Shared Care Guideline for Prucalopride (GP Summary)

It is essential that a transfer of care only takes place with agreement of the GP and when sufficient information has been received. If the GP does not agree to share care they will inform the Consultant responsible for the patient's care

Basingstoke, Southampton & Winchester District Prescribing Committee

Specialist Contact Details	**Patient ID Label**
Name:_____	**Surname:**_____
Location:_____	**Forename:**_____
Date:_____	**NHS Number:**_____
Tel:_____	**Date of Birth:**_____

Indications	Treatment of chronic idiopathic constipation where treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months has failed to provide adequate relief and invasive treatment for constipation is being considered NICE TA211 recommends prucalopride as an option for women
Dose & response	Adults up to 65 years of age: 2mg once daily. Over 65 years of age: start with 1mg daily, increase to 2mg if needed. Severe renal impairment (GFR<30ml/min/1.73m^2) 1mg daily. Severe liver impairment (Child-Pugh class C) 1mg daily, increase to 2mg with caution. **Assess response after 4 weeks- discontinue if ineffective**.
GP Responsibilities	• GPs may initiate treatment in accordance with NICE criteria if they are experienced in treating idiopathic chronic constipation, or continue treatment following advice from a hospital specialist. • Undertake regular objective and symptomatic assessment of constipation severity. • Discontinue treatment if it is ineffective or if adverse reactions / side effects occur. • Refer to & seek advice from hospital specialist as appropriate. • Discontinue treatment if symptoms resolve and patient agrees to a break in treatment.
Primary care monitoring	**Regular review of constipation severity:** Increase or decrease in number of spontaneous complete bowel movements. Assessment of symptomatic benefit- abdominal and rectal pain, bloatedness, straining and feeling of incomplete evacuation after bowel movement.
Contra-indications	• Known or suspected mechanical gastrointestinal obstruction or intestinal perforation due to a structural or functional disorder of the gut wall; obstructive ileus, severe inflammatory conditions of the intestinal tract such as Crohn's disease, ulcerative colitis, toxic megacolon. • Patients who have severe diarrhoea • Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption due to use of lactose as excipient. • Renal impairment requiring dialysis
Cautions	• Women of child-bearing potential need to use effective contraception during treatment. • Pregnancy - consider risks and benefits of treatment with patient • Breast feeding - prucalopride is excreted in breast milk and risk to the newborns/infants cannot be excluded. However, at therapeutic doses, no effects on breastfed newborns/infants are anticipated. • Patients with a history of arrhythmias or ischaemic cardiovascular disease as there is limited information on safety and efficacy in such situations.

Date approved: December 2019
Review date: December 2021

Important adverse effects & management	• Dizziness and fatigue have been reported with prucalopride, particularly during the first day of treatment. Advise patients about potential effects on driving & use of machinery. • Gastrointestinal symptoms (abdominal pain, nausea or diarrhoea) occur in approximately 20% of patients predominantly at the start of therapy and usually disappear within a few days with continued treatment. NB: Severe diarrhoea may reduce the efficacy of oral contraception. • Patients should be made aware of the possible occurrence of diarrhoea during treatment & instructed to inform their physician if severe diarrhoea occurs. Women should be advised that the effectiveness of oral contraceptives may be reduced.
Important Drug Interactions	Caution with drugs causing QTc prolongation Atropine-like drugs may reduce effects of prucalopride
Patient information links	**http://www.medicines.org.uk/emc/PIL.23199.latest.pdf**

This guidance should be read in conjunction with the BNF

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