Provincial Adult Chronic Constipation Primary Care Clinical Pathway

1. Diagnostic criteria

Presence of at least 2 symptoms for at least 3 of the last 6 months:

- < 3 spontaneous bowel movements per week
- Hard or lumpy stool (Bristol type 1-2) for > 25% of defecations
- Straining during > 25% of defecations
- Sensation of incomplete evacuation for > 25% of defecations
- Sensation of anorectal blockage for > 25% of defecations
- Manual maneuvers needed to facilitate > 25% of defecations

2. Medical history

- Duration and progression of symptoms - the trend is key
- Frequency of bowel movements
- Symptoms of abdominal pain, bloating, and/or distention
- Precipitating events (change in diet, fluid intake, travel, physical activity, new medication introduced)
- Past use of laxatives or other agents
- Factors that may indicate defecatory dysfunction (traumatic perineal injury, sense of "blockage" at the outlet, having to rotate or "wiggle" on the toilet to pass stool, use of digitation to facilitate bowel movement)

3. Is it IBS-C?

Predominant symptoms of pain and/or bloating

→ Follow IBS Pathway

4. Physical examination

- Abdominal examination
- Digital anorectal examination

5. Alarm features

- Family history (first-degree relative) of colorectal cancer
- Unintended weight loss (> 5% over 6-12 months)
- Sudden or progressive change in bowel habits
- Visible blood in stool
- Suspicious mass or irregularity of anal canal on exam
- Iron deficiency anemia (see Iron Primer link above for details)
- Tenesmus
- Rectal pain without alternative etiology

Yes → 9. Refer for consultation/ endoscopy. See referral guideline tab for details.

If unsatisfactory response to management, consider using an advice service before referring. See referral guideline tab for details.

6. Optimize management of secondary causes

- Medication history, including OTCs and supplements
- Underlying medical conditions, limited physical activity, attention to diet/fluid intake, bowel regimen (especially in the elderly)

7. Baseline investigations

- Routine investigations may be considered to rule out secondary cause of constipation and alarm features: CBC (if no recent result)
- Glucose, creatinine, calcium/albumin, TSH, celiac disease screen
- Abdominal radiograph (may be useful in elderly)

8. Management

- Education (e.g. timing and posture of defecation), reassurance, and expectations management
- Fibre and fluids
- Physical activity
- Laxatives:
  - Bulk Forming, Osmotics, Stimulants
- Linaclotide or Plecanatide
- Prucalopride
- Probiotics

Management "failure" is subjective. Suggest at least 3-6 months of titrated, multi-pronged therapy that mixes various treatment approaches to improve symptoms.