

Clozapine Constipation Prophylaxis: Developing a National Movement

Lee Griffiths & Katie Evans
Cardiff & Vale University Health Board

Katie.evans@wales.nhs.uk / Lee.Griffiths@wales.nhs.uk



Clozapine and Constipation

- **Clozapine:** Highly effective for treatment-resistant schizophrenia.
- **Risk:** Clozapine-Induced Gastrointestinal Hypomotility (CIGH) slows gut transit.
- **Prevalence:** Affects ~75% of patients.
- **Detection:** Often silent, hard to spot.
- **Severity:** At worst hospital care/ surgery &/ potentially fatal.

Darren.

Died aged 24 in Mental Health Unit.

Cause of Death: Sepsis caused by a toxic megacolon from CIGH/ clozapine-induced constipation.

'not overly concerned about constipation because he had a bowel movement the previous night'




Laxative Prophylaxis

- **Research:**

- A New Zealand based protocol demonstrated prophylactic laxatives reduces the prevalence of serious CI GH cases.
- 8.2 cases per 100 person- years Vs. 1.1 cases per 100 person years (RR 0.13 95% CI 0.043 – 0.043)
- Serious CI GH defined as: **Life-threatening constipation from clozapine leading to complications like bowel obstruction, ileus, ischemia (lack of blood flow), necrosis (tissue death), perforation, or megacolon, requiring urgent hospital care, potentially surgery, with fatality risk.**

- **Cardiff & Vale:**

- Adapted NZ Clozapine Laxative Prophylaxis Policy (CLPP) in 2019
- Approved for use in 2020/21.



Clozapine Causing Constipation – Prophylaxis and Treatment Guideline

CAVUHB recommend the use of prophylactic laxatives when commencing clozapine treatment, to prevent the onset of constipation. Clozapine is the preferred option for treatment-resistant schizophrenia, but is associated with gastrointestinal hypo-motility. This can result in potentially fatal outcomes from intestinal obstruction, faecal impaction and paralytic ileus.

Prior to commencing Clozapine treatment:
Assess for constipation risk factors*.
Ensure baseline bloods for calcium, TFTs and glucose have been completed.
Undertake gastrointestinal history and perform abdominal examination
Record normal bowel habit (e.g. bowels open daily) and ensure that a stool chart is maintained daily for the first 4 weeks of treatment.
Ensure that any pre-existing issues with constipation are treated effectively and resolved prior to commencing clozapine – involve Dietetics if appropriate
Upon clozapine initiation:

What We Wanted to Achieve

- Check preventative laxative use in Cardiff & Vale.
- Gather patient & staff thoughts & views on CIGH .
- Assess if laxatives reduce A&E visits & subsequent hospital stays.
- Benchmark practice across Welsh health boards.

How We Did It

- **Audits:** Checked prescriptions for 245 current clozapine out-patients for preventative laxatives.
- **Surveys:** Asked 100+ patients/carers, 89 prescribers & 13 specialist staff about CIGH knowledge and views.
- **Data Analysis:** Reviewed CIGH-related A&E visits/admissions (2006–Sept 2025) and compared costs of laxatives vs. treating severe cases.
- **National Benchmarking:** Spoke to clinicians across Welsh health boards about CIGH prevention practices.



What We Found

1 Uptake of Preventative Laxatives

- 67% of patients were on regular laxatives.
- Best practice: two types (osmotic + stimulant), but only 50% received both.
- Some patients on unsuitable treatments → room for improvement.

2. Patient Views

- 93% knew constipation could be serious & were happy to take laxatives.
- Some felt embarrassed discussing bowel habits.

What We Found

3. Staff Views

- Nobody opposed laxatives, but many were unsure about long-term use.
- Confidence in management of ClGH improved when staff understood the CLPP.

4. Impact on Emergency Care

- 76 A&E visits linked to ClGH since 2006; 21 regarded as 'Serious ClGH'
- Serious cases mostly occurred in patients without proper laxative cover.
- Cost modelling: Preventative laxatives could avoid acute care spend of **£19k–£74k/year** in Cardiff & Vale.

Challenges

- Data fragmentation & legacy systems
- Cultural stigma around bowel habits
- Limited awareness among general clinicians
- Delays in reactive treatments due to prescriber access



Wales- Wide?

- Practices vary across Wales; no consistent approach to CIGH prevention.
- **1,685 NHS patients in Wales take clozapine.**
- Without laxatives: ~138 could suffer serious CIGH annually.
- With laxatives: Cases could drop to **19 per year.**

Conclusion & Next steps

- **Prophylaxis improves safety, reduces harm & costs.**
 - High patient acceptance when educated.
 - Opportunity for **national standardisation**.
 - *Good health and care is everyone's responsibility.*
-
- **Propose All-Wales Guideline** for ClGH prevention.
 - Integrate **prompts into e-prescribing systems**.
 - **Education rollout** for staff & patients.
 - Expand prescribing access (**PGDs, NMPs**).



Clozapine Constipation Prophylaxis: Developing a National Movement

Lee Griffiths & Katie Evans
Cardiff & Vale University Health Board

Katie.evans@wales.nhs.uk / Lee.Griffiths@wales.nhs.uk

