tipSC | Timely Information for Providers in South Carolina

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OPIOIDS ARE CONSTIPATING

An outreach service for Medicaid providers to help identify and prevent potential gaps in evidence-based care, as well as detect fraud, abuse, overuse or inappropriate use.

https://msp.scdhhs.gov/tipsc/

PICK UP QUICK TIPS ON...
Opioid-Induced Constipation (OIC)

Initiate a bowel regimen and counsel patients on opioid-induced constipation (OIC) preventively at start of opioid therapy *before* the development of constipation symptoms.

QUICK tip SC

If you don't take opioids, you won't have OIC

QUICK FACTS TO CONSIDER

- **Opioids are notorious for causing constipation,** with as many as 81% of patients reporting OIC.
- Unlike other opioid-induced side effects, **there is rarely tolerance to opioid-induced constipation,** so OIC does not decrease over time and requires management.
- OIC can occur with the first dose and at any dosage; **risk of OIC is higher after one week** or longer on opioids.
- Hospitalized patients receiving first time **oral opioids along with laxative prophylaxis showed a significantly lower incidence of constipation.**

GUIDELINES AND CLINICAL EVIDENCE

Constipation is not a benign side effect of opioids and can affect a patient's quality of life.

Implied consensus (despite weak evidence) is to **begin a DAILY prophylactic bowel regimen, including over-the-counter laxatives and non-pharmacologic strategies, at the SAME time an opioid is prescribed.** A preventive bowel regimen is especially important for patients at high risk of developing constipation (e.g., women, age greater than 50 years, low mobility, cancer-related pain, prolonged opioid use, morphine use, or use of other constipating drugs). Patients experiencing chronic constipation are at increased risk of urinary tract infections, fecal impaction, bowel obstruction or even bacteremia. Patients with fecal impaction are unlikely to respond to oral laxatives.

Guidelines generally agree on the following for first line therapy for OIC:

NON-PHARMACOLOGIC

- High Fiber Diet*
- ↑ Mobility or Exercise
- ↑ Fluid Intake*
- Healthy Bowel Habits

**not appropriate for all patients (e.g., debilitation)*

PHARMACOLOGIC

Daily Stimulant Laxative +/- Stool Softener
stool softener may provide no benefit; combination product is available

OR

Daily Osmotic Laxative
polyethylene glycol (PEG) is often suggested

Non-pharmacologic preventive management, the same for both OIC and non-OIC, should be individualized for each patient. The main safety concern prior to starting any OTC or prescription medications for OIC is ensuring the patient does not have a bowel obstruction. **Fiber supplements (e.g., bulk laxatives) are relatively contraindicated for OIC.**

SELECTED OVER-THE-COUNTER (OTC) MEDICATIONS FOR TREATMENT OF OIC

Medication (Brand Example)[1,2]	Type	Typical *Starting Dose* in Adult Patients	Time to Bowel Movement
Senna (Senokot®)	**Stimulant laxative**	17.2 mg (two 8.6 mg tablets) PO once daily (dose at bedtime)	6 - 24 hr
Bisacodyl (Dulcolax®)		5 mg PO once daily 10 mg PR once daily[3]	PO: 6 - 12 hr PR: 15 - 60 min
Polyethylene glycol solution (MiraLAX®)	**Osmotic laxative**	17 g (1 tablespoon) in 8 ounces of liquid PO once daily	1 - 4 days
Docusate sodium (Colace®) or docusate calcium (Kao-Tin®)	**Stool softener**	Sodium: 100 mg PO once daily or 50 mg PR once daily[3] Calcium: 240 mg PO once daily	1 - 3 days

Prescribed OTC medications may cost the patient less than purchasing over the counter

Key: PO = oral, PR = per rectum [1] There are no indications for OIC in the manufacturers' product information. [2] Nausea, bloating or abdominal cramps/pain may be a side effect of the medication or a symptom of OIC. [3] PR is not considered first line.

SOME TREATMENT CONSIDERATIONS

Before constipation begins, first-line therapy may involve stepwise regimens to titrate laxative doses to patients' responses. For example, if senna 17.2 mg (2 tablets at bedtime) produces no bowel movement within 24 - 48 hours, double the dose (2 tablets twice daily), then increase every 12 - 48 hours up to a dose of 8 tablets/day. Adjust daily dose up or down going forward according to patient's response. Combining a stimulant and osmotic laxative is another consideration in stepwise laxative regimens. Stepwise laxative regimens after constipation begins may be more aggressive.

For more information on prescription medications go to:
https://msp.scdhhs.gov/tipsc/site-page/oic-rxmed-table

Consider prescription medications targeted to OIC (after ruling out a bowel obstruction) if first line therapy is not successful. Bowel Function Index (BFI), a three-question assessment with a validated threshold, is one tool to help identify who may benefit from prescription treatment. **Tapering the opioid to discontinuation when possible, or switching to a different opioid medication may be a next step before starting prescription medications.**

PATIENT MONITORING AND COUNSELING TIPS

Individual monitoring plans should be developed for each patient based on co-morbidities and the specific medications being prescribed. **Monitoring at baseline and regularly at each visit may be most useful to detect changes** that may require adjusting the preventive bowel regimen.

There are no evidence-based criteria to define goal of therapy. **Common benchmarks** include:

- **1** non-forced bowel movement **every one to two days**
- a minimum of **3** non-forced bowel movements **per week**

SYMPTOMS TO MONITOR AND HAVE PATIENTS REPORT INCLUDE *DEVELOPING OR WORSENING:*

- ✓ **Straining/difficulty passing a bowel movement** [● ▲]
- ✓ **Hard stools (e.g., stool appears as separate hard lumps, sausage-shaped but lumpy)** [▲ ■]
- ✓ **Feelings/sense of incomplete emptying (something left behind)** [● ▲]
- ✓ **Need to help evacuate by hand and/or anorectal obstruction/blockage** [▲]
- ✓ **Reduction in bowel movement frequency** [▲]
- ✓ **Constipation according to patient's opinion** [●]

Where found: ● Bowel Function Index (BFI) *(over the last 7 days)* ▲ Rome IV Criteria *(more than 25% of time)* ■ Bristol Stool Form Scale

HEALTHY BOWEL HABITS FOR ALL PATIENTS

- Eat a high fiber diet (25 - 35 grams) UNLESS not appropriate (e.g., bowel obstruction, debilitation)
- Drink plenty of water UNLESS not appropriate (e.g., bowel obstruction, debilitation)
- Increase mobility or exercise regularly if possible
- Defecate when the need arises instead of waiting (don't ignore the urge to go/have a bowel movement)
- Ensure privacy/comfort when going to the bathroom
- Go to the bathroom at the same time each day (e.g., in the morning about 30 minutes after eating)
- Use step stool to raise knees above or at least as high as hips to a squatting position
- Tell your provider all OTC and prescription medications you take (some may worsen constipation)

Reference list and Writing Group available at: https://msp.scdhhs.gov/tipsc/