

Visual summary

Managing opioid-induced constipation

Constipation affects many patients using opioids to relieve pain associated with advanced cancer or terminal disease.

Constipation is often multifactorial in such patients, and opioids may be one of several causes. As well as direct treatment of the constipation, adjusting medication regimens and treating exacerbating factors may help to provide relief from bowel transit symptoms.

ADDRESS EXACERBATING FACTORS

Drugs

5HT₃ antagonists Anticholinergics Opioids
Antipsychotics Diuretics Iron
Calcium supplements Calcium channel blockers

Chemotherapies

Thalidomide Vinca alkaloids
Busulfan Carboplatin

Nutritional and metabolic issues

Dehydration Reduced food and fluids intake
Poor diet Hypothyroidism

Hypercalcaemia
especially in patients with bone metastasis

Pain on defecation

Anal fissure

Structural problems

Radiation fibrosis Bowel obstruction
Adhesions

Neurological problems

Neuromuscular problems Spinal cord compression
Autonomic neuropathy
such as due to diabetes or chemotherapy

Social issues

Reduced mobility Lack of privacy
Use of a communal toilet, commode, or bed pan

MODIFY PAIN RELIEF

Is the current dose of opioid needed to control pain?

Could pain be relieved in other ways?

Non-opioid analgesics Interventional pain management

Could an opioid with less constipating effect be used?

Buprenorphine Transdermal fentanyl

Is a referral to other specialists needed?

Palliative care Neuro-gastroenterology Pain clinic

DIRECTLY TREAT CONSTIPATION

Non-pharmacological options

Increase fluid consumption Increase dietary fibres
Increase physical activity (within patients' capabilities)
Privacy and comfort during defecation
Complementary therapy

Positioning on toilet (to relax the puborectalis muscle)
knees higher than hips, leaning forward
with elbows on knees, straightened spine

Manual removal
if the constipation is severe and refractory to other therapies

Pharmacological management

Oral laxatives

Stool softeners such as docusate
Stimulant laxatives such as bisacodyl, senna
Osmotic laxatives
such as macrogol (polyethylene glycol), lactulose

Rectal laxatives

Lubricants such as glycerin suppositories
Stimulant laxatives such as bisacodyl suppositories
Enemas such as phosphate enema

Peripherally acting μ -opioid receptor antagonists

Methylnaltrexone bromide
Prolonged release oxycodone in fixed dose combination with Naloxone
Naloxegol oxalate