

## **Test your practical understanding of Opioid Induced Constipation (OIC)** **in clinical practice**

1. All of the following about first line prevention and treatment of opioid-induced constipation (OIC) are TRUE except:
- A. Implied consensus is to initiate a preventive DAILY bowel regimen at the start of opioid therapy before the development of opioid-induced constipation (OIC).
  - B. Guidelines generally agree on daily over-the-counter (OTC) laxatives with or without a stool softener plus non-pharmacologic strategies (e.g., healthy bowel habits) as first line therapy.
  - C. First line treatment may involve stepwise regimens to titrate laxative doses to patients' responses.
  - D. A daily stool softener alone is an alternative first line therapy for primary prevention of OIC.

General consensus, despite weak evidence, is to begin daily oral laxatives preventively at the initiation of opioid therapy due to availability, safety and cost. A summative review indicates a preference for stimulants with or without a stool softener and/or osmotic laxatives. The Canadian Society of Palliative Care recommends against stool softeners alone to prevent OIC based on review of evidence showing docusate to be no more effective than placebo in prevention or treatment of OIC. (correct answer is D).

2. A common benchmark goal for the number of bowel movements (BMs) for patients on a bowel regimen for OIC is:
- A. One non-forced BM every four to five days
  - B. Two non-forced BMs a day on average
  - C. A minimum of three non-forced BMs per week
  - D. A minimum of six non-forced BMs per week

There are no evidence-based criteria to define goals of therapy but common benchmarks include: one non-forced BM every one to two days or a minimum of three non-forced BMs per week. It is helpful to monitor bowel function at EACH visit instead of waiting until there is a problem. Consider having the patient keep a diary to monitor for straining, hard stools, feelings of incomplete emptying, the need to aid evacuation by hand, sensation of blockage, or a decrease in BM frequency (correct answers is C).

3. Bulk laxatives are *relatively* contraindicated for OIC.
- A. True
  - B. False

Bulk-forming laxatives (e.g., psyllium) are unlikely to show benefit in OIC. Many recommendations suggest bulk laxatives be avoided due to requirements for hydration and potential worsening of constipation, especially a concern among patients who are elderly, immobile, on fluid restriction or who have cancer (correct answer is A).

4. All of the following considerations about OIC are TRUE except:
- A. OIC is a common side effect of opioids that rarely decreases over time and requires management.
  - B. The risk of OIC is higher after one week or longer on opioids, but can occur at any time.
  - C. The main safety concern prior to starting any over-the-counter (OTC) or prescription medication for OIC is to ensure the patient does not have a bowel obstruction.
  - D. The Bowel Function Index (BFI) is a validated assessment tool for constipation, but has NOT been used in OIC to help identify patients who may benefit from prescription treatment when first line laxative therapies are not successful.

The Bowel Function Index (BFI) is one tool available to help assess constipation that has been applied to patients with OIC in multiple validation studies. The three-question tool is administered by a healthcare professional who scores the following on a 0 to 100 scale, based on a direct response from patients regarding the previous seven days, about: 1) ease of defecation (easy to severe difficulty); 2) feelings of incomplete bowel evacuation (no feelings to severe feelings); and 3) patients' opinion of their constipation. Average composite scores (sum total of Q1 + Q2 + Q3 divided by 3) equaling 30 or greater have been used to help identify patients on first line therapy who may be a consideration for prescription medications to help manage OIC (e.g., patients with worsening constipation despite stepwise laxative treatment and healthy bowel habits). Other considerations that impact the decision to begin a trial of prescription medications may include patient level distress, alternate OTC laxative strategies, and medication costs (correct answer is D).