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EDUCATIONAL RESOURCES

HOME HEALTH HOSPICE HOME CARE PALLIATIVE CARE

Bowel Basics and Beyond

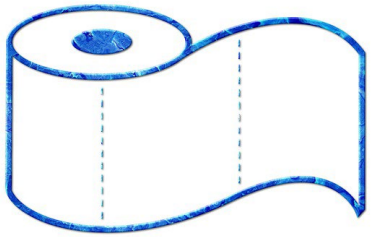
Ellen Fulp, PharmD, MSPC, BCGP
Director of Pharmacy Education, AvaCare, Inc.

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

Primary

- Reduced fluid or fiber intake
- Decreased activity and mobility
- Female sex
- Increased age
- Lack of privacy or routine

Secondary

- Structural issues
- Metabolic changes
- Neurologic factors
- Psychologic factors
- Iatrogenic factors

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)

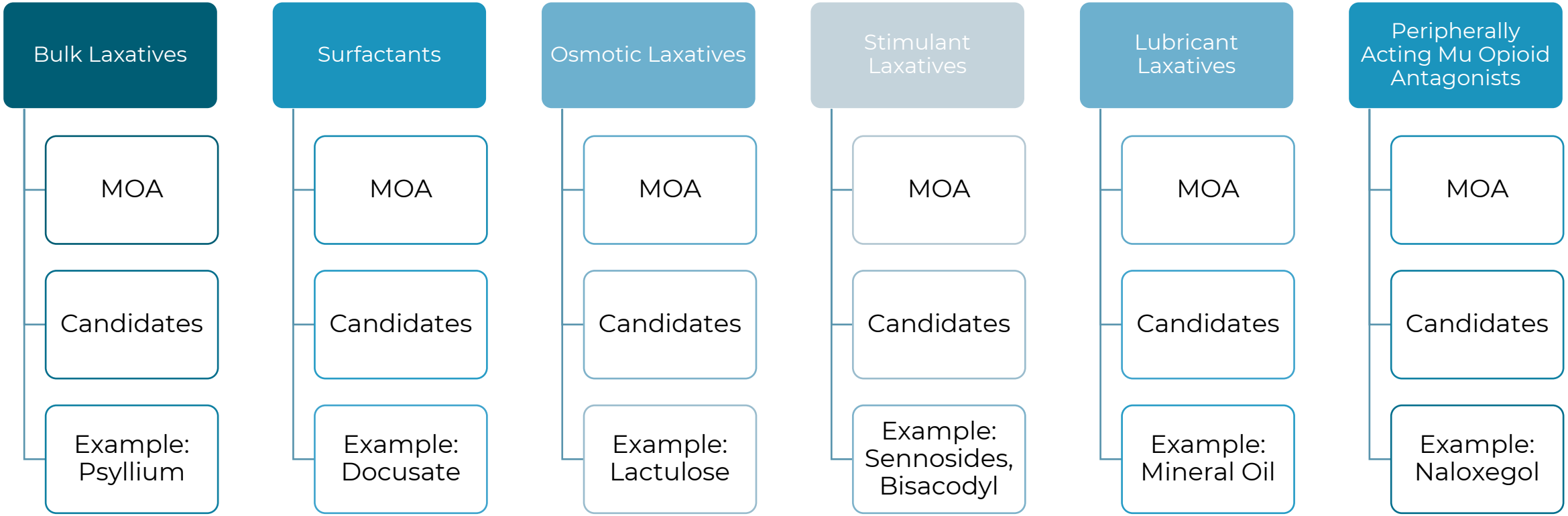
Stage 2

- 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



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

Infection-Related

- Enterocolitis
- Opportunistic
- AIDS-Related

Cancer-Associated

- Disease progression
- Radiation-induced
- Chemotherapy
  - 5-fluorouracil
  - Cisplatin
  - Hydroxyurea
  - Interferon
  - Irinotecan

Iatrogenic

- Erratic laxative use
- Antibiotics
- Antacids
- Surgically induced

Additional Causes

- Malabsorption
- Fecal impaction
- Partial bowel obstruction
- Hyperosmolar product ingestion
- GI hemorrhage
- Inflammatory bowel disease
- IBS

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

Opioid Agonists	Adsorbent Agents	Anticholinergics	Antisecretory Agents	Additional Agents
MOA	MOA	MOA	MOA	Anti-inflammatory
Candidates	Candidates	Candidates	Candidates	Microbial Agents
Example: Loperamide	Example: Bismuth Subsalicylate	Example: Scopolamine	Example: Somatostatin	Candidates

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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Thank you

Ellen Fulp, PharmD, MSPC, BCGP
ellenf@avacare.biz

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