

FAST FACTS: Bowel Management for Opioid Use

Constipation is an *anticipated side effect* of opioid use and when left untreated may cause further pain and complications, such as stool impaction, anal fissures, or hemorrhoids. Inadequate bowel elimination is of particular concern in the older adult as many natural body changes, as well as chronic disease already impact the ability to appropriately evacuate their bowels. Opioid-induced constipation occurs when opioids attach to mu-opioid receptors in the bowel decreasing GI motility and can last the entire duration of opioid administration.

This known side effect requires preventative attention at the *start of opioid therapy*. The following provides assessment and management of constipation related to opioid use.

- Bowel History is necessary prior to assigning treatment.
 - Usual frequency of bowel movements.
 - Size, color, and consistency of bowel movement.
 - A normal bowel movement should be easy to pass, dark brown, mostly even-shaped & toothpaste-like in consistency.
- Review medication. In addition to opioids, tricyclic antidepressants, antacids, diuretics, iron, anti-hypertensives, anticonvulsants, anticholinergics, and NSAIDs can all cause constipation.
- Stool softeners (e.g. Colace) may be added if stool hardness is an issue. Softeners increase lubrication in the bowel to help feces pass easily (e.g. Docusate sodium). These medications are **not stimulant laxatives**. Do not only use stool softeners in treating opioid-induced constipation.
- Prophylactic stimulant laxatives *should be started with the start* of opioid medications and titrated to response as opioids are titrated up. Laxatives below increase bowel motility.
- Laxatives work differently in the bowel and should be selected based on the individual bowel issues. *Prescription medication for severe constipation or obstipation.
 - Stimulate Laxatives Bisacodyl (Dulcolax, Senna) – first-line treatment
 - *Chloride channel activators (Lubiprostone – Amitiza)
 - *Peripherally acting mu-opioid antagonists (Methylnaltrexone -Relistor)
 - *Guanylate cyclase-C agonists (Linaclotide- Linzess)
- Ongoing monitoring of opioid-induced constipation is needed to prevent obstipation.

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References

Mounsey, A Raleigh, M Wilson, A Management of Constipation in Older Adults. American Family Physician. 2015; 92(6): 500-504. <http://www.aafp.org/afp>.

Reuben, DB, Herr, KA, Pacala, JT, et al. Geriatrics at Your Fingertips. 25th Edition. p. 151-153. New York: The American Geriatrics Society; 2023.