

Rates Of Appropriate Laxative Prophylaxis For Opioid-Induced Constipation In Veterans With Lung Cancer: A Retrospective Cohort Study

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Background

- Opioid-induced constipation (OIC) is common and distressing.
- Guidelines recommend routine prescription of a laxative for preventing OIC, unless a contraindication exists.
- Docusate is not considered an effective prophylactic or therapeutic agent for constipation.
- We explored rates of laxative prophylaxis in a contemporary cohort of patients with lung cancer initiating opioids in a national Veterans US database.



Methods

- Design: Retrospective, observational, cross sectional
- Data source:
 - Veterans' Affairs (VA) Corporate Data Warehouse (CDW)
 - Linked to pharmacy data to identify opioid and laxative prescriptions
- Population:
 - Patients with lung cancer (identified using ICD codes) diagnosed between 2003- 2016
 - Opioid naïve, laxative naïve
 - Initiating opioids (any agent, any dose, any route)



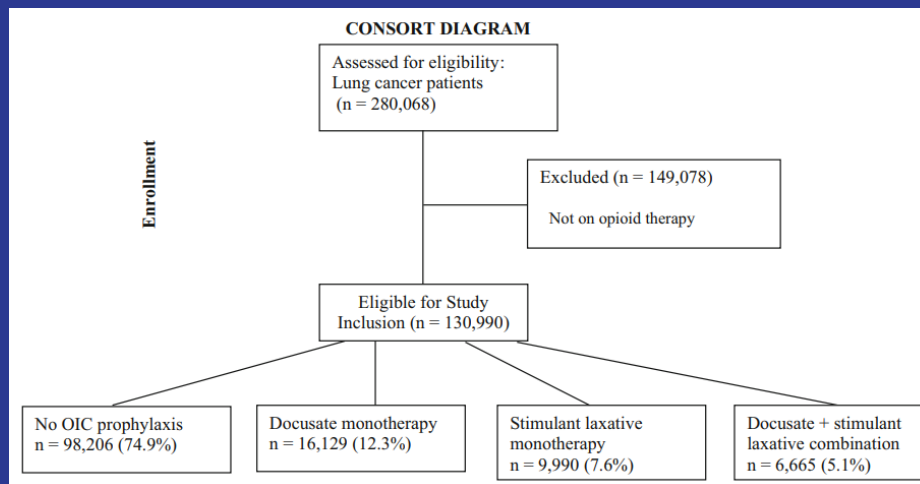
Methods

- Primary outcome: Rate of “appropriate” OIC prophylaxis
 - “Appropriate”: prescription of a non-docusate agent within 1 week of opioid prescription
 - OIC classified into 4 groups:
 - None
 - Docusate alone
 - Docusate + another laxative
 - Other laxative alone
- Secondary outcome: OIC-related urgent care or emergency room visits/hospitalizations at 3 months and 6 months, by the 4 OIC groups
- Linear regression to study time trends in OIC prophylaxis use.



Results

- N= 130,990
- 98% men
- 73% white
- Mean age, 67 years



- Overall, 87% received inadequate prophylaxis (no OIC prophylaxis or only docusate), and 5% received wasteful docusate in addition to a stimulant.



Results

- Rate of appropriate OIC prophylaxis *significantly decreased* during the study period (95% confidence interval for slope, -0.001195 to -0.0001452 , $p = 0.017$)
- Rates of constipation-related healthcare utilization was *highest* in the appropriate OIC prophylaxis group.

Outcome	No OIC prophylaxis	Docusate monotherapy	Laxative	Docusate + laxative
Constipation at 3 months (%)	986 (1.0%)	361 (2.2%)	396 (4.0%)	491 (7.4%)
Constipation at 6 months (%)	1576 (1.6%)	499 (3.1%)	498 (5.0%)	556 (8.3%)



Conclusions

- In this study of US Veterans with lung cancer, almost 90% received inadequate/inappropriate OIC prophylaxis.
- Use of appropriate OIC prophylaxis decreased during the study period.
- Confounding by severity (the highest-risk patients are prescribed OIC prophylaxis) may explain the inverse relation between OIC prophylaxis and constipation.
- Efforts to educate physicians and patients to promote appropriate OIC prophylaxis, along with systems-level changes are warranted.



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