

# PRUCALOPRIDE (RESOLOR)

## **Why have I been started on this medicine?**

Prucalopride is recommended by NICE (TA 211; December 2010) as an option for treating chronic idiopathic constipation in women in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief.

## **What is Chronic Idiopathic Constipation?**

Chronic idiopathic (not due to underlying disease) constipation is defined as 2 or more of the following symptoms for at least 6 months: straining; lumpy or hard stools; a sensation of incomplete evacuation; a sensation of obstruction or blockage, and/or less than 3 spontaneous bowel movements/week.

## **How does it work?**

Prucalopride stimulates serotonin (5-HT<sub>4</sub>) receptors in the bowel and increases colonic movement.

## **Does it work?**

In high quality clinical trials prucalopride led to an increase in spontaneous bowel movements in about 60% of patients. Abdominal bloating, discomfort, stool consistency and straining also improved with prucalopride.

## **How is it taken?**

2 mg taken once daily for adult women (up to 65 years old) and 1 mg once daily for older women (over 65 years old) and in patients with liver or kidney disease. The dose for older women can be increased to 2 mg once daily if needed.

It should be used with caution in patients with co-existing heart disease.

## **How long does it take to work?**

The benefits of prucalopride should be evident within 1-2 weeks in most patients

If treatment is not effective by 4 weeks it should be stopped.

## **What are the common side effects?**

Most common side effects are headache and gastrointestinal symptoms (abdominal pain, nausea or diarrhoea). These tend to occur at the start of treatment and usually subside within a few days of continued treatment.

## **Pregnancy and breast feeding**

It is not recommended in pregnancy, in patients planning a pregnancy and should be avoided if breastfeeding.