

**Opioid-induced constipation in patients with advanced illness –
What laxative do you use?**

December 2011 – January 2012

Number of responses = 170

1) *Generally*, when prescribing a strong opioid to a patient with advanced illness, do you also routinely prescribe a laxative? (yes_no)

answer	votes	% of vote
Yes	165	97%
No	5	3%

2) *Generally*, when *initially* prescribing a laxative, which statement best describes your practice? (one_of)

answer	votes	% of vote
Initially, I use only one type of laxative	100	59%
Initially, I use a combination of more than one type of laxative	69	41%

3) *If initially you use only one type of laxative (i.e. stimulant, softener or osmotic etc.)*, please indicate below your first-line choice using generic names only.

Of the 88 valid responses, the following most common responses were:

34% macrogols

30% senna

12% docusate sodium

8% lactulose.

4) *If initially you use senna alone* for opioid-induced constipation, what is the maximum dose that you would generally aim to subsequently titrate to before considering other options? (one_of)

answer	votes	% of vote
Do not generally initially prescribe senna alone	45	26%
2 tablets at bedtime	19	11%
2 tablets b.d.	24	14%
3 tablets b.d.	4	2%
3 tablets t.d.s.	3	2%
4 tablets b.d.	3	2%
4 tablets t.d.s.	2	1%
Other, give details in Q14.	3	2%

5) *If initially you use a combination* of more than one type of laxative (i.e. stimulant, softener, osmotic etc.), please indicate below your first-line choice.

Of the 79 valid responses, the following most common combinations were:

47% senna and docusate sodium

10% senna and lactulose

6% codanthramer (dantron and poloxamer)

5% senna and macrogols

5% senna and milpar (magnesium hydroxide and liquid paraffin)

5% senna and docusate sodium and macrogols

4% senna and magnesium salt

4% sodium picosulfate and macrogols.

6) Generally, in your experience, what is the average number of different types of *oral* laxatives that your *in-patients* with advanced illness *ultimately* take for opioid-induced constipation? (one_of)

answer	votes	% of vote
1	17	10%
2	105	62%
3	37	22%
4	4	2%
5	1	1%

7) Generally, in your experience, despite *oral* laxatives what proportion of *in-patients* with advanced illness and opioid-induced constipation require rectal intervention (suppositories or enemas)? (one_of)

answer	votes	% of vote
<25%	79	46%
25-49%	67	39%
50-75%	12	7%
>75%	4	2%

8) In the last year, approximately how many patients have you prescribed methylnaltrexone for? (one_of)

answer	votes	% of vote
None	80	47%
1-5	67	39%
6-10	9	5%
11-20	2	1%
>20	5	3%

9) Generally, at what point do you use methylnaltrexone? (one_of)

answer	votes	% of vote
Never used methylnaltrexone	69	41%
After optimal oral laxatives have failed and instead of rectal interventions	14	8%
After optimal oral laxatives and rectal interventions have failed	79	46%
Other (please share your experiences in the comments section at the end of the questions)	4	2%

10) If you have used methylnaltrexone, was it effective? (one_of)

answer	votes	% of vote
Yes, always	12	7%
Majority of the time	46	27%
About half the time	26	15%
Minority of the time	9	5%
No, never	4	2%
Never used methylnaltrexone	59	35%

11) What is the average length of time that you have used methylnaltrexone for? (one_of)

<i>answer</i>	<i>votes</i>	<i>% of vote</i>
Never used methylnaltrexone	62	36%
1 dose only	29	17%
< 1 week	35	21%
1-2 weeks	14	8%
2-4 weeks	11	6%
4-8 weeks	0	0%
8-12 weeks	2	1%
>12 weeks	4	2%

12) Generally, what has determined discontinuing treatment with methylnaltrexone? (many_of)

<i>answer</i>	<i>votes</i>	<i>% of voters</i>
Never used methylnaltrexone	63	37
No benefit observed	32	19
Undesirable effects from methylnaltrexone	12	7
Ongoing regular bowel movement, not requiring further methylnaltrexone	56	33
Opioid dose reduced or discontinued	2	1
Patient died	19	11
Other (please share your experiences in the comments section at the end of the questions)	4	2

13) Were there any undesirable effects attributable to the methylnaltrexone? (many_of)

<i>answer</i>	<i>votes</i>	<i>% of voters</i>
Abdominal colic	54	32
Nausea	9	5
Flatulence	8	5
Diarrhoea	10	6
Injection site reactions	2	1
Dizziness	3	2
Other (please indicate in the comments section at the end of the questions)	3	2

14) Further comments.

Several members commented that methylnaltrexone was not used due to the high cost. Many thanks go to Dr Paul McIntyre (Head of Palliative Medicine, Capital Health Integrated Palliative Care Service Canada) for sending us a routine bowel care order form in relation to this survey. It has been added to the document library under the topic of constipation.