

Table 2: Approaches to the Management of Opioid-Induced Constipation

Consider non-pharmacologic approaches for all patients

- Increase fluid intake as tolerated
- Increase dietary fiber as tolerated (unless patient is severely debilitated or bowel obstruction is suspected)
- Encourage mobility and ambulation, if appropriate
- Encourage bowel movements at the same time each day
- Rule out or treat impaction if present

Consider options for pharmacologic interventions and pursue one after discussion with the patient

- Intermittent use (every 2-3 d) of an osmotic laxative, such as magnesium hydroxide, magnesium citrate, or sodium phosphate
- Trial of a daily softening agent (sodium docusate) alone
- Intermittent use (every 2-3 d) of a contact cathartic, such as senna or bisacodyl
- Daily use of a contact cathartic (with or without a concurrent softening agent)
- Daily use of lactulose or sorbitol
- Daily use of polyethylene glycol

Adjust dose and dosing schedule of selected therapy to optimize effects.

If initial strategy is not effective, consider a trial of an alternative treatment

Patients who have not responded to routine measures should be considered for:

- Trial of combination therapy (e.g. daily contact cathartic plus osmotic drug every 2-3 d)
 - Trial of a prokinetic drug (usually metaclopramide)
 - Trial of oral opioid antagonist therapy (currently oral naloxone; other oral antagonists in development)
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