

Study: Opioid-Induced Constipation May Be Vastly Underreported

A study has confirmed that constipation is a much more common problem among individuals with chronic noncancer pain who are taking opioids than among those who are taking nonopioids. Still, the researchers detected a very low self-report rate of constipation among patients they found to have opioid-induced constipation.

There was a 23.7% frequency of constipation among patients taking opioids, compared with 11.3% among patients taking nonopioid pain medications and 9.4% in the general population. Only 39% of patients with opioid-induced constipation self-reported this problem.

“Frequently, our patients do not disclose the constipation problem, or they are trying to use different [over-the-counter] medications to treat the problem,” lead investigator N. Nick Knezevic, MD, PhD, told *Pain Medicine News* after he and his co-investigators presented the results in poster form (Poster 111) at the American Academy of Pain Medicine’s 2014 annual meeting, held recently in Phoenix. “We, as physicians, also have to spend more time and more effort asking more specific questions to these patients regarding the constipation problem.”

Another pain physician, Andrew Johnson, DO, agreed that although the study was solidly done, the true scope of the problem is larger than the results suggest.

“A lot of patients fear that we’re going to cut their dose or switch to another medication if they complain about constipation. I think patients should be educated that constipation has to be dealt with and that we don’t necessarily have to cut back the dose or switch meds,” Dr. Johnson, a pain management and anesthesia physician at Monmouth Medical Center, Long Branch, N.J., said. “But a

lot of them have been on opioids for a while before they're referred to us, and they've learned to live with the constipation. We routinely tell them to take measures such as trying laxatives, increased exercise, more fiber in their diet; things like that."

Dr. Knezevic, director of anesthesiology research and a clinical assistant professor at the University of Illinois, Chicago, and three of his colleagues performed a cross-sectional preliminary study of constipation among 608 chronic noncancer pain patients who were taking opioids and 568 who were taking nonopioid pain medications. They randomly selected 572 people from the general Chicago population as a control group.

The researchers found no differences between the three groups in sex, age or race. There were also no differences between the opioid and nonopioid patients in their types of pain, with the majority reporting lower back pain.

About one-fourth (144 of 608, or 23.7%) of the opioid patients had constipation, defined using the Patient Assessment of Constipation Symptoms (PAC-SYM) as three or fewer spontaneous bowel movements per week. Only 39% of the constipated opioid patients, however, self-reported this condition.

Among nonopioid pain patients, the rate of constipation was 11.3% (64 of 568), whereas 9.4% (54 of 572) of the control patients had constipation ($P < 0.001$ for the opioid group vs. each of the other two groups).

Compared with the opioid patients who did not have constipation, those who had constipation took significantly more opioids, at 52.59 vs. 33.01 mg equivalents of daily morphine. The investigators also found an inverse correlation between the weekly number of patients' bowel movements and opioid dose.

The patients who were taking opioids reported more severe sensations of incomplete evacuation after bowel movements ($P = 0.01$ vs. each of the other two groups), straining during bowel movements ($P = 0.02$), abdominal pain ($P = 0.03$) and painful bowel movements ($P = 0.01$).

Furthermore, 83% of the patients in the nonopioid and control groups had less constipation after trying fiber, bulking agents, stool softeners and stimulants, but only 40% of opioid patients experienced improvement using these measures.

“We are planning to investigate other co-factors that can be involved in opioid-induced constipation and to compare effectiveness of currently available laxatives in treating this serious problem,” Dr. Knezevic said.

—*Rosemary Frej, MSc*

Drs. Johnson and Knezevic did not report any relevant financial conflicts of interest.