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“Constipation”—Too Mundane?

Introduction

Constipation is very common in palliative care, yet doesn't seem to generate much excitement or enough attention from clinicians. Interestingly, an increasing number of palliative care journal articles now use the term “bowel dysfunction” or “opioid bowel dysfunction” (OBD). Most articles use the phrase interchangeably with constipation, but the syndrome also includes the upper gastrointestinal symptoms that accompany constipation: nausea/vomiting, anorexia, and bloating. Left untreated, constipation progresses to malabsorption of food & medication, urinary incontinence, incontinence of liquid fecal matter, obstipation and even bowel obstruction with perforation.

Problems with the definition

Everyone seems to “know” what constipation is, but there is no consensus definition. Clinicians tend to perceive it as one or more objective signs: infrequent bowel movements, a change in bowel sounds, palpable changes on abdominal exam, or a radiographic constipation score. Lay people tend to think of it as a symptom: the discomfort associated with fullness, bloating, stools that are difficult or painful to pass, a sensation of incomplete evacuation. A lack of consensus leads to poor patient-clinician communication and clinical studies that are difficult to compare.

Incidence and impact

Constipation is quite common in elders and in patients with advanced disease, and has a major negative effect on quality of life. Prevalence estimates range from 40-80%. Many patients decrease their medications that

may cause or aggravate constipation, decrease their nutritional intake, and curtail physical and social activity as a consequence of constipation. One study revealed that the primary reason for patient failure to adhere to opioid schedules was fear of constipation.

Causes

Most patients with chronic and severe constipation have multiple risk factors: advanced age, decreased mobility, depression, decreased nutritional and fluid intake, decreased fiber in the diet, polypharmacy, and certain disease states. Common direct causes are certain neurotoxic cancer chemotherapy agents such as vincristine and cisplatin, antidepressants, and opioids, the most common culprit. Constipation is very common among patients taking opioids for even a very short time, and nearly universal among patients taking opioids chronically.

Interventions

Despite the ubiquity and consequences of constipation, the evidence base for prevention and management is woefully inadequate. Diagnostic tools have been published, as have algorithms, clinical guidelines, and even a “laxative ladder.” However, these are almost always based on the clinical experience of various experts, not a solid evidence base. There is no consensus approach, and even where guidelines exist, assessment is inconsistent and monitoring inadequate.

Some commonalities appear across most guidelines:

- Assessment should be systematic and include both history and physical examination

- Dietary modification (increased fiber and fluids) becomes less applicable as disease or debilitation progress
- Fiber supplements are contraindicated in patients who cannot increase their oral fluid intake
- Stool softeners, if used at all, are inappropriate as monotherapy
- Stimulant laxatives should be titrated to effect
- Multiple laxatives (with different mechanisms of action) should be considered
- Patients at high risk for constipation (i.e., those on opioids for pain) should receive prophylaxis with stimulant laxatives concurrent with the beginning of opioid therapy
- Systematic follow-up, with frequent monitoring and adjustment to the treatment plan, are essential to a positive outcome

In addition to the above, it has been suggested that low doses of an opioid antagonist can be given concurrently with either oral or intravenous opioids to treat opioid-induced constipation. Two new agents (methylnaltrexone and alvimopan) are in clinical trials and have shown promise for this indication. However, the alvimopan trials have been suspended pending evaluation of unexpected toxicity. (See bibliography on last page of this newsletter)

Journal Watch

- Moadel AB, et al. Randomized Controlled Trial of Yoga Among a Multiethnic Sample of Breast Cancer Patients: Effects on Quality of Life. *Journal of Clinical Oncology* [Epub ahead of print] 4 Sep 2007.
- Demark-Wahnefried W. Move Onward, Press Forward, and Take a Deep Breath: Can Lifestyle Interventions Improve the Quality of Life of Women With Breast Cancer, and How Can We Be Sure? *Journal of Clinical Oncology* Epub ahead of print] 4 Sep 2007.
- Buxton F. Spiritual distress and integrity in palliative and non-palliative patients. *British*

Journal of Nursing. 09 Aug 2007;16(15):920-924.

- Crossing Disciplinary Boundaries in End-of-Life Education. *Journal of Professional Nursing.* 2007 Jul-Aug;23(4):201-7.
- Bruera E, et al. A randomized, controlled trial of physician postures when breaking bad news to cancer patients. *Palliative Medicine,* 2007;21(6):501-505.

Resources on the Web

- [Reclaiming the end of life.](#) New Hampshire grass-roots program initiated by Ira Byock.
- [Palliative Care Case of the Month](#) (University of Pittsburgh's Institute to Enhance Palliative Care)
- Stokowski LA. [Calling All Nurses: Cancer Survivors Need You.](#) From the online journal, *Medscape Nurses.* Posted 09/05/2007.
- [OncologySTAT.](#) A new resource sponsored by Elsevier, publisher of dozens of journals of interest to oncologists.

Palliative Care Calendar & CE

Yale

- Oct 20, 9:00am – 5:15pm. [Pain Management Through Music Therapy.](#) Anlyan Center.

Connecticut

- The Connecticut Coalition of End-of-Life Nurse Educators has scheduled four offerings for 2007 based on the End-of-Life Nursing Education Consortium (ELNEC) curriculum. Open to all clinicians; CNE's available. Contact: Pat Trotta, (203)379-4763; patricia.trotta@cancer.org. One 2007 offering remains:
 - November 10. **Cultural and Ethical Issues at End of Life.** UConn Medical Center, Farmington.

Elsewhere

- Oct 4-7 & May 8-11. Northampton, MA. [Advance Practice Certificate Program in End of Life and Palliative Care 2007-2008](#) (for Social Workers). Contact: kim.buckelew@bhs.org.
- Oct 12-14. Cambridge, MA. [Practical Aspects of Palliative Medicine: Integrating Palliative Care into Clinical Practice](#)
- Oct 16, 1:30-2:30pm. [A National Framework and Preferred Practices for Quality Palliative Care: Raising the Bar](#) with Betty Ferrell RN, PhD, FAAN [Web/teleconference sponsored by Center to Improve Palliative Care]

Constipation in Palliative Care Bibliography

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