Opioid-Induced Constipation in Hospice

Overview

- Constipation is common in the hospice patient and can be related to the use of opioids.
- An estimated 60-90% of patients on chronic opioids experience opioid-induced constipation (OIC).[1]
- OIC may present immediately, or it may present gradually during opioid therapy. Patients may also develop other gastrointestinal side effects like nausea, vomiting, bloating, and abdominal pain. [1]
- For initial treatment of OIC, the American Gastroenterological Association (AGA) recommends the use of traditional laxatives. The most common agents used are:
    - Stimulant laxatives (senna, bisacodyl) with or without a stool softener (docusate)
    - Osmotic laxatives (polyethylene glycol, lactulose, magnesium citrate, magnesium hydroxide).
- The AGA recommends scheduled use of at least **two** types of laxatives (e.g., stimulant and osmotic) before determining if prescription therapy is needed.
- Constipation that is refractory to two types of laxatives may benefit from prescription medications.

Treatment of Refractory Opioid-Induced Constipation[1,3]

- Some patients may benefit from switching from one opioid to another. Oral and parenteral morphine may cause more constipation than transdermal fentanyl or buprenorphine.
- The AGA recommends the below prescription medications based on quality of evidence (strong, conditional, no evidence at the time of guideline publishing). They are reserved for refractory constipation because of their side effect profiles and cost. [3]

Strong Recommendation	Conditional Recommendation	No Recommendation
Naldemedine, naloxegol	Methylnaltrexone	Lubiprostone, prucalopride

Prescription Medications for Opioid Induced Constipation[1,3]

Medication	Suggested Initial Dosing	Considerations
Naldemedine (Symproic®)	0.2mg PO Daily with or without food	• May cause infection and abdominal pain • Avoid with severe hepatic impairment
Naloxegol (Movantik®)	25mg PO Daily on an empty stomach	• Numerous drug interactions • Dose adjustment needed for renal impairment • Does not cause systemic withdrawal symptoms
Methylnaltrexone (Relistor®)	Dose determined by weight Weight (kg) x 0.0075, then round to nearest 0.1ml. Administer resulting dose SubQ every other day PRN Max: 0.15mg/kg per 24 hours	• Subcutaneous injection • Dose adjustment needed for renal impairment • Should not be used in patients with peptic ulcer disease, diverticulosis, colon cancer, or obstruction[4]
Lubiprostone (Amitiza®)	24mcg PO B.I.D. with food and water or 24mcg PO Daily if significant side effects	• May cause nausea and abdominal pain • Possible dyspnea and/or chest tightness within 0.5-2 hours of administration • Methadone use reduces effectiveness of lubiprostone
Prucalopride (Motegrity®)	2mg PO Daily with or without food	• May cause abdominal pain and nausea • Consider adjunctive laxative therapy if no bowel movement in ≥ 3 consecutive days • Avoid with severe kidney impairment[5]

References

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3. Crockett SD, Greer KB, Heidelbaugh JJ, et al. American Gastroenterological Association Institute Guideline on the Medical Management of Opioid-Induced Constipation. *Gastroenterology*. 2019; 156(1): 218-226.
4. Mozaffari S, Nikfar S, Abdollahi M. Methylnaltrexone bromide for the treatment of opioid-induced constipation. *Expert Opin Pharmacother.* 2018 Jul;19(10): 1127-1135.
5. Prucalopride: Drug Information. In: UpToDate. Accessed March 2024.