Overview

- Objectives
- Introduction
- Methods/Statistics
- Anticipated Results

Objectives

- Identify the consequences of opioid-induced constipation
- Determine appropriate prophylaxis and management of opioid-induced constipation

Question #1

A stool softener such as docusate is commonly used as prophylaxis and is sufficient for opioid-induced constipation

A. True
B. False

Opioid-Induced Constipation (OIC)

- Prevalence varies from 47%-81%
- Prevalence increases with duration of therapy
- Tolerance does not develop for OIC
- Consequences underestimated
- Often insufficient prophylaxis/treatment of OIC

VA/DoD Clinical Practice Guideline

- Initiate bowel regimen concomitantly with initiation of chronic opioid therapy
- Assess for constipation at each visit
- Provide and document patient education

Outcomes Measured

- Primary objective
  - Frequency of laxatives initiated concomitantly with each start of chronic opioid therapy

- Secondary objectives
  - Evaluate prescribing patterns of laxative therapy and assessment of constipation

Methods

- Study design
  - Single-center, retrospective, chart review

- Population
  - Patients aged 30-60 years old newly started on chronic opioid therapy

- Study Period
  - From Nov. 1, 2009 to April 30, 2010 and Nov. 1, 2010 to April 30, 2011

Inclusion and Exclusion Criteria

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
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<tbody>
<tr>
<td>Ages 30-60 years old</td>
<td>At terminal stage of disease</td>
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<tr>
<td>First time initiating chronic opioid therapy</td>
<td>Undergoing end-of-life care</td>
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<tr>
<td>On chronic opioid therapy (at least 90 days, 84 days within 100 days)</td>
<td>Recently diagnosed with cancer</td>
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<tr>
<td>With chronic non-cancer pain</td>
<td>Serious or life-threatening illnesses</td>
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<td>Chronic cancer-related pain in cancer survivors</td>
<td>Already on a bowel regimen</td>
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Statistical Analysis

- Power of 80% and alpha of 0.05
- At least 94 patients required in each arm
- P-value < 0.05 indicates statistical significance
- Chi-squared test for demographics and other categorical data
- Wilcoxon rank-sum test for continuous data

Anticipated Results

- Baseline estimated to be 40% based on the literature
- Expected to see a ≥20% increase from baseline since the update of the VA/DoD clinical practice guideline

Relevance

- Chronic opioid therapy is prominent in the veteran population
- Proper prevention and management can:
  - Optimize analgesic therapy
  - Improve patient quality of life
  - Decrease hospital costs
Question #2

Opioid-induced constipation can result in which of the following?

A. Suboptimal analgesic therapy
B. Excessive opioid use
C. Increase in pain
D. All of the above

Appropriate management of opioid-induced constipation: Influence of VA/DoD clinical practice guidelines on provider practice

Lai Y, Boisselle L, Jones CK, Gentry CA

Yvonne Lai, Pharm.D.
Oklahoma City VA Medical Center
PGY1 Pharmacy Resident
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Appropriate Management of Opioid-Induced Constipation: Influence of VA/DoD Clinical Practice Guidelines on Provider Practice

Primary Author: Yvonne Lai, Pharm.D.
Additional Authors: Lisa Boisselle, Pharm.D., BCPS, CGP
Chanda K. Jones, Pharm.D., BCPS
Chris A. Gentry, Pharm.D., BCPS

Objectives
1. Identify the consequences of opioid-induced constipation
2. Determine appropriate prophylaxis and management of opioid-induced constipation

Recommended Reading

Self-Assessment Questions:
1. A stool softener such as docusate is commonly used as prophylaxis and is sufficient for opioid-induced constipation.
   a. True
   b. False

2. Opioid-induced constipation can result in which of the following?
   a. Suboptimal analgesic therapy
   b. Excessive opioid use
   c. Increase in pain
   d. All of the above
References