

Guideline for the management of Opioid Induced Constipation in Adults

With thanks to Dr Qamar Abbas, Palliative Care Consultant and Dr John Zeppetella, Consultant Palliative Medicine
On initiation of an opioid analgesic provide dietary, fluid & exercise advice and co-prescribe a stimulant and softener laxative.
Consider bisacodyl or senna (stimulant) and (sodium docusate) laxatives.
Review the need for opioids on a regular basis and titrate laxative dose to effective / maximum tolerated dose.

The definition of constipation includes the following:

- Infrequent bowel movements (typically three times or fewer per week)
- Difficulty during defecation (straining during more than 25% of bowel movements or a subjective sensation of hard stools), or the sensation of incomplete bowel evacuation

For advice on the use of opioid medicines for pain see Faculty of Pain Medicines guidelines:
<http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>

Any Red Flags present? New onset in elderly, unexplained anaemia, rectal bleeding, positive faecal occult blood test, family history of bowel cancer or inflammatory bowel disease, tenesmus, weight loss.

Yes

Refer to 2 week wait pathway

No

Optimise stimulant (bisacodyl or senna) and softener (docusate) laxatives to maximum effective tolerated dose, review once a week.
If there is impaction consider an enema

At 2-3 weeks if inadequate response, prescribe macrogols, preferred brand Laxido® (1 – 3 sachet day) and consider rectal intervention

If partial response with no significant discomfort to patient, increase the macrogol dose

If no response / patient discomfort, consider Naloxegol 25 mg daily, see SPC for full prescribing advice. When initiating naloxegol stop all other laxative treatment until clinical effect of naloxegol determined. Assess the effectiveness of naloxegol after 2 weeks.

Improved in 2 weeks continue (3 or more spontaneous bowel movements (SBMs) per week and patient feeling comfortable). If partial response, then consider continuing till 4 weeks. If no response at 2 weeks, stop and assess other options (discuss with Palliative care team or Gastroenterologists)

Improved in 4 weeks continue (3 or more spontaneous bowel movements (SBMs) per week and patient feeling comfortable). If partial response at 4 weeks, then stop or add additional medication. If no response stop naloxegol and assess other options (discuss with Palliative care team or Gastroenterologists)

For palliative care patients naloxegol will usually be initiated by or following discussion with a Palliative Care Consultant. Once benefit is proven, the GP may be invited to prescribe.

Patients should be advised that if they develop any sudden severe abdominal pain they should stop taking naloxegol and let the doctor know. They should also be warned of the potential of opioid withdrawal symptoms which should also be reported to their doctor immediately

Opioid induced constipation (OIC)

Naloxegol is recommended by NICE TA 345 Jul 2015 within its marketing authorisation, as an option for treating OIC in adults whose constipation has not adequately responded to laxatives. An inadequate response is defined as OIC symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains

Bristol Stool Scale Stool Type 1 or 2, Incomplete Bowel Movement, Moderate Severe or Very Severe Straining, False alarms

While taking at least 1 laxative class for at least 4 days during the prior 2 weeks. Laxative(s) must be titrated to effective / maximum tolerated dose.

From SPC: Moventig® is indicated for the treatment of OIC in adult patients who have had an inadequate response to laxative(s).

Caution should be used when prescribing naloxegol to patients with cancer related pain. It is contra-indicated in patients with underlying cancer who are at heightened risk of GI perforation, such as those with: underlying malignancies of gastrointestinal tract or peritoneum, recurrent or advanced ovarian cancer, vascular endothelial growth factor (VEGF) inhibitor treatment.

NICE TA 345 concluded that taking into account the special warnings highlighted in the SPC its recommendations regarding the use of naloxegol in clinical practice also applies to people with cancer pain who have OIC

Oxycodone/naloxone combination (Targinact®) is not recommended for prescribing as clinical benefit and economic case is not proven – see RED list

Methylnaltrexone must only be prescribed by Palliative Care Consultants following failure or intolerance of oral treatments – see RED list

BNFonline <https://bnf.nice.org.uk/treatment-summary/constipation.html> , NICE CKS <http://cks.nice.org.uk/constipation#!scenario>
NICE TA 345 Naloxegol for treating opioid-induced constipation <https://www.nice.org.uk/guidance/ta345>

Produced MOPB December 2017, Review Sept 20 Next review date Sept 25