Improving Screening for Constipation Amongst Individuals Using Clozapine

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Introduction

- Clozapine is an atypical antipsychotic, commonly used in the management of schizophrenia, that functions by posing an increased binding affinity for various dopamine receptors.[1]
- Clozapine is associated with an impairment in intestinal peristalsis and the severity of this ranges from constipation, which occurs commonly, to intestinal obstruction and paralytic ileus.[2]
- NICE guideline [NG181] 1.9.12 states that medicines used to manage complex psychosis should be reviewed regularly, including monitoring for constipation in individuals taking clozapine.[3]

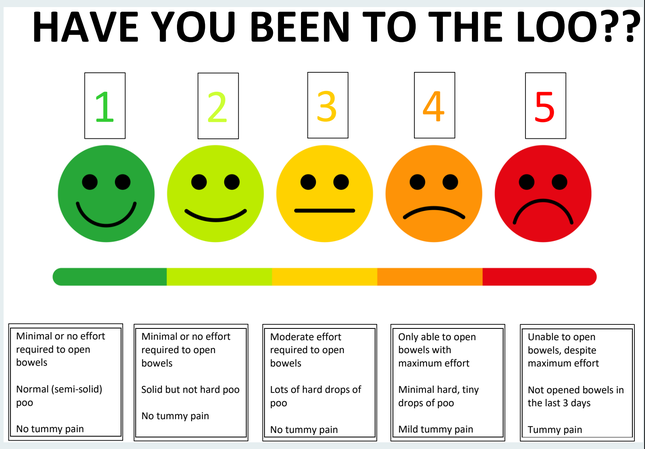
Aims

- Reduce the incidence and severity of constipation amongst our service users
- Increase the frequency in which these individuals are being screened for constipation.

Baseline Demographic Data	Mean (+/- SD)
Age (years)	36.6 (±12.5)
Gender (% female)	88.9
Laxatives (% proportion)	Movicol (28.6), Lactulose (19.0), Senna (14.3), Docusate (28.6), Phosphate Enema (9.52)
Clozapine care plan (% included)	66.7

Methods

- Retrospective data collection using electronic healthcare records.
- Cycle 1 occurred in September 2021 and included data from the previous 12 month period.
- Interventions including a five-point Likert Scale based on the Victoria Bowel Performance Scale, later accompanied by a Free-text medication prescription prompting staff to enquire about service user bowel habits, were then implemented.
- Service users were reviewed on a weekly basis and asked to select the Likert Scale score that corresponded to their average bowel opening behaviour over the past one week.
- Cycle 2 occurred after the initial 8 week intervention period.



Results

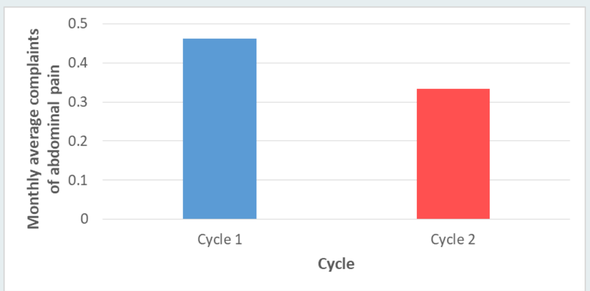


Fig 1. The blue bar represents audit cycle 1 and the red bar represents audit cycle 2. The monthly average complaints of abdominal pain per individual was lower in cycle 2 (0.333) compared to cycle 1 (0.462).

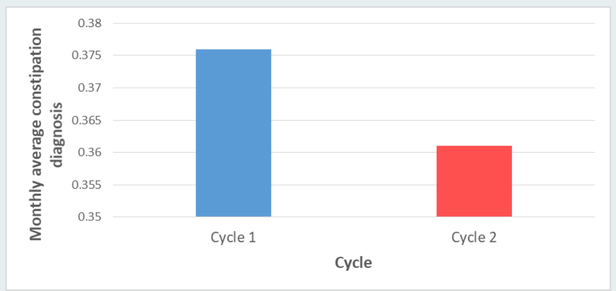


Fig 2. The monthly average constipation diagnosis per individual was lower in cycle 2 (0.361) compared to cycle 1 (0.376).

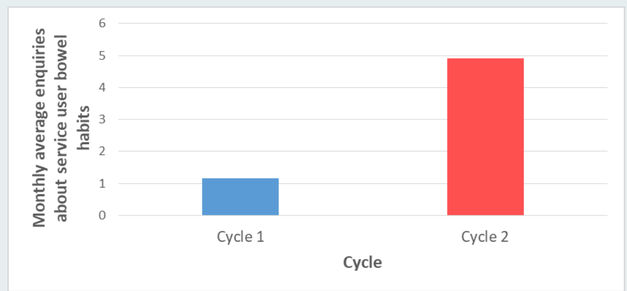


Fig 3. The monthly average enquiries about service user bowel habits per individual was higher in cycle 2 (4.917) compared to cycle 1 (1.167).

Conclusions

- Cycle 1 revealed poor compliance with NICE [NG181] 1.9.12, resulting in higher rates of abdominal pain and an increased risk of constipation.
- Following the application of our interventions, cycle 2 demonstrated increased compliance.
- Regular monitoring for constipation significantly reduced service user symptoms, demonstrating its value.

References

1. Pharmacokinetics and Pharmacodynamics of Clozapine. Jann MW, Grimsley SR, Gray EC et al (1993)
2. Pharmacological treatment for antipsychotic-related constipation. Every-Palmer S, Newton-Howes G, Clarke MJ (2017)
3. Https://www.nice.org.uk/guidance/ng181/chapter/Recommendations