Opioid-Induced Constipation: An Assessment of Clinical Practice Patterns and Barriers

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BACKGROUND

The goal of this study was to assess physicians’ current knowledge, skills, competence, and practice barriers regarding the management of opioid-induced constipation (OIC) and obtain a current snapshot of continuing medical education (CME) needs.

METHODS

Primary Care Physicians (PCPs) (n=524)

Gastroenterologists (n=207)

Pain Specialists (n=620)

RESULTS

11% of physicians were aware of the incidence of OIC

64% of patients

27% of physicians were able to identify appropriate screening tools for OIC (Select ranking from 1 [Not confident] to 5 [Very confident])

Question: Which of the following assessment tools is clinician-administered and uses subjective patient responses to determine the presence of OIC in patients receiving opioid therapy for pain?

FIGURE 1

19% of physicians were able to identify appropriate screening tools for OIC

39% of physicians were able to identify appropriate screening tools for OIC

Question: What are the greatest barriers to OIC diagnosis and management?

Lack of communication among clinicians

Increased oral fluid intake

Assuming another stimulant laxative

Not prescribing a stool softener/laxative at the same time as prescribing an opioid

Lack of effective treatment options for OIC

Question: What were the greatest barriers to OIC diagnosis and management?

If you select Not confident, please describe what you feel is the most important barrier to OIC identification.

Table 1

CONCLUSION

This research yielded important insights into current gaps and barriers affecting clinical practice of physicians who manage OIC. Education on effective treatment strategies and patient communication regarding OIC are recommended to close the identified gaps.

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REFERENCE