



By: IFFGD; Edited by: Satish Rao



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What is opioid-induced constipation (OIC)?

Opioid-induced constipation, or OIC, is a condition that affects how your digestive system works. Opioids are strong pain medicines that slow bowel movements, causing fewer or more difficulty having a bowel movement than normal. Hence the term “opioid-induced” constipation.

Your healthcare provider might prescribe opioids if you have a condition that causes moderate to severe pain. Physicians may prescribe opioids for pain from a procedure, such as surgery or dental work; an injury or accident; a chronic, or long-lasting, condition that causes pain; cancer or illness at the end of life. While opioids can treat pain effectively, they have known side effects. Between 50 and 80 percent of people who take opioid medicines have constipation.

OIC is the most common side effect that opioids have on your digestive system. However, there are others. Opioid-induced bowel dysfunction, or OIBD, is the medical term for the effects on the digestive system the opioids can cause. Besides constipation, other symptoms of OIBD include heartburn, nausea, vomiting, a bloated feeling, as well as chronic, or long-lasting, abdominal pain.

How is opioid-induced constipation (OIC) managed and treated?

There are different ways to manage and treat OIC. Your healthcare provider will ask about your diet and lifestyle and recommend non-prescription medicines. If these do not work, they might prescribe a different pain medicine or a medicine to treat OIC.

Your healthcare provider should make sure opioid medicines are the best choice for treating your pain when they prescribe them and place you on the lowest dose needed to control your pain. A healthcare provider who specializes in managing pain is a vital part of your health care team. They can work with your healthcare provider to find ways to prevent OIC and other side effects or lower the risk of OIC.

Medicines for opioid-induced constipation (OIC): Non-prescription laxatives

Taking non-prescription laxative medicines may help you manage OIC. These medicines work in different ways to make it easier to have a bowel movement. They can stimulate the nerves in your digestive system, soften the waste, or make it bulkier.

You might need to try different types of laxatives or take more than one. For example, you can take a type of laxative called a “stool softener” that makes your stool easier to pass. Or you can take a type called a “stimulant laxative” that makes the

nerves in your digestive system more active and sensitive. This can get your digestive system moving again.

Your healthcare provider may recommend that you take both types or a different type of laxative. Polyethylene glycol is another type that may help increase the amount of water in the intestinal tract to stimulate bowel movements. Your healthcare provider can help you decide which laxatives work best and how much you will need to take.

Medicines for opioid-induced constipation (OIC): Prescription medicines

If laxatives do not help your OIC, you may need prescription medicines.

Lubiprostone (Amitiza®)

Lubiprostone works through the activation of chloride channels in the bowel. This leads to increased bowel movement frequency. It is currently FDA approved specifically for use in women. This is due to the limited numbers of men that were enrolled in the initial trials. This drug has proven to be effective in men as well. Common adverse events include nausea and diarrhea. Lubiprostone also FDA approved for the treatment of opioid induced constipation (OIC) in people with chronic non-cancer pain related illnesses. It is also approved for those with chronic idiopathic constipation (CIC) and constipation predominate irritable bowel syndrome (IBS-C).

Methylnaltrexone bromide (Relistor®)

Some medicines keep opioids from attaching to the receptors in your digestive system and slowing it down. These medicines are called “opioid antagonists.” They “fight” the normal action of the opioids in your intestines without affecting pain control. *Methylnaltrexone bromide* is FDA approved for treatment of opioid-induced constipation in advanced-illness patients who are receiving palliative care when response to usual laxative therapy has not been sufficient. Palliative care is care given to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. Palliative care is an approach to care that addresses the person, not just their disease.

The Food and Drug Administration (FDA) is one of the U.S. government's regulatory agencies. This agency oversees a broad range of topics that pertain to food, drugs and other products used on a daily basis.

The FDA works to protect public health by assuring that foods and drugs for humans and animals are safe and properly labeled. The FDA also ensures that vaccines, other biological products, and medical devices intended for human use are safe and effective.

Products approved by the FDA have been deemed safe, with benefits that are worth the possible risks. This is done after reviewing studies and tests that have been done on a product.

The European Medicines Agency (EMA) is a decentralized agency of the European Union (EU) responsible for the scientific evaluation, supervision and safety monitoring of medicines in the EU. The mission of the EMA is to foster scientific excellence in the evaluation and supervision of medicines, for the benefit of public and

Peripherally Acting μ -Opioid Receptor Antagonist (PAMORA).

These medications work by blocking the usual effects opioids have in the gastrointestinal tract (such as constipation), while maintaining the opioid effects in the brain. PAMORAs are used to treat constipation caused by chronic opioid use (OIC).

- *Naloxegol (Movantik® in US and Moventig® in Europe)* Naloxegol is used to treat constipation caused by opiate (narcotic) pain medications in adults with chronic (ongoing) pain that is not caused by cancer. It is FDA approved in the US for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain, who have had an inadequate response to laxative(s). It is EMA approved for treatment of opioid-induced constipation (OIC) in adult patients who have had an inadequate response to laxative(s). Some side effects include diarrhea, nausea, gas, stomach pain, vomiting and headache.
- *Naldemedine (Symproic® in US and Rizmoic® in Europe)* Naldemedine is also a peripherally acting μ -opioid receptor antagonist (PAMORA) used to treat constipation caused by chronic opioid use (OIC). In the US, Naldemedine has been approved for the treatment of opioid-induced constipation (OIC) by the FDA. In Europe, Naldemedine has been approved treatment of opioid-induced constipation (OIC) in adult patients who have previously been treated with a laxative by the EMA. The most common side effects are abdominal pain, diarrhea, and nausea.

Questions to ask your healthcare provider about opioid-induced constipation (OIC) treatment

Tell your healthcare provider if you have constipation when taking opioid medicines. If one way of treating constipation does not work, ask what else you can try. This might include switching to a different pain medicine. Your healthcare provider can help you find the best way to control pain and avoid constipation.

About IFFGD

The International Foundation for Gastrointestinal Disorders (IFFGD) is a 501(c)(3) nonprofit education and research organization. We work to promote awareness, scientific advancement, and improved care for people affected by chronic digestive conditions. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. Founded in 1991, we rely on donors to carry out our mission. Visit our website at: www.iffgd.org or www.aboutIBS.org.

IFFGD

537 Long Point Road, Suite 101
Mt Pleasant, SC 29464

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