An observational study of opioid-induced constipation in 200 patients with cancer pain

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INTRODUCTION

Constipation is commonly experienced by patients with advanced cancer, and is associated with physical, social and psychological problems¹. It is often multi-factorial, although opioids are recognized as a common contributing factor. Opioid-induced constipation (OIC) affects 40-70% of patients with advanced cancer², although the true prevalence is unknown due to a lack of consensus on diagnostic criteria.

The aim of this observational study is to investigate the prevalence of OIC, and to compare different methods of assessing OIC in a heterogenous group of patients with cancer.

METHODS

Data was collected on 200 consecutive patients with cancer who were receiving a regular opioid for cancer pain. The study involved a single visit, assessing constipation using five different criteria, as listed in the box below.

RESULTS

METHODS continued

1. A simple question (*"are you constipated?"*)
2. EAPC criteria (*does the following statement describe your bowel function: "the passage of small, hard faeces infrequently and with difficulty?"*)³
3. The "Camilleri" criteria (for OIC) (*"a change when initiating opioid therapy from baseline bowel habits that is characterised by any of the following: reduced bowel movement frequency, development or worsening of straining to pass bowel movements, a sense of incomplete rectal evacuation, harder stool consistency"*)⁴
4. The Rome Foundation IV criteria (for OIC) – international diagnostic criteria for functional gastrointestinal disorders⁵
5. Assessment by a specialist palliative care clinician

The Bowel Function Index (BFI) was also used – a 3 item patient-reported tool to assess the severity of constipation⁶

RESULTS

RESULTS

200 consecutive patients with cancer were recruited. All patients were aged >18, had cancer pain and had been taking regular opioids for at least one week.

The median age was 62 (range 29-88). 45% were female, 55% were male. The mean equivalent daily dose of morphine was 62mg.

Cancer diagnoses were: 34% - gastrointestinal, 13% - gynaecological, 17.5% - urological, 10.5% - gynaecological, 10.5% - head and neck, 9% - lung, 8% - breast, 4% - haematological, 3.5% - skin, 2% - malignancy of unknown origin, 1% - other.

Eastern Cooperative Oncology Group (ECOG)⁷ Performance Status scores were : 0 - 10%, 1 - 41%, 2 - 27%, 3 - 21%, 4 - 1%.

This poster presents data from the first 200 patients of a multi-site study, which will recruit a total of 1000 patients.

CONCLUSION

The prevalence of OIC depends on the diagnostic criteria used. This study demonstrates that the Rome IV criteria detected the highest prevalence of OIC. Additionally, this study demonstrates that although they do not realise it, many patients do in fact have OIC.

Based on the above, the authors recommend asking, "has there been a change in your bowel habit?", rather than the traditional binary question, "are you constipated?" in day to day clinical practice.

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