

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

Pain Specialists (n=620)

Gastroenterologists (n=207)

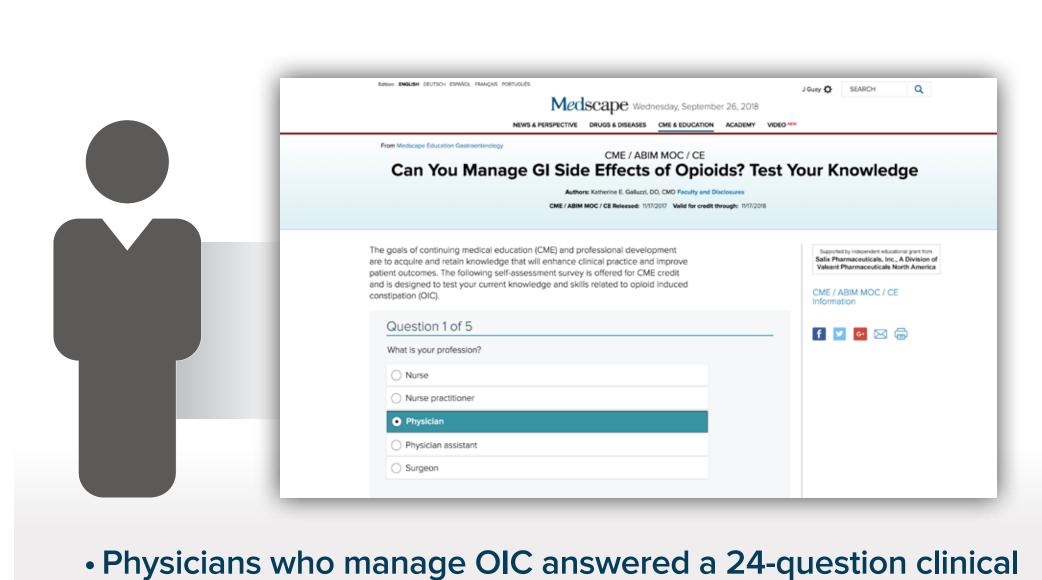
Primary Care Physicians (PCPs) (n=524)

RESULTS

Question: According to epidemiologic surveys,

patients on chronic opioid therapy?

constipation occurs in up to what percentage of



practice assessment survey¹

Pain Specialists (n=620) Gastroenterologists (n=207) Primary Care Physicians (PCPs) (n=524)

94% of patients

 Evaluated multiple parameters about OIC etiology/assessment/prevention/ treatment

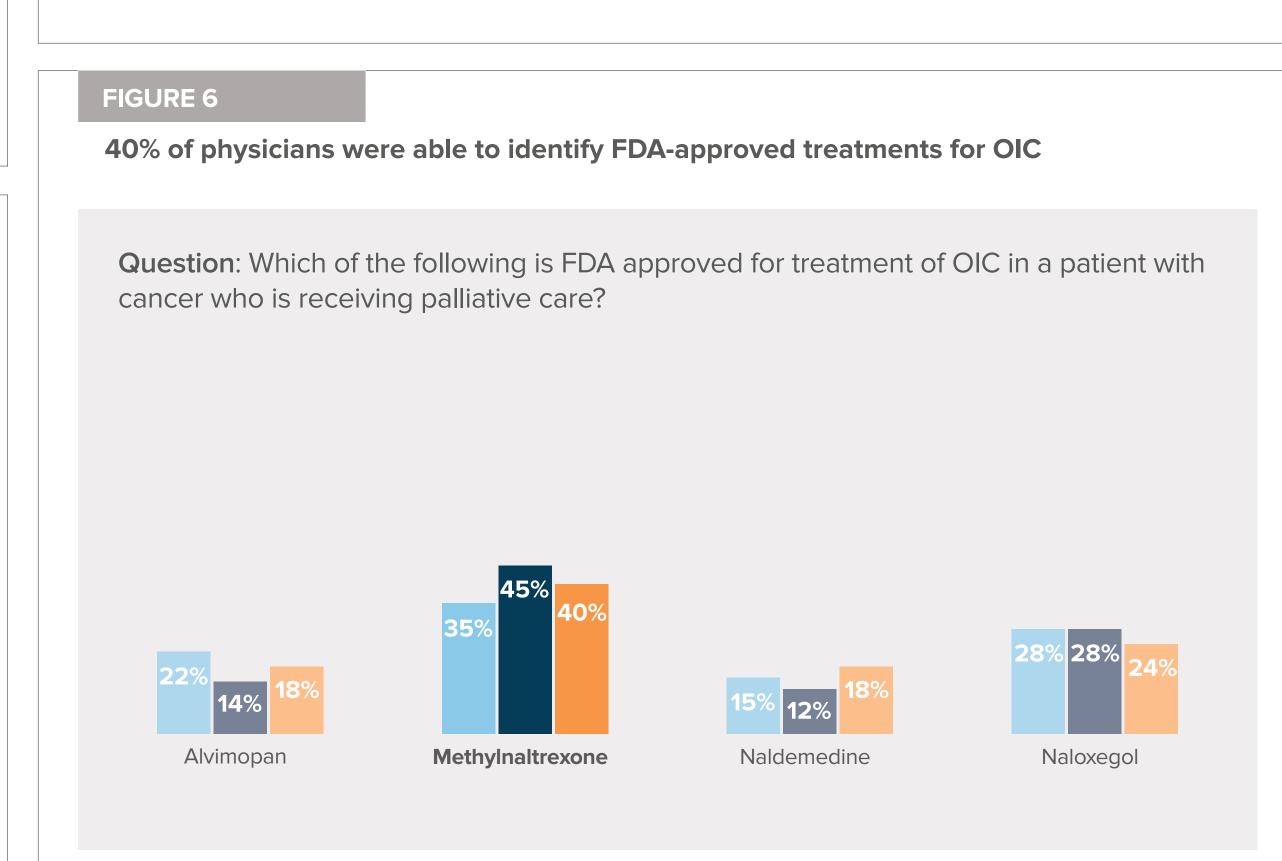
11% of physicians were aware of the incidence of OIC

Data collected November 17 - December 12, 2017

FIGURE 2 10% of physicians reported they were very confident in management of OIC Self-efficacy: How confident are you about managing patients who have OIC? (Select ranking from 1 [Not confident] to 5 [Very confident]) Pain Specialists (n=620) **VERY CONFIDENT** NOT CONFIDENT Gastroenterologists (n=207) VERY CONFIDENT NOT CONFIDENT Primary Care Physicians (PCPs) (n=524) VERY CONFIDENT FIGURE 3 63% of physicians were aware of the etiology of OIC Question: OIC is principally mediated by opioid agonism of what subtype of opioid receptors? Opioid receptor-like-1 Kappa (к) receptors

FIGURE 4 35% of physicians were aware of the details of Rome IV criteria on OIC Question: The Rome IV classification of disorders of gut-brain interaction: Defines OIC but **Gives OIC diagnostic** does not give criteria that are criteria that are diagnostic criteria different from those for functional constipation for functiona constipation

FIGURE 5 39% of physicians were able to identify appropriate screening tools (eg, Bowel Function Index [BFI]) for constipation in patients receiving opioid therapy for pain Question: Which of the following assessment tools is clinician-administered and was developed to regularly screen for constipation in patients receiving opioid therapy 4% 4% 5% Knowles-Eccersley-Scott symptom scoring system



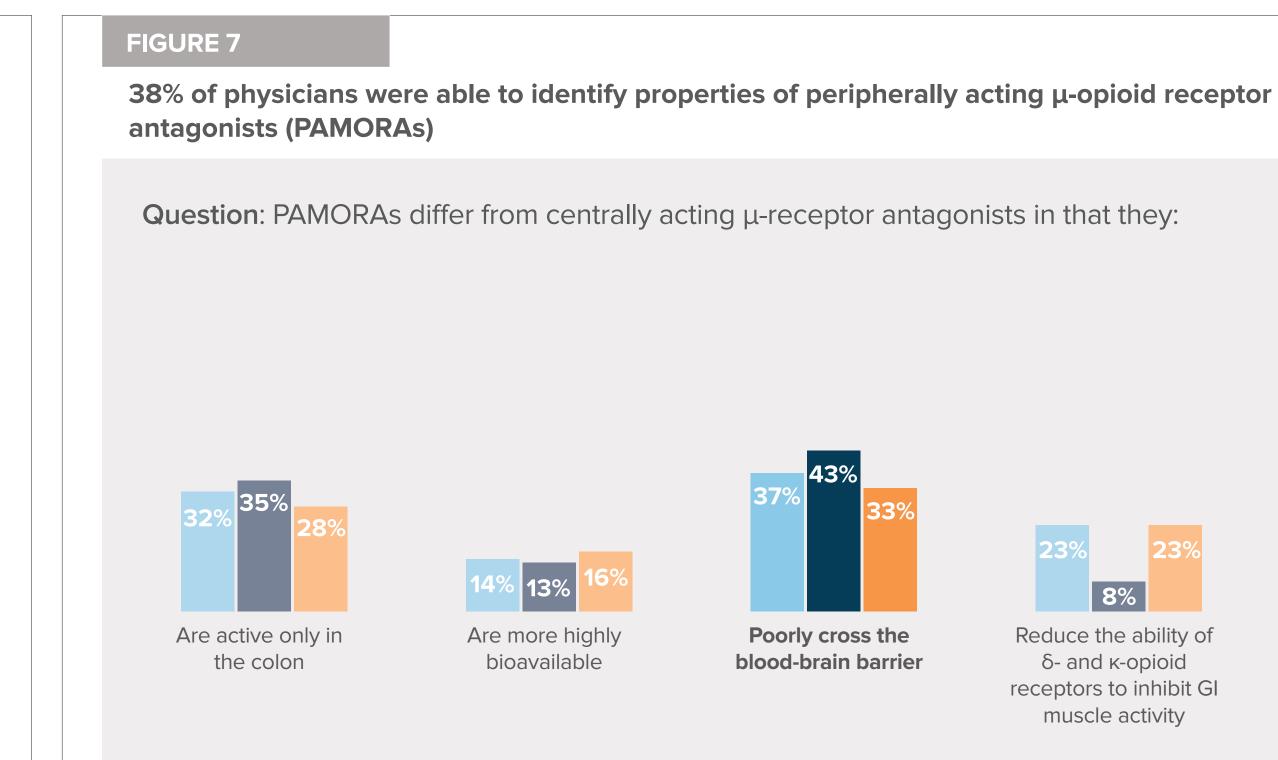
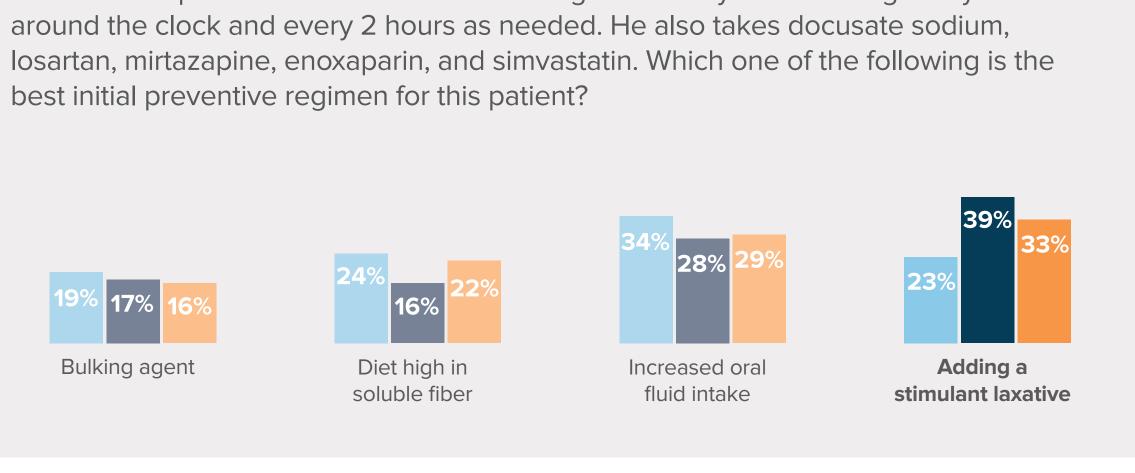


FIGURE 8

FIGURE 9

32% of physicians were able to appropriately select evidence-based strategies for mitigating risk of OIC and formulate appropriate treatment plans for patients with OIC

Question: A frail 82-year-old man was recently readmitted to a nursing home following open reduction/internal fixation of right hip fracture. He is minimally weight-bearing and rates his pain as 6 of 10 on his current regimen of oxycodone 5 mg every 6 hours



Top barriers reported were reluctance of patients to communicate regarding

constipation (31%), not prescribing a stool softener/laxative at the same time as prescribing an opioid (31%), and lack of communication among clinicians (26%)

an opioid



REFERENCE

1. Galluzzi KA. Can You Manage GI Side Effects of Opioids? Test Your Knowledge. Available at: Accessed September 19, 2018

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CONCLUSION

This research yielded

important insights into

current gaps and barriers

affecting clinical practice

of physicians who manage

treatment strategies and

patient communication

This assessment was supported by an

independent educational grant from

Salix pharmaceuticals, Inc., A division of

regarding OIC are

identified gaps.

ACKNOWLEDGMENTS

OIC. Education on effective

recommended to close the

Question: What are the greatest barriers to OIC diagnosis and management? (Select all that you believe to be important) they are constipated want to discuss their assess for OIC or what clinician asked about bowel function bowel function Not prescribing Lack of communication among clinicians a stool softener/ effective treatment caring for the patient laxative at the same options for OIC time as prescribing



