EUROPEAN STUDY OF OPIOID INDUCED CONSTIPATION (E-STOIC) IN CANCER PATIENTS STUDY: MANAGEMENT

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On behalf of

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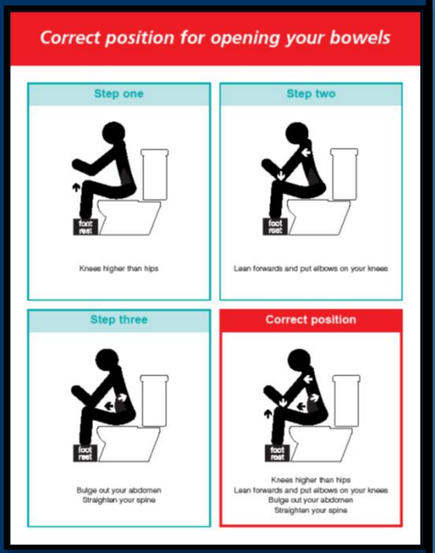

BACKGROUND

E-StOIC study is an observational study of diagnostic criteria, clinical features, and management of opioid-induced constipation (OIC) in cancer patients from 10 European countries (Ireland, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Spain, UK).

METHODS

Cancer patients receiving opioid analgesics for at least a week were recruited, and asked to complete a questionnaire including background information, single question (Are you constipated?), Rome IV diagnostic criteria for OIC, Bowel Function Index (BFI), and Patient Assessment of Constipation Quality of Life questionnaire (PAC-QOL). A BFI score >28 was deemed to represent inadequate management.

RESULTS

1200 patients completed the study: median age 65yr (range 23-96yr), 51% female; 25.5% GI cancer, 19% lung cancer, 14% urological cancer; 30% ECOG PS 1, 32.5% ECOG PS 2, 27.5% ECOG PS 3.

867 (72%) participants were prescribed a regular conventional laxative / peripherally acting mu-opioid receptor antagonist (PAMORA). In addition, 40 participants were receiving an oxycodone/naloxone preparation, with 24 prescribed additional laxatives; one participant was receiving a buprenorphine/naloxone preparation.

578 (67%) received a single drug, 244 (28%) two drugs, 40 (4.5%) three drugs, four (0.5%) one drug, and a single person five drugs. Macrogols were the most commonly prescribed conventional laxative (45.5% participants). PAMORAs were regularly prescribed in 127 (10.5%) participants, with 73 of these participants were co-prescribed conventional laxatives. Per rectum interventions (i.e. suppositories, enemas) were regularly prescribed in 14 (1%) participants.

RESULTS

Only 66% (570) participants took their prescribed laxatives every day (with five patients "unsure", and missing data for another five patients). The remaining (n = 287) participants either took their laxatives "regularly but not every day" (n = 94), "only when my bowel movements are less than normal (n = 83), or "only when I am constipated" (n = 100), with no data for 10 participants. The reasons for not taking laxatives regularly were (multiple options allowed):
a) "I do not need the laxatives every day" (73%); b) "I forget to take the laxatives" (8.5%); c) "I have to take too many medications" (8.5%); d) "Difficulty / unpleasantness of taking laxatives" (7.5%); e) "Side effects of laxatives" (5%); and f) "I am leaving the house (and am concerned about access to toilet)" (10%).

Many participants had utilised other strategies / interventions to manage their OIC (Table 1). Furthermore, 27% had needed to use suppositories to manage their bowels, with 2% using them 'almost constantly', 6% 'frequently', and 23% 'occasionally'. Similarly, 26.5% participants had needed to use an enema to manage their bowels, with 2% using them 'almost constantly', 8% 'frequently' and 23.5% 'occasionally'. Ninety eight (8%) had had a manual evacuation: 2% reported this was done 'almost constantly', 5% 'frequently' and 19.5% 'occasionally'.

Six hundred and fifty three (54.5%) participants had a BFI > 28.8, indicating inadequate management of OIC.

RESULTS

Interventions to manage constipation	Number of participants (n = 1200)
"Since starting your opioid painkiller, have you changed your diet to help to manage your constipation (e.g. increased amount of fibre, increased amount of fruit)?"	Yes – 373 (31%) No – 813 (68%) Unsure – 13 (1%) Missing data – 1 (0%)
"Since starting your opioid painkiller, have you increased the amount of fluid you drink to help to manage your constipation?"	Yes – 510 (42.5%) No – 663 (55.5%) Unsure – 26 (2%) Missing data – 1 (0%)
"Since starting your opioid painkiller, have you increased the amount of exercise you take to help to manage your constipation?"	Yes – 109 (9%) No – 1075 (89.5%) Unsure – 15 (1.5%) Missing data – 1 (0%)
"Since starting your opioid painkiller, have you used any 'over the counter' (purchased) laxatives to help to manage your constipation?"	Yes – 277 (23%) No – 915 (76.5%) Unsure – 8 (0.5%)
"Since starting your opioid painkiller, have you used any complementary therapies / alternative treatments to help to manage your constipation?"	Yes – 90 (7.5%) No – 1102 (92%) Unsure – 6 (0.5%) Missing data – 2 (0%)
"Since starting your opioid painkiller, have you ever reduced the dose of the painkiller to help to manage your constipation?"	Yes – 72 (6%) No – 1122 (93.5%) Unsure – 5 (0.5%) Missing data – 2 (0%)
"Since starting your opioid painkiller, have you ever stopped the painkiller to help to manage your constipation?"	Yes – 45 (4%) No – 1149 (96%) Unsure – 2 (0%) Missing data – 4 (0%)
"Since starting opioid painkillers, has your doctor / nurse advised you to reduce the dose to help to manage your constipation?"	Yes – 26 (2%) No – 1168 (97.5%) Unsure – 6 (0.5%)
"Since starting opioid painkillers, has your doctor / nurse changed the painkiller to help to manage your constipation?"	Yes – 52 (4.5%) No – 1133 (94.5%) Unsure – 15 (1%)

Table 1 – Other interventions utilised to manage opioid-induced constipation.

CONCLUSIONS

OIC appears to be sub-optimally assessed / managed in European cancer patients. Moreover, many patients resort to non-prescribed interventions, and many patients require invasive interventions.

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