Are You Sitting Comfortably?

Dealing with Opioid-Induced Constipation

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WHAT IS OPIOID-INDUCED CONSTIPATION?

- Constipation is a common problem in people taking opioid narcotics pain medicines.
  This is called Opioid-Induced Constipation or OIC
- Your body finds it hard to have a bowel movement or can only push out small amounts of stool at a time
- The bowel is not empty after you have tried to have a bowel movement, so you feel clogged or plugged up

### Types of Opioid Medicines for Chronic Pain

<table>
<thead>
<tr>
<th>Opioid Medicines</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>Acetaminophen (Tylenol®) with codeine</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Duragesic patch, fentanyl transmucosal (Actiq, Fentora, Abstral, Onsolis)</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Acetaminophen with hydrocodone (Vicodin, Lorcet, Lortab, Norco, Zydone, others)</td>
</tr>
<tr>
<td></td>
<td>Ibuprofen with hydrocodone (Vicoprofen)</td>
</tr>
<tr>
<td></td>
<td>Hydrocodone (Zohydro ER, Hysingla ER)</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid, Exalgo ER</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
</tr>
<tr>
<td>Morphine</td>
<td>Embeda, Kadian ER, MS Contin, Morphabond ER, Duramorph, Roxanol</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Acetaminophen with oxycodone (Percocet, Roxicet, others); Aspirin with oxycodone (Percodan); Oxycodone (OxyContin ER, Oxaydo, Xtampza ER)</td>
</tr>
</tbody>
</table>
The bowel (intestine) is a long tube that is part of the digestive tract (or gut)

The bowel has 2 parts
- The small bowel takes what your body needs from the food you eat
- The large bowel carries the food waste out of your body
- Strong muscles squeeze food waste through your bowels
- The large bowel removes water from food waste as it moves along

When stool reaches rectum you feel the urge to have a bowel movement
People differ in how frequently they have a bowel movement:

- Several times a day to every few days

You should be able to have a bowel movement:

- Within a minute or so of sitting on the toilet
- Without straining
- In one sitting
WHAT CAUSES OPIOID-INDUCED CONSTIPATION?

Opioid pain medicines turn on opioid receptors (special switches) in the large bowel

When these receptors are switched on:

• Water is pulled out from the large bowel causing hard/dry stools
• Bowel movements will be more difficult to pass
The most common symptoms of Opioid-Induced Constipation are:

- Fewer than 3 bowel movements in a week
- Hard, lumpy, dry stools
- Straining to pass bowel movements
- A sensation that the colon is not empty after a bowel movement
- Bloating
- Passing gas

If you have more severe opioid-induced constipation, you might also feel:

- Pain
- Bowel cramping
- Abdominal swelling

Additional symptoms may include:

- Lack of appetite
- Nausea
- Vomiting
- Heartburn (gastric reflux)
- Fatigue
- Insomnia
WHAT INCREASES THE RISK FOR OPIOID-INDUCED CONSTIPATION?

- Lack of activity
- Not drinking enough water
- Not eating enough fiber
- Being older than 70
- Being a woman

Other Conditions that Raise Opioid-Induced Constipation Risk

- Hypothyroidism
- Diabetes mellitus
- Depression
- Taking certain medicines
# HOW DOES OPIOID-INDUCED CONSTIPATION AFFECT EVERYDAY LIFE?

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Practical Issues</th>
</tr>
</thead>
</table>
| • Problems with sitting, walking or tiredness  
• Difficulty performing usual activities | • Anxiety, fear, distress  
• Anticipatory worry about having a BM  
• Low self-esteem  
• Social isolation | • Time lost from work  
• Diminished work productivity  
• Higher health care costs |

Here’s what other people with opioid-induced constipation say about the effect it has on their lives.

- **PAIN AND STRAIN**  
  When my bowel movement is over I am hot and tired, and I just want to rest.

- **DIFFICULT TO SIT**  
  Leakage and intense pain have me in tears.

- **INTENSE PAIN**  
  Leaves me feeling unable to walk.

- **SORE RECTUM AND LOWER BACK**  
  Sometimes I can barely move.
Your provider may ask you questions about your bowel patterns, like:

- Did you have constipation before you started using opioid pain medicines?
- How often do you have a bowel movement?
- Do you have to push hard when having a bowel movement?
- Do you have pain in your abdomen before or during a bowel movement?
- Do you need to use your fingers to get stool out?
TALKING TO YOUR PROVIDER ABOUT YOUR BOWELS

Which symptoms would you like to improve?

- Passing stool without straining or rectal pain
- Stools that are soft and formed
- Having regular bowel movements
- Less straining to have a bowel movement
- Relief from bloating
- Feeling less fear and worry about having a bowel movement
- Less abdominal pain
Use a bowel diary to track your bowel movements

The diary can help your provider with your care plan

### Bowel Diary

Fill in this diary every day, for 7 days. Use with Bowel Movement Description Chart.

<table>
<thead>
<tr>
<th>Date/Time of Bowel Movement</th>
<th>Bowel Movement Description (use Bowel Movement Description Chart)</th>
<th>Did you strain to pass stool?</th>
<th>Fluid intake (all fluids taken in last 24 hours)</th>
<th>Physical Activity</th>
<th>Laxatives, fiber supplements (what and when taken)</th>
<th>Feel my bowel emptied fully (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Y    N</td>
<td>1 glass = 8 ounces</td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Y    N</td>
<td></td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Y    N</td>
<td></td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Y    N</td>
<td></td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Y    N</td>
<td></td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Y    N</td>
<td></td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Y    N</td>
<td></td>
<td></td>
<td></td>
<td>Y    N</td>
</tr>
</tbody>
</table>
### PATIENT TOOLS—Bowel Movement Description Chart

This chart can help you describe your bowel movements to your provider.

<table>
<thead>
<tr>
<th>Bowel Movement Description</th>
<th>Constipation</th>
<th>Normal</th>
<th>Diarrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Small hard pellets, difficult to have bowel movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Hard stool with lumps and cracks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Formed and soft; easy to have a bowel movement with no pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Loose or watery bowel movement (mushy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Liquid stool</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Bowel Diary

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<th>Fluid intake (all fluids taken in last 24 hours)</th>
<th>Physical Activity</th>
<th>Laxatives, fiber supplements (what and when taken)</th>
<th>Feel my bowel emptied fully (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/14 10:30 a.m.</td>
<td>A</td>
<td>Y</td>
<td>[icons]</td>
<td></td>
<td>Senna tea</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
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<tr>
<td></td>
<td></td>
<td>Y</td>
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<td></td>
<td>N</td>
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<td></td>
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<td>Y</td>
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<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>
Regular physical activity will help your gut to move the stool through more quickly

• Some activity is better than none
• Listen to your body’s signals: head to the toilet promptly when you feel the urge to pass stool
GET MOVING—BODY AND BOWEL

Go to the toilet as soon as you feel the urge to empty your bowel

• A squatting position may make it easier to empty your bowels

Some people sit at a 90° angle, while for others, a 35° angle works better for them
You need to drink a lot of water* every day

- Water helps to push food waste through the colon
- Take frequent sips of fluid throughout the day

*unless you are on fluid restrictions

You need to eat a lot of fiber every day

- Fiber:
  - Is found in plants
  - Softens stool and makes it easier to pass

FIBER

- Large apple = 5 gram
- ½ cup raspberries = 9 gram
- 1 cup Raisin Bran = 5 gram
- 23 almonds = 3.5 gram
- 1 cup peas = 16 gram
- 1 cup black beans = 15 gram

Men and Women should eat between 25-34 grams of fiber per day
### LAXATIVES

**Laxatives can provide symptom relief from opioid-induced constipation**

<table>
<thead>
<tr>
<th>TYPES OF LAXATIVES</th>
<th>HOW TO TAKE LAXATIVES</th>
<th>POSSIBLE ADVERSE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stool Softeners</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docusate</td>
<td>• Once or twice a day&lt;br&gt;• Can be taken with other laxatives</td>
<td>• Irritation of the anus&lt;br&gt;• Leaking from rectum</td>
</tr>
<tr>
<td><strong>Stimulants that increase gut movement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senna</td>
<td>• Tablets once or twice a day&lt;br&gt;• Senna tea</td>
<td>• Abdominal cramps, pain</td>
</tr>
<tr>
<td>Bisacodyl</td>
<td>• Tablets once or twice a day</td>
<td></td>
</tr>
<tr>
<td><strong>Sugars that are not absorbed—increase fluid in the colon</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polyethylene glycol (PEG)</td>
<td>• 1 heaping tablespoon in 8 ounces of fluid once daily</td>
<td></td>
</tr>
<tr>
<td>Lactulose (available by prescription)</td>
<td>Can be added to hot tea or hot water to reduce sweet taste</td>
<td>• Abdominal cramping, pain, gas</td>
</tr>
<tr>
<td>Sorbitol</td>
<td>Add to water</td>
<td></td>
</tr>
<tr>
<td>Magnesium oxide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnesium hydroxide</td>
<td>Comes in tablet or liquid form</td>
<td></td>
</tr>
<tr>
<td><strong>Bulk-forming—increases stool size and helps stool move through the colon</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methylcellulose</td>
<td>• Sprinkled over food&lt;br&gt;• Tablet</td>
<td>• Fluid overload&lt;br&gt;• Flatulence&lt;br&gt;• Bloating</td>
</tr>
<tr>
<td>Psyllium</td>
<td>• Sprinkled over food&lt;br&gt;• Tablet&lt;br&gt;• Available in sugar-free flavors (comes in berry, orange, other flavors)</td>
<td>Avoid bulk-forming laxatives if you have fluid restrictions or cannot drink 64 ounces of fluid per day</td>
</tr>
<tr>
<td>Polycarbophil</td>
<td>• Tablet</td>
<td></td>
</tr>
</tbody>
</table>
BOWEL REGIMEN

- It is best to take 2 laxative types together, such as a softener PLUS stimulant
  - Gush + Push
  - Mush + Push

“GUSH”
osmotic laxative

Pulls water into the colon making stool bulky soft, and easier to pass

“PUSH”
stimulant

Stimulates the colon action which encourages a bowel movement

“MUSH”
stool softener

Breaks up the stool making it easier to pass
# Prescription Medications for Opioid-Induced Constipation

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>HOW TO TAKE</th>
<th>POSSIBLE ADVERSE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripherally-acting mu-opioid receptor antagonist (PAMORAs)</td>
<td>Pill or injection taken once a day</td>
<td>• Cramping</td>
</tr>
<tr>
<td>Locally-acting chloride channel-2 activator</td>
<td>Pill taken twice daily</td>
<td>• Vomiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diarrhea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bloating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nausea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Flatulence/Gas</td>
</tr>
</tbody>
</table>

Prescription medications may increase how often you have a BM.
ADVERSE EFFECTS FROM MEDICATIONS TO TREAT OPIOID-INDUCED CONSTIPATION

Some medicines may work very quickly

• You may need to be close to a bathroom after taking medication for constipation

Tell your healthcare provider or get medical help right away if you develop:

• Diarrhea
• Severe, ongoing or worsening abdominal pain
• Chills, sweating, anxiety, irritability
• Feeling light-headed or fast heartbeat
PATIENT RESOURCES


WebMD. When pain medicine causes constipation. https://www.webmd.com/pain-management/opioid-constipation-16/default.htm