Section Scottish Palliative Care Constipation Guideline

COMMENTS RECEIVED FROM EXTERNAL REFEREES AND OTHERS

All reviewers submitted declarations of interests which were viewed prior to the addressing of comments.

Open consultation			**Type of response and declared interests**
AD	Alistair Duncan	Pharmacist, NHS Grampian	*Individual response.* Nothing declared.
AS	Anna Sutherland	Palliative Care Consultant, Strathcarron Hospice	*Individual response.* *Non-financial personal interests* Nausea and Vomiting *Any other interests of relevance* Professional lead for SPCGs
CGD		Yann Maidment, College Lead for Research submitting comments on behalf of the College of General Dentistry	*Group response.* *Nature and purpose of your group or organisation* Professional body comprising of registrant members of the whole dental team. To empower the public and patients to achieve and maintain good oral health through its professional community
ED	Emma Dymond	Consultant in Palliative medicine, Glasgow Royal Infirmary, NHSGG&C	*Individual response.* Nothing declared.
HB	Honor Blackwood	Specialist Nutritional Support Dietitian, NHS Forth Valley	*Individual response.* Nothing declared.
JG	Jennifer Gibson	GP, Lead GP for Palliative Care NHSL, former Palliative Care SAS doctor, NHS Lanarkshire	*Individual response.*

			Nothing declared.
JM	Jennifer McCraken	Highly Specialist Dietitian, The Royal Marsden	*Individual response.* *Non-financial personal interests* I chair the BDA palliative care subgroup, a special interest subgroup of the BDA Oncology specialist group. Feedback is therefore collated from dietitians with clinical and research experience in palliative care.
LH	Lucy Hetherington	Consultant in Palliative Medicine, Beatson, West of Scotland Cancer Centre	*Individual response.* *Non-financial personal interests* I have published a book chapter on substance use and palliative medicine - no financial remuneration
MA	Mairi Armstrong	Macmillan Nurse Facilitator, GGHB	*Individual response.* Nothing declared.
MT	Mandy Trickett	Physiotherapist/Practice Education Lead, NHS Highland	*Individual response.* *Non-financial personal interests* Published work in cancer rehabilitation when worked as a Palliative Care physiotherapist.
RCGP		Marcus Carslaw, Policy and Public Relations Officer submitting comments on behalf of the Royal College of General Practitioners Scotland	*Group response.* *Nature and purpose of your group or organisation* RCGP Scotland is the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.
RP	Rosemary Pengelly	Public Partner, Healthcare Improvement Scotland	*Individual response.* *Any other interests of relevance* University of Stirling as an unpaid community researcher.

SD	Siobhan Dobie	Hospital Medical Pharmacist, University Hospital Wishaw, NHS Lanarkshire	*Individual response.* *<u>Financial personal interests</u>* AstraZeneca educational events for COPD

REVIEWER	COMMENT	DEVELOPMENT GROUP RESPONSE	EDITORIAL GROUP RESPONSE
Assessment			
LH	The comment re 'abdominal, rectal, stomal examination is necessary' seems out of place, demanding and lacking in information. I wonder if it would be best to say 'consider abdominal, rectal etc examination where appropriate' then elaborate on what they should be looking for and how it would impact on treatment.	Not sure we should be teaching people how to examine, should be trained to do so. Don't think it's out of place. ASu thinks the sentence in the guideline is accurate. Action: thanks for your comment	✓
RCGP	RCGP Scotland broadly agrees with the updated palliative care guideline for constipation. We welcome the thorough description of how to assess constipation and believe this detail will be useful for staff unfamiliar in assessing constipation in patients receiving palliative care. We note however, that under the assessment section, the guidelines ask staff to 'clarify cause before starting treatment'. While we appreciate that the guidelines are for all staff involved in caring for palliative care patients, it may not be possible to clarify the cause of constipation before starting treatment in primary care settings due to the time it can take for blood results to be returned.	ASu - Guideline is not written just for general practice. ASu – start treatment before they know the cause while waiting for bloods. Maybe need a comment in the draft. EG – agree. Action – thanks but we believe it right to continue treatment as described in guideline.	✓ Included in 'Management: General advice' ✓

Management			
JM	General advice (p.2) • Increase fibre intake: fruits, vegetables, whole grains, nuts • Incorporate legumes and seeds in diet: beans and lentils, chia and flaxseeds, dried fruit, kiwi • Increasing hydration: drinking plenty of water is crucial for fibre to work effectively. Try warm herbal teas. • Establish routine eating times • Physical movement as possible • Use of fibre supplement or fibre feed if on artificial nutrition However, dietary advice is dependent upon cause of constipation- for example, need to rule out bowel obstruction where a low fibre diet may be indicated.	Thank you. We would prefer not to go into too much detail on different foodstuffs. We have added the following bullet point to the general advice: Review dietary intake, aiming to increase fibre intake unless contraindicated, such as in bowel obstruction.	✓ ✓
RCGP	The College believes that the management section for the care of palliative patients with constipation is sensible, covering basic options such as laxatives and then more advanced options. We note that rectal treatment is listed under the management section. We wonder whether it may be useful to	Agree. The aim of the guideline is to provide general advice and signpost to more specialist advice where needed.	✓

	reference nursing care here - in the community they are more likely to be involved with such care and to perform rectal examinations for the consideration of use of a suppository or an enema.	We do not consider that the advice is restricted to GPs as we are aware that District Nurses manage this.	✓
AS	p2 - deprescribing - suggest giving an example such as anticholiergics	Agree – we have added the following bullet point into General advice: Reviewing reversible factors includes de-prescribing contributing medications where possible, for example: • Aluminium-containing antacids, iron or calcium supplements • Analgesics e.g. opioids and nonsteroidal anti-inflammatory drugs (NSAIDs) • Antimuscarinics e.g. oxybutynin • Antidepressants e.g. tricyclic antidepressants • Antipsychotics e.g. amisulpride, clozapine and quetiapine • Antiepileptics e.g. carbamazepine, gabapentin, oxcarbazepine, pregabalin and phenytoin • Antispasmodics e.g. hyoscine butylbromide • Antihistamines e.g. hydroxyzine • Diuretics e.g. furosemide	✓

AD	p3. Management table. Does the 1,2,3, list imply stepwise treatment (make clearer)	The table has been changed to state First line, second line, third line.	✓ I'm still not clear about 1,2,3 in third line. *This has been made clearer to say 1st line, 2nd line, 3rd line*
ED	Good. In management section where it says docusate no benefit in addition to senna I wonder if it should highlight that it may still have some use as a stool softener.	We have added the following bullet point under second-line options: Docusate sodium 100mg to 200mg twice daily. Docusate sodium can be used in isolation; however, docusate sodium may not provide additional benefit when combined with senna treatment.	✓
AD	""Docusate sodium 100mg twice daily is commonly added to senna but is unlikely to offer additional benefit over senna alone"" - what is the recommendation here? Use or not?	We have added the following bullet point under second-line options: Docusate sodium 100mg to 200mg twice daily. Docusate sodium can be used in isolation; however, docusate sodium may not provide additional benefit when combined with senna treatment.	✓
JG	Generally excellent and easy to read, but on page 3 would suggest change of wording from "Add Rectal Treatment (if rectum loaded- Do not give rectal treatment if rectum is ballooned and empty)" to "Add Rectal Treatment if rectum is loaded (do not give rectal treatment if rectum is ballooned and empty)" for ease of reading and to avoid confusion. (I had to read the original wording twice the first time as I found it hard to make sense straight away).	Agree. We have added to the Management table for third-line treatment: Add Rectal treatment if rectum loaded (do not give rectal treatment if rectum is ballooned and empty)	✓
AD	Arachis oil and nut allergy (later stated as peanut) - inconsistent	We have amended to nut allergy for consistency and safety.	✓

AD	Statement: "The options above may be equally effective" to each other? Confusing for reader. What is the recommendation?	This has been removed and the headings changed to first line etc.	✓
AD	p4. "Paraplegic or bedbound patient" - Define "rectal intervention", clarify what is meant by a "Bowel regimen" give example?	Final bullet point has been amended to: An example of a commonly used “bowel regimen” includes; commencing glycerol and bisacodyl suppositories once daily every 2-3 days; if this is ineffective, consider increasing frequency of suppositories or escalating management to enema treatment.	✓
Opioid-induced constipation			
AD	"Opioid Induced Constipation" Suggest initial statement here along the lines of. Ensure all patients taking regular opioids are prescribed laxatives and are taking them.	This has been amended to: All patients initiated on opioids should be aware of constipation risk and be prescribed as required laxatives initially. Patients often go on to require laxative prescription on a regular basis.	✓
AD	Re Fentanyl. State "may" be less constipating and "could" be considered i.e. soften recommendation.	Agree – this has been changed.	✓
AD	Oral PAMORA "such as Naldemedine" - why single out Naldemedine - this implies preference. Is this intended as first line?	Bullet point amended to: Oral PAMORAs, such as naldemedine or naloxegol, may be considered.	
LH	Consider adding eg Naloxegol as well as Naldemedine in the paragraph re PAMORA.	Bullet point amended to: Oral PAMORAs, such as naldemedine or naloxegol, may be considered.	✓

AS	PMORAs - please move contraindication to same line as PMORA, unclear what the statement relates to	Agree. Second last bullet amended to: Contraindication to PAMORAS include gastrointestinal (GI) obstruction or patients at risk of GI perforation.	✓
AD	Should these approaches fail, DO NOT escalate [ADD] "TREATMENT TO" injectable PAMORAs. This should only be used for opioid-induced [ADD] "CONSTIPATION" under specialist palliative care advice.	Agree. Sentence has been amended to: Should these approaches fail, DO NOT escalate treatment to injectable PAMORAs. This should only be used for opioid-induced constipation under specialist palliative care advice.	✓
Practice points			
AS	practice points - remove ""add link"" and in add hyperlink	Hyperlinks will be added and checked when the amendments are added to RDS.	✓
HB	Advice suggests "oral fluids" however consideration needs to be given to those who may be on enteral feeding therefore suggest it states "fluids" and does not state route. Also useful to comment that it can also affect nutrition if constipated as can cause pain/discomfort/early satiety etc. Consideration also re if fluid intake is an issue, consideration of providing a laxative which does not require large volumes of fluid.	Agree. The bullet point has been amended to: In patients who are receiving enteral feeding and are constipated, it is important to consider total volume of fluid intake in 24 hours and adjust water flushes as necessary to maintain adequate hydration and treatment of constipation. Advice should be sought from their dietitian as the enteral feeding product may require review, such as utilising a product with a higher fibre content.	✓
Resources			
AD	p.5. "Resources" - broken links and some old references e.g. Medicines Compendium and PCF that can be updated.	Old links have been removed and references updated.	✓

Further information			
AS	p6 table - use 1,2,3 approach in table - i.e. stimulants before docusate, not after.	We have restructured the table and put stimulants first.	✓
AD	p.6. Further Information Lactulose - can it be both sickly sweet and palatable. Lactulose - define adequate fluid intake	The text says that some find it sickly sweet. The guideline group do not think this needs to be changed. 1.5 litres per day has been added as a definition.	✓ ✓
AD	p.7. Further Information Sodium picosulfate - "May be trialled "IF" senna ineffective.....	Amended to: May be considered if senna is ineffective or not palatable.	✓
AD	Glycerol and Bisacodyl - state here given together here as stated elsewhere in the guideline.	This is covered in the table on management.	✓
SD	The laxatives medicine information chart is very useful and may be better placed further up guideline so easier to find?	Access to the section is clearer in RDS and can be hyperlinked.	✓ Agree should be hyperlinked
PAMORAS			
AD	p.8. PAMORAs Add statement to "Stop PAMORAs if the opioid is stopped"	This has been added to the section under Management: Opioid-induced constipation.	✓
AD	p.9. Duplicated statement: "Subcutaneous injection dose according to weight of patient"	Duplicate removed, thank you.	✓
References			
AD	p.10. References - PCF is now 8th Edition."	The references have been updated.	✓

General comments			
AD	General: Inconsistency in terms [opioid / opiates] used.	Changed to opioids throughout.	✓
CGD	The guidelines have been well produced and written. They are sufficiently general that no specific additional guidance appears to be necessary for the special area of general dental and oral health care beyond what appears elsewhere for special situations (e.g. oncology care). An old (Galen, 2nd century A.D) piece of guidance that "the extraction of teeth should not be undertaken - unless there is no alternative"", still holds true -even more so in palliative care.	Thank you	✓
MA	Great	Thank you	✓
MT	Unable to comment - out with scope of practice but good to see physical activity included.	Thank you	✓
RCGP	As with the breathlessness guidelines, RCGP Scotland welcomes the inclusion of practice points but note they are located towards the bottom of the document. We also note that the first practice point contains the text 'add link' which does not have a link inserted. The further information listed at the bottom of the document such as the laxative medicines information chart is	The guideline will be published in RDS where access to the practice points is clearer and can include a hyperlink. Subheading on RDS to changed from further information to Laxatives medicines information chart.	✓ ✓

	useful, but signposts to this should be included in the main body of the guidelines. The Scottish Palliative Care Guidelines are a useful resource for GPs treating palliative care patients and the updated guidelines offer an improvement on previous versions. The College feels it would be useful for the guidelines to be made available via an app to allow ease of access to the information via mobile devices on home visits. This would be of particular benefit to doctors working in remote and rural areas where internet connectivity may be patchy or limited.	The update will be published on the Right Decisions Support platform along with the rest of the Scottish Palliative Care Guideline	✓
RP	But there is nothing for the patient/carer on the constipation guideline. That is an omission, as it has to help ease things when the patient/carer is handled well and also informed on ways in which to handle constipation (especially if the person is organising to die at home). The four guidelines seem to have an inconsistency, as getting the patient/carer 'onside' must help also with the easing of the patient and, separately, also the clinical options. Such inconsistency is a weakness, so please could there be some consistency across the four guidelines, ideally on the ethos as well captured	This guidance is aimed at healthcare professionals. Patient advice for palliative care on NHS Inform is derived from the palliative care guideline. We have included a link to NHS Inform.	✓

	within the breathlessness wording for patients/carers.		