Bowel Basics and Beyond

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Objectives

- Define and review constipation and diarrhea and suggested management strategies.
- Review bowel obstructions in palliative care and their impact on quality of life.
- Discuss shared decision making and setting realistic goals for bowel management in serious illness.
Constipation

- Prevalence: 30-100% of palliative care patients
  - Broad range
  - Severe symptoms
- Increased healthcare utilization
- Impaired physical activity and decreased productivity
- Anxiety and depression
- Lower health-related quality of life
Constipation

- No agreed upon definition
- Decreased frequency of bowel movements, hard or small stools, straining with evacuation, feeling full or bloated

Rome IV Criteria for Diagnosis of Clinical Constipation

- Straining >25% of the time
- Lumpy/hard stool >25% of the time
- Sensation of incomplete evacuation >25% of the time
- Sensation of anorectal obstruction/blockage >25% of the time
- Manual maneuvers needed to stimulate >25% of BMs
- Fewer than three spontaneous BM per week
## Constipation: Causes

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
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</thead>
<tbody>
<tr>
<td>- Reduced fluid or fiber intake</td>
<td>- Structural issues</td>
</tr>
<tr>
<td>- Decreased activity and mobility</td>
<td>- Metabolic changes</td>
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<tr>
<td>- Female sex</td>
<td>- Neurologic factors</td>
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<tr>
<td>- Increased age</td>
<td>- Psychologic factors</td>
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<tr>
<td>- Lack of privacy or routine</td>
<td>- Iatrogenic factors</td>
</tr>
</tbody>
</table>
Constipation: Iatrogenic Factors

- Chemotherapy
- Anticholinergics
- Diuretics
- Anticonvulsants
- Neuroleptics
- 5-HT3 Antagonists
- Muscle Relaxants
- Calcium Channel Blockers
Constipation: Assessment

- Patient history
- Physical exam
- Diagnostic studies
- Scales for assessment
Constipation: Management

Stage 1
- Education on increasing fluids, dietary fiber and exercise
- Assess for risk factors (including meds)
- Start a stimulant laxative for patients on opioids (ex: senna 8.6mg, 2 tabs po qhs)

Stage 2
- Titrate senna up to 4 tablets BID PRN, and/or add one of the following:
  - Polyethylene glycol 17g once daily
  - Milk of magnesia 10mL 2-4 times daily (limit if electrolyte ab. or renal dysfunction)

Stage 3
- Digital rectal exam to r/o impaction (avoid in neutropenia or thrombocytopenia)
  - Impacted (soft): manually disimpact
  - Impacted (hard): mineral oil or milk and molasses enema
  - SA analgesic and/or anxiolytic
- No impaction: lactulose 3-4 times daily or bisacodyl QD PRN
- Abdominal imaging
- Bowel management consult
Constipation: Pharmacologic Agents

- **Bulk Laxatives**
  - MOA
  - Candidates
  - Example: Psyllium

- **Surfactants**
  - MOA
  - Candidates
  - Example: Docusate

- **Osmotic Laxatives**
  - MOA
  - Candidates
  - Example: Lactulose

- **Stimulant Laxatives**
  - MOA
  - Candidates
  - Example: Sennosides, Bisacodyl

- **Lubricant Laxatives**
  - MOA
  - Candidates
  - Example: Mineral Oil

- **Peripherally Acting Mu Opioid Antagonists**
  - MOA
  - Candidates
  - Example: Naloxegol
Diarrhea

- Abnormally loose stool, with decreased consistency and/or increased frequency or volume
- World Health Organization: more than three watery bowel movements per day
- Acute, subacute or persistent, chronic
- Less common than constipation
# Diarrhea: Causes

<table>
<thead>
<tr>
<th>Infection-Related</th>
<th>Cancer-Associated</th>
<th>Iatrogenic</th>
<th>Additional Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Enterocolitis</td>
<td>▪ Disease progression</td>
<td>▪ Erratic laxative use</td>
<td>▪ Malabsorption</td>
</tr>
<tr>
<td>▪ Opportunistic</td>
<td>▪ Radiation-induced</td>
<td>▪ Antibiotics</td>
<td>▪ Fecal impaction</td>
</tr>
<tr>
<td>▪ AIDS-Related</td>
<td>▪ Chemotherapy</td>
<td>▪ Antacids</td>
<td>▪ Partial bowel obstruction</td>
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<tr>
<td></td>
<td>▪ 5-fluorouracil</td>
<td>▪ Surgically induced</td>
<td>▪ Hyperosmolar product ingestion</td>
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<td></td>
<td>▪ Cisplatin</td>
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<td>▪ GI hemorrhage</td>
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<td></td>
<td>▪ Hydroxyurea</td>
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<td>▪ Inflammatory bowel disease</td>
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<td></td>
<td>▪ Interferon</td>
<td></td>
<td>▪ IBS</td>
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<tr>
<td></td>
<td>▪ Irinotecan</td>
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</table>
Diarrhea: Assessment

- Patient history
- Physical exam
- Diagnostic studies
- Scales for assessment
Diarrhea: Management

- **Prevention**
  - Supportive evidence is lacking in chemotherapy or radiation-related diarrhea
  - Hand hygiene and avoiding spread (infection-related)

- **Supportive Care**
  - Education on causes and treatments
  - Access to equipment (ex: bedside commode)
  - Skin care
  - Dietary recommendations
    - Avoid food triggers
    - Increased bulk with psyllium, bran or pectin
    - Hydration

- **Pharmacologic management**
### Diarrhea: Pharmacologic Agents

<table>
<thead>
<tr>
<th>Category</th>
<th>MOA</th>
<th>Candidates</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid Agonists</strong></td>
<td>MOA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adsorbent Agents</strong></td>
<td>MOA</td>
<td></td>
<td></td>
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<tr>
<td><strong>Anticholinergics</strong></td>
<td>MOA</td>
<td></td>
<td></td>
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<tr>
<td><strong>Antisecretory Agents</strong></td>
<td>MOA</td>
<td></td>
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<tr>
<td><strong>Additional Agents</strong></td>
<td>Anti-inflammatories</td>
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<tr>
<td></td>
<td>Microbial Agents</td>
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<tr>
<td></td>
<td>Candidates</td>
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Malignant Bowel Obstruction (MBO)

- Interruption of the flow of GI contents due to involvement of malignancy
- MBO develops in 3-15% of cancer patients
  - More common in gynecologic and GI cancers
- Presenting symptom or sign or recurrence
- Partial or complete
- Unifocal or multiple areas impacted
- More commonly the area of origin is small intestines
- Risk factors for increased mortality: increased age, male sex, multiple comorbidities, weight loss
MBO: Assessment

- Patient history
- Physical exam
- Diagnostic studies
MBO: Management

Stage 1
- NPO
- Nasogastric tube to low intermittent suction
- Parenteral rehydration +/- electrolyte repletion
- Surgical/interventional consult
- Antiemetic: dexamethasone + haloperidol
- Antisecretory: scopolamine or glycopyrrolate
- Analgesia

Stage 2 (non-surgical candidate, after 5 days of treatment)
- Obstruction resolved: stop steroids and antisecretory medications
- If unresolved: reduce steroids and antisecretory medications and start octreotide

Stage 3 (after 3 more days of treatment)
- If vomiting stopped: lowest effective octreotide dose
- If vomiting continued: stop octreotide, consider endoscopic venting gastrostomy
Ascites

- Abnormal collection of fluid within the intraperitoneal cavity
  - Multiple etiologies
  - Conditions associated with portal hypertension, peritoneal disease, hypoalbuminemia
- Significant discomfort
- Decreased quality of life
Ascites

- Patient history
- Physical exam
- Diagnostic studies
- Imaging studies
- Management
- Prognosis
Shared Decision Making
FOCUSED TRACKS:
Expert educators will conduct new tracks for home health, hospice, and compounding pharmacy along with outstanding sessions for hospital clinical and administrative leaders and facilities managers.

achcu.com/academy
Thank you

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References


