

Handy Fact Sheet Clozapine and constipation

What the problem is:	Why it is important to you:	How you can help yourself:
<ul style="list-style-type: none"> • Clozapine can cause severe constipation • People taking clozapine often don't make enough fuss or it is not taken seriously 	<ul style="list-style-type: none"> • It can be fatal • It can also make your life very difficult • It can nearly always be avoided 	<ul style="list-style-type: none"> • Make notes of your bowel movements • Make sure you are given a regular laxative if you need one • Make a fuss if you get constipated and get treatment

What is constipation?

- When you want to poo (pass a stool) but can't, or find it hard to poo regularly
- Normally, you should probably go at least every three days, although people vary.

What are the symptoms of constipation?

A normal stool (poo) should not be hard but should not be too soft. The symptoms of constipation are:

- A change from your usual pattern of how many times a week you go e.g. going less often than you used to
- A change in hardness of your stools e.g. to dry, hard, lumpy stools
- Straining to pass a stool
- Stomach aches that get better after a poo
- Feeling sick
- Feeling less hungry
- Feeling bloated or full
- Smelly wind.

Constipation can get so bad that it looks like "the runs" (diarrhoea) as stuff from further up the bowel 'leaks' past the blockage.

Bristol Stool Chart - Developed at University of Bristol

Type.1		Separate hard lumps, like nuts (hard to pass)
Type.2		Sausage-shaped but lumpy
Type.3		Like a sausage with cracks on its surface
Type.4		Like a sausage, smooth and soft
Type.5		Soft blobs, clear cut edges (passed easily)
Type.6		Fluffy pieces, ragged edges, mushy stool
Type.7		Watery, no solid pieces. Entirely liquid

Lewis SJ, Heaton KW (1997). "Stool form scale as a useful guide to intestinal transit time". *Scand. J. Gastroenterol.* 32 (9): 920-4

The Bristol Stool Chart is a good way of rating your poo (see the drawings to the right). Type 4 is the ideal, but types 3 and 5 are generally OK as well. Types 1 and 2 definitely mean you have constipation.

What causes constipation?

Clozapine may slow down the longways contractions of the bowels, so it stops pushing waste through the bowels. This then causes a blockage. It is more common in people who:

- Have just started clozapine
- Take a high dose of clozapine or have high blood levels
- Are also having another medicine that causes constipation e.g. procyclidine, hyoscine hydrobromide (Kwells®), codeine or iron supplements
- Also have another illness e.g. 'flu
- Get dehydrated - if you get dehydrated, then your body takes more water in from your stools and they get harder.

You can ask your doctor or pharmacist for more advice.

Why is constipation important?

It is important to take constipation seriously because it can lead to:

- Bowel problems e.g. the stools can get impacted (solid and stuck). If this happens you will need a manual evacuation (done with a gloved finger) or an enema (liquid squirted up to move the stools down)
- Paralytic ileus – this is where the bowel can become paralysed and this can have serious effects. There are, sadly, many cases of people who have died from constipation due to clozapine. These were mostly where the symptoms were not taken seriously, either by the health profession **OR** the person themselves.

What can I do to help myself?

- **Fibre:** Make sure you eat enough fibre, cereal or fruit. At least five portions of different fruit or vegetables ('roughage') a day is a good place to start. You can also eat oats, nuts, seeds, wholegrain cereals, bran and wholemeal foods. This can take a few weeks to work fully as the fibre needs time to build up the bulk, so increase your roughage intake *gradually*
- **Liquid:** Make sure you drink enough liquid. You should have **at least 2L** (about 3½ pints) a day. That's about 2-3L (3½ to 5 pints) for men and 2-2.5L (3½ to 4½ pints) for women. Plus a bit more if it's really hot

Do not to ignore feelings of thirst.

A good measure of how hydrated you are is the colour of your wee. It shouldn't be clear or a darker orange. It should be a light yellow colour. It's better to be closer to the lighter yellow.

- **Go when you can:** When you have the urge to go, don't wait. Seize the moment:
 - Going first thing in the morning or after a meal helps as your bowels are more active at these times
 - It is also easier to go if you are sat leaning slightly forward. Don't strain or hold your breath.
- **Movement:** Keep active and get some exercise e.g. walking as this helps keep your gut moving as well
- **Laxatives:** Take laxatives such as macrogols (e.g. Movicol®) or lactulose (both sweet-tasting liquids). These can be prescribed or bought from a pharmacy. It may be best to take them regularly e.g. every day. Any laxative taken should be a lubricant or softener (which can take several days to work). Do **not** take stimulants such as senna or bisacodyl regularly.

Fruits such as apples, apricots, gooseberries, grapes, raisins, peaches, pears, plums, prunes, raspberries and strawberries all contain sorbitol. This sorbitol can act a bit like lactulose.

- **Be aware:** Keep a note of your bowel movements to make sure you know if there has been a change recently
 - Get help from a doctor early before it gets too bad
 - You can note down which days you do a poo, the times, amounts and a Bristol Stool Chart number for each bowel movement. This may seem a bit odd but it *really* helps health professionals care for you.

When should I seek help?

You should get help in the next few days if:

- Your stools are Type 1 or Type 2 on the Bristol Stool Chart
- Little bits of poo leak out between bowel movements
- You have not passed any stools for more than 3-4 days or if this happens regularly.

You should get urgent help if you have:

- **Moderate to severe stomach pain or discomfort lasting over an hour, especially if you also have:**
 - **Swollen or distended stomach**
 - **Diarrhoea (especially if there is blood in your stools)**
 - **Sickness or vomiting (especially if it smells of poo)**
 - **Any signs of an infection e.g. a temperature.**

If you have any of these symptoms, or have stomach pains, you must contact your Doctor or prescriber, who must take it seriously. Please show them this leaflet.

What should I do if I have had constipation with clozapine?

- Once you're sorted out, you will need extra care to carry on with clozapine if a change in diet is not enough on its own
- This will include a high-fibre diet, enough fluid, exercise and regular stool softeners.

The small print: This leaflet is to help you understand more about constipation from clozapine. You may find lots more on the internet but beware as internet-based information is not always accurate. Do not share medicines with anyone else.

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