

# ONS Guidelines™ for Opioid-Induced and Non-Opioid-Related Cancer Constipation

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**PURPOSE:** This evidence-based guideline intends to support clinicians, patients, and others in decisions regarding the treatment of constipation in patients with cancer.

**METHODOLOGIC APPROACH:** An interprofessional panel of healthcare professionals with patient representation prioritized clinical questions and patient outcomes for the management of cancer-related constipation. Systematic reviews of the literature were conducted. The GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach was used to assess the evidence and make recommendations.

**FINDINGS:** The panel agreed on 13 recommendations for the management of opioid-induced and non-opioid-related constipation in patients with cancer.

**IMPLICATIONS FOR NURSING:** The panel conditionally recommended a bowel regimen in addition to lifestyle education as first-line treatment for constipation. For patients starting opioids, the panel suggests a bowel regimen as prophylaxis. Pharmaceutical interventions are available and recommended if a bowel regimen has failed. Acupuncture and electroacupuncture for non-opioid-related constipation are recommended in the context of a clinical trial.

**KEYWORDS** opioid-induced constipation; cancer; constipation; acupuncture; guideline; GRADE

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Constipation is a common condition worldwide, but its actual prevalence is not known because many individuals do not seek medical attention. There is no single accepted definition for constipation, and often patients and clinicians have different perceptions of constipation (Clark et al., 2010). Patients may report feeling constipated if they experience changes in their bowel patterns, but clinicians may view constipation more narrowly as hard or infrequent stools (Izumi, 2014). The estimated incidence of constipation overall is between 2.5% and 79% in adults, and its actual occurrence depends on age, sex, and definition of constipation (Higgins & Johanson, 2004; Peppas et al., 2008). The risk factors for constipation include low-fiber diet, decreased physical activity, irritable bowel syndrome, health conditions (e.g., cancer, Parkinson's disease, endocrine disease), and various medications (e.g., opioids) (Andrews & Storr, 2011; Mugie et al., 2010). Constipation can also lead to increased healthcare use costs. A study by Sommers et al. (2015) found that constipation-related emergency department visits increased by 41.5% between 2006 and 2011, with a mean cost per patient of \$2,306. The highest rates of emergency department visits were in very young people (younger than age 1 year) or older adults (aged 85 years or older) (Sommers et al., 2015).

In patients with cancer, constipation is a frequent occurrence, with rates ranging from 43% to 58% (McMillan et al., 2013). Constipation is the third most common symptom in patients with advanced cancer, following pain and anorexia, and the effect of constipation on a patient can vary and range from minor discomfort to a life-threatening impaction (Clemens et al., 2013).

Opioid-induced constipation (OIC) is the most common side effect of opioids and affects 40%–80%