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
- Antipsychotics
- Calcium supplements
- Calcium channel blockers
- Chemotherapies: Thalidomide, Vinca alkaloids, Busulfan, Carboplatin
- Opioids
- Antipsychotics
- Diuretics
- Iron

#### 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
  - Methylaltrexone bromide
- Prolonged release oxycodone in fixed dose combination with Naloxone
- Naloxegol oxalate

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