Reasons not to dispense laxatives at opioid treatment initiation and patient experienced opioid induced constipation

Frans de Bruin 1, Karin Hek 2, Jan van Lieshout 3, Pim Langendijk 4, Marcel Bouvy 5, Martina Teichert 6.
1Division of Pharmacoepidemiology and Clinical Pharmacology, Department of Pharmaceutical Sciences,. 2 Netherlands Institute for Health Services Research, Utrecht, The Netherlands. 3Radboudumc, IQ Healthcare. 4 Department of Guideline Development and Research, Dutch College Department of Hospital Pharmacy, Reinier de Graaf Group Hospitals, Delft. 5Division of Pharmacoepidemiology and Clinical Pharmacology, Department of Pharmaceutical Sciences,. 6Department of Clinical Pharmacy & Toxicology, Leiden University Medical Center, Leiden, the Netherlands

Background Opioid-induced constipation (OIC) is a clinical relevant adverse effect and a cause of potentially avoidable drug related hospital admissions.

Purpose The study aimed to describe the presence of laxative co-medication in starting opioid users, reasons not to start laxatives and to evaluate patient experienced OIC during opioid initiation related to laxative use.

Method Community pharmacists were invited to participate in this observational study. Pharmacists evaluated whether their starting opioid users disposed of laxative co-medication during two weeks in November and December 2016. If not, reasons for non-use were registered. Additionally, two starting opioid users per pharmacy were invited to complete questionnaires on their defecation prior to and during opioid use. The effect of laxatives on patient experienced constipation was analysed with regression models adjusted for age, sex, baseline defecation pattern and co-medication.

Findings 81 pharmacists collected data from 460 opioid initiators. Of those, 344 (74.8%) used laxatives concomitantly during opioid use. Main reason not to do so was that either prescribers did not prescribe co-medication or patients did not believe laxatives to be necessary. 67 (89.3%) of the75 opioid starters who completed both constipation questionnaires were not constipated at opioid start. 11 of them (16%) developed constipation during opioid use, and 6 of those who developed constipation (54%) did not dispose of laxative co-medication. The use of laxative co-medication did not reduce the risk of OIC statistically significant (Odds Ratio 0.60, 95% confidence interval 0.16 ? 2.26).

Conclusion One in four opioid starters did not dispose of a concomitant laxative, mainly because they were not regarded as necessary. In a sample of 75 opioid starters the benefit of laxatives on OIC development could not be shown statistically significant.