

Constipation Prevention Regime for Chronic Opioid Therapy



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KEY FOR TERMS

Generic	Brand Name	Class
senna	<ul style="list-style-type: none"> • Senokot • SenokotXTRA • Ex-Lax • Fletcher's Castoria 	Stimulant Laxative
docusate	<ul style="list-style-type: none"> • Colace • Kaopectate Stool Softener, • Enemeez 	Stool Softener
sorbitol		Osmotic Laxative
lubiprostone	<ul style="list-style-type: none"> • Amitiza 	Laxative - Other
bisacodyl	<ul style="list-style-type: none"> • Dulcolax • Correctol • Feen-a-Mint • Fleet Colace • Surfak, 	Stimulant Laxative
lactulose	<ul style="list-style-type: none"> • Enulose, • Kristalose 	Osmotic Laxative
magnesium hydroxide	<ul style="list-style-type: none"> • Milk of Magnesia 	Osmotic Laxative
magnesium citrate		Osmotic Laxative
polyethylene glycol	<ul style="list-style-type: none"> • MiraLax • GlycoLax 	Osmotic Laxative

CAUTION:

Please follow up with your primary care physician if constipation symptoms worsen. Be cautious of significant pain, inability to pass gas or fever. If you suspect bowel obstruction or fecal impaction at any time, you should proceed directly to the nearest Emergency Room.

Psychological addiction to opioid medication is recognized when the individual abuses the drug to obtain mental numbness or euphoria, when the patient shows a drug craving behavior or "doctor shopping," when the drug is quickly escalated without correlation with the pain relief or when the patient shows a manipulative attitude toward the physician/provider in order to obtain the drug. If the individual exhibits such behavior, the drug may be tapered and the individual will not be a candidate for continued treatment. The patient may be referred to an addiction specialist, detoxification, or rehabilitation program for medical care. The patient must discuss changes in condition, which would increase the use of medication, in advance, by phone consultation or office visit with the physician/provider. Self-escalation of medication regimen without prior consultation with physician/provider constitute as noncompliance. In the event of suspicious aberrant behavior, the patient may have to write an in office explanation and provide supporting documents (i.e. loss of medication may require an explanation, and police report)

Patients are expected to treat the staff with respect and demonstrate that respect by refraining from loud, abusive, or threatening language or behavior.

For recent medication changes, the patient may be directed to return previous prescribed unused medication to the office to be accounted for with proper disposal protocol. Return any unfilled prescription to the office to be voided. Early medication refill, lost of medication/prescription, inconsistent prescription monitor report (Internet monitoring of controlled medication), inconsistent urine drug screen, etc., may require a written explanation of each incident to be added to the permanent electronic record with supporting documents (medical/dental, legal, police report, etc). Noncompliance with medication regimen may lead to: (1) closer follow-up date (i.e., month to week to day), (2) increase frequency of Urine Drug Screen (UDS) &/or (3) med change or taper. Noncompliance with medication regimen is a violation of the Pain Management Contract and may lead to immediate dismissal.

Constipation

Constipation is an almost inevitable side effect of chronic opioid therapy and should be anticipated. Tolerance to opioid related constipation does not occur, so patients are encouraged to implement a constipation prevention regimen.

Once you begin your opioid therapy, you may start with step 1. If there is no response within 24 hours, move to the next step.

(The key for terms is on the back of this brochure.)

Step	Constipation Prevention Regimen
1	<ul style="list-style-type: none"> • Eat fresh fruits/vegetables every day. • Exercise as tolerated daily. • Drink prune juice or eat stewed fruits at breakfast. • Drink plenty of fluids (unless your provider has restricted your fluids). • Increase the whole-grain fiber in your diet by eating cereals with 5 or more grams of fiber per serving (i.e., shredded wheat or bran flakes).

2	Senna 1 tablet daily + Docusate 100 mg twice daily
3	Senna 2 tablets twice daily + Docusate 100 mg twice daily
4	Senna 3 tablets twice daily + Docusate 100 mg twice daily
5	Senna 4 tablets twice daily + Docusate 100 mg twice daily
6	Senna 4 tablets twice daily + Docusate 100 mg twice daily + <i>MiraLax once daily</i> or <i>Sorbitol 15 cc twice daily</i> or <i>Bisacodyl 2 tablets twice daily</i>

Note: The health care provider may consider a prescription of **lubiprostone (Amitiza)** 24 mcg cap, one capsule twice daily (before or after step 6) taken independently or with other laxative/stool softener. If there is no bowel movement for a prolonged period, the patient may consider administering an **enema (sodium phosphate or mineral oil)** or **magnesium citrate**

7	Senna 4 tablets twice daily + Docusate 100 mg twice daily + <i>MiraLax once daily</i> or <i>Sorbitol 30 cc twice daily</i> or <i>Bisacodyl 2 tablets twice daily</i> or <i>Lactulose</i>
8	Senna 4 tablets twice daily + Docusate 100 mg twice daily + <i>MiraLax twice daily</i> or <i>Sorbitol 30 cc orally twice daily</i> or <i>Bisacodyl 3 tablets three times daily</i> or <i>Lactulose</i>

CAUTION: Call the doctor immediately or go to the Emergency Room if any of the following symptoms occur:

- * Severe abdominal pain:
This could be caused by an ulcer, an irritable bowel, or other serious disorders, including cancer of the colon.
- * Pain or vomiting along with constipation:
This could be a result of the bowel not moving because of an obstruction.