Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Pathway for the Prevention and Treatment of Opioid Induced Constipation (OIC) in Adults

- The main side effects of opioids include constipation, nausea and drowsiness.
- Constipation affects nearly all patients receiving strong opioids. Preventative measures must be taken when an opioid is commenced.
- Patients should be advised to increase their intake of fluid, fruit and vegetables.
- Use an osmotic laxative and a stimulant laxative. Avoid bulk forming laxatives.
- Prescribe regular laxatives at an effective dose. Adjust dose to optimise response.
- Optimise laxative before changing opioid.
- Inform patients that treatment takes time to work and adherence is important.
- A Peripherally Acting Mu-Opioid Receptor Antagonist (PAMORA), e.g. naldemedine and naloxegol, can be considered after stimulant and osmotic laxatives have been tried at optimised doses.
- Naldemedine is recommended as an option for treating OIC in adults who have had laxative treatment (as per NICE TA651 recommendation)
- Naloxegol is recommended as an option for treating OIC in adults whose constipation has not adequately responded to laxatives (as per NICE TA345 recommendation)

Opioid analgesic prescribed

Consider stimulant laxative

Examples include:

- bisacodyl: 5-10mg at night. Max 20mg at night

OR

- senna: 2-4 tablets at night

OR

- docusate: up to 500mg daily in divided doses

Consider osmotic laxative

Examples include:

- macrogols (Laxido®): up to 4 sachets daily in divided doses

OR

- lactulose: 15ml twice daily, adjusted according to response

If individual laxatives are ineffective, consider combining a stimulant and osmotic laxative. If this is still ineffective despite dose optimisation, consider a PAMORA.

An inadequate response is defined as OIC symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

PAMORAs

Naldemedine:

- Naldemedine is the preferred choice of oral PAMORA.

- Dose: 200mg orally, once daily. No dose adjustment is required in patients with renal impairment.
- May be taken at any time of day but it is recommended to be taken at the same time every day.
- Naldemedine may be used with or without laxative(s).
- If treatment with opioid analgesic is discontinued, naldemedine must be discontinued.
- Use in patients with severe hepatic impairment is not recommended.
- Naldemedine is contra-indicated in patients with known or suspected gastrointestinal obstruction or perforation or patients at increased risk of recurrent obstruction, due to the potential for gastrointestinal perforation.
- Refer to Summary of Product Characteristics for full prescribing information

Naloxegol:

- Naloxegol is an alternative choice oral PAMORA.
- Dose: 25mg orally, once daily. Reduced to 12.5mg orally, once daily in patients with moderate or severe renal insufficiency.
- It is recommended to be taken in the morning, for patient convenience, to avoid bowel movements in the middle of the night. Naloxegol should be taken on an empty stomach at least 30 minutes prior to the first meal of the day or 2 hours after the first meal of the day.
- When naloxegol is initiated, it is recommended that all currently used maintenance laxative therapy should be halted, until clinical effect of naloxegol is determined.
- Use in patients with severe hepatic impairment is not recommended.
- Naloxegol is contra-indicated in patients with known or suspected gastrointestinal obstruction or in patients at increased risk of recurrent obstruction, due to the potential for gastrointestinal perforation. Also, contra-indicated in patients with underlying cancer who are at heightened risk of gastrointestinal perforation.
- For patients with enteral tubes or swallowing difficulties: naloxegol tablets can be crushed and mixed with water for administration (NEWT Guidelines, April 2019). Note: this would be off-license use.
- Refer to Summary of Product Characteristics for full prescribing information.

Note: Methylnaltrexone and oxycodone/naloxone (Targinact®) are NOT recommended in HWE for primary or secondary care prescribing.

Version	2.1 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include: • Rebadging with HWE ICB and removal of ENHCCG and HVCCG headers
Developed by	ENHCCG and HVCCG PMOT
Approved by	HMMC
Date approved/updated	February 2021
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	2.0