
 - Stimulant laxatives: (e.g., Senna, cascara)
 - Stool softeners: (eg docusate sodium)
- Consider an enema for persistent constipation.
- Develop a plan for ongoing individualized monitoring of patients with a known history of constipation