RESPONSE TO ACD REPORT ON PRUCALOPRIDE FOR CHRONIC CONSTIPATION – August 2010

In reading through the detail of this report I believe that all the relevant published literature has been reviewed.

- Who will receive the drug? Although the population prevalence of chronic constipation is high, the population who will be suitable for consideration of prucalopride is low. The ACD recommendation that lifestyle moification followed by trial of two different laxative regimes be tried will improve care for these individuals, as their current management is often rather piecemeal. As such, I believe, the numbers of patients who improve, without need for prucalopride, should not be excessive. By defining these steps of treatment, and specifying also the population with *chronic* constipation I believe the key conclusion is a sound one.

- Who should prescribe the drug? Of course gastroenterologists and colorectal surgeons have "experience of treating chronic constipation". Other specialists who manage significant numbers of patients who develop constipation will not necessarily use the drug: for example gerontologists and rehabilitation specialists should implement the lifestyle and structured laxative approach first. Post-surgical constipation does not fall into the description of chronic constipation, so again the drug will not be used in that setting. The remaining issue is within primary care: there are some GPs with a special interest in gastroenterology who may see a disproportionate number of constipated patients within their practice, and the introduction of a stepped approach to care should help patient management. I do not believe the majority of GPs will prescribe the drug above the currently available laxatives with which they have greater familiarity.

- Could the drug reduce costs to the NHS? I do not believe that there would be significant numbers of patients prescribed the drug in primary care to reduce referrals, and I believe patients will still have rationalisation of laxatives as a first specialist intervention. Only in refractory patients will prucalopride be considered, and here it would, I believe, be a cheper and less invasive option than alternatives like irrigation and surgery.