

Dear Miss Farrar

I have had the opportunity of reading the ACD for prucalopride for the treatment of chronic constipation in women and I would like to offer some comments.

1. My clinical background is in primary care and like my colleagues, I appreciate the severity of this problem (chronic constipation) in many patients and our relative inadequacy in dealing with it effectively. These patients frequently comprise a "silent" group who have tried many unsuccessful alternatives and suffer without recognition - their situation commonly leads to frustration, disabling symptoms such as abdominal pain, bloating and straining as well as a generally reduced and confining quality of life. These patients often resort to drastic and unpleasant measures such as digital manipulation to relieve their constipation.

2. A group of patients with chronic constipation reach a stage where acute intervention is necessary - these comprise of patients (normally elderly) who may need hospital admission or Emergency Care attendance for interventions to relieve symptoms such as abdominal pain or vomiting. The burden upon primary and community services is substantial, impacting upon the secondary care sector. The majority of patients with chronic constipation consult in and are managed in primary care.

3. A high proportion of patients with chronic constipation will have tried a number of treatments. Referral to a specialist for further management (including the potential use of prucalopride) will be associated with further delays and resource use. With adequate provisos and guidelines for its use prucalopride is well suited for prescribing in primary care. Even if prucalopride is restricted to specialist prescribing subsequent prescriptions will need to be issued by the GP - this is only feasible if the indications and prescribing guidelines are understood by the GP, who will carry the responsibility for monitoring the treatment and the patient's ongoing care. Considering the burden of care and the point at which patients consult it seems appropriate that GPs should be able to prescribe prucalopride and that it is not confined to specialist use.

Personal declaration

In submitting these comments I am expressing my personal, professional opinion, based on my clinical experience and my academic work. I have served on an advisory board for Movetis, the manufacturers of prucalopride and have given presentations on the management of chronic constipation in meetings sponsored by Movetis.

Yours sincerely

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