Ontario Health (Cancer Care Ontario) Symptom Spotlight Webinar:

Constipation and Diarrhea

Wednesday, November 16, 2022 | 12:00 PM-1:00 PM

Housekeeping

- This webinar is being recorded and the recording will be made available via YouTube.
- If you have any questions, please enter it in the chat or in the Q&A section of Teams. These questions will be answered in an FAQ that will be posted on our website.

Shutterst

Agenda

Time	Topic	Presenter
12:00 pm – 12:05 pm	Introductions & Learning Objectives	Angelica Ramprashad
12:05 pm – 12:10 pm	Screening for Constipation and Diarrhea	Dr. Natalie Coburn
12:10 pm – 12:30 pm	Assessment & Management of Constipation and Diarrhea in Cancer Patients	Dr. Danielle Kain
12:30 pm – 12:55 pm	Responding to Constipation and Diarrhea in Routine Clinical Practice	Dr. Danielle Kain
12:55 pm – 1:00 pm	Closing	Dr. Natalie Coburn

Introductions

Dr. Natalie Coburn
Clinical Lead, Symptom Management, Ontario Health

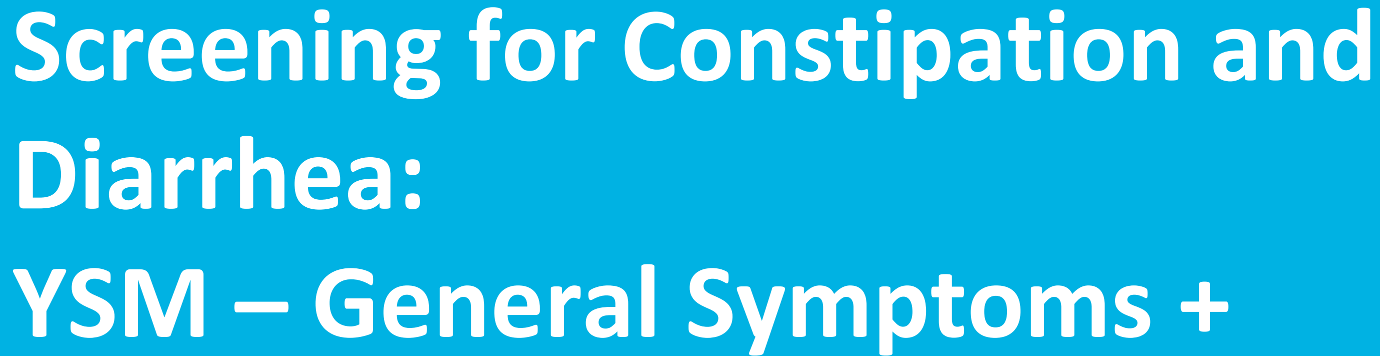
Dr. Danielle Kain

Palliative Medicine Physician, Assistant Professor, Queen's University

Learning Objectives

The objectives of this webinar are to understand:

- Why assessing for constipation and diarrhea in people undergoing cancer treatment is important
- How to assess for and manage constipation and diarrhea for people undergoing cancer treatment
- What resources are available for providers and patients to address constipation and diarrhea in the cancer population

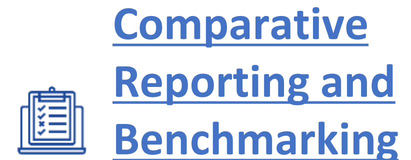


Dr. Natalie Coburn

Patient Reported Outcome Measures (PROMs)

What are they?

- PROMs are measurement instruments (i.e., questionnaires) that patients complete to provide information on aspects of their health status and quality of life (e.g., symptoms, daily function and mental health), which are often not captured by standard diagnostic tools
- PROMs are essential to understanding whether health care services and procedures are making a difference to patient health by providing insight into the effectiveness of care from a patient's perspective



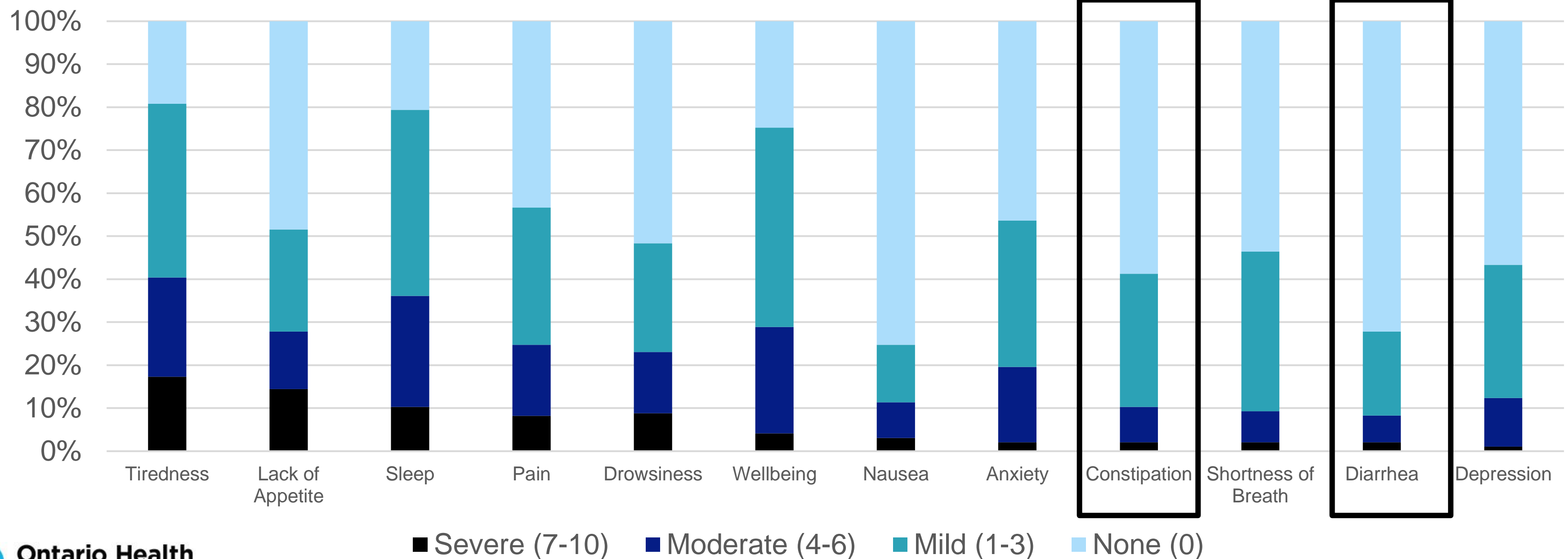
Screening for Constipation and Diarrhea Problems in Ontario

Pilot Project

- In 2020, Ontario Health piloted at two cancer centres in the radiation review clinic, the addition of sleep, constipation, and diarrhea to ESAS-r (9-item tool) to evaluate patient and provider satisfaction and feasibility
  - Over **90%** of patients reported it was important to be asked about the additional symptoms

Constipation and Diarrhea in People Undergoing Cancer Treatment

Pilot Project Results



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Screening for Constipation in Ontario

- "gap" (should have been on ESAS)
- Trends over time:

"I don't think it necessarily flags more concerns because we're still going to talk about it, but it is a good quick visual to be able to see the trend."

Suggestions: web-based resources (diet/non-drug self-management; "what to expect" (normal vs problematic bowel fxn); dietician as resource

Screening for Diarrhea in Ontario

- "gap" on ESAS (should have been there)
- Earlier flag:

> *"…[diarrhea] identified a bit sooner [with ESAS-r-Plus]…earlier in the treatment process versus, you get a lot of patients that have had loose bowel movements for weeks and weeks and then finally say something."*

- **Suggestions**: Request for patient resource on non-drug (diet related) interventions; add gas information to SMG

Screening for Constipation and Diarrhea in Ontario

Provincial Implementation of ESAS-r+

- Beginning June 2022, the phased implementation of ESAS-r+ (12-item PROM) began to enable the early identification of constipation, diarrhea and sleep issues
- This webinar is intended to support clinicians to assess and respond to sleep problems identified on ESAS-r+

Constipation & Diarrhea – a typical clinic day…

- Ms. CM is a 46-year-old woman with metastatic colorectal cancer on FOLFIRI chemotherapy
- She has rec'd 3 cycles, and has had ++ diarrhea during and after chemo x 1 week
- Otherwise, she's constipated, but reluctant to take laxatives
- She's just been started on opioids for cancer-related pain

Poll Question 1

Ms. CM is a 46 year old woman with metastatic colorectal cancer on FOLFIRI chemotherapy. She has just started opioids for her cancer-related pain. Would you recommend Docusate?

- Yes
- No

Poll Question 2

How comfortable are you assessing and managing constipation and diarrhea for people undergoing cancer treatment?

- Not comfortable at all
- Moderately uncomfortable
- Neutral
- Moderately comfortable
- Very comfortable

Dr. Danielle Kain

Definition of terms - (highly variable!)

- **Difficult passage of stools** OR –
- **Bowel Movement (BM) less often than normal for the patient.**
- *May include:*
  - *Straining*
  - *Incomplete evacuation*
  - *Pain*
  - *A range of stool consistencies*

Assessment – take a good history

- OPQ(R)STUV – mnemonic to guide history taking
  - Onset
  - Provoking/Palliating factors
  - Quality
  - Severity
  - Treatment
  - Understanding
  - Values

Onset & Provoking/Palliating factors

- Onset – when did it begin – also important to ask about last bowel movement
- Provoking/Palliating – remember to ask about mobility, function, and privacy
  - Those with disease that causes pain with each bowel movement increases the risk for constipation

Quality & Severity

- Subjective part of history taking is important
  - This is where we ask about what the stool looks like, whether or not there is pain, incontinence, or tenesmus
- Understanding the quality and severity impacts your non-pharmacological and pharmacological advice
- Ask about severity using NRS – even if they have just completed ESAS-r+

Treatment

- Ask about current regimen – if they have laxatives at home, are they PRN or scheduled? Ask about CAM remedies as well
  - Drug coverage is sometimes an issue…
- “If it’s been more than 3 days, sometimes you have to work from both ends”
- Some patients are concerned the laxatives will work TOO well

Understanding & Values

- Some patients will avoid/minimize their opioid use (and under treat their pain) because they fear making themselves constipated…
- Assess understanding – does the patient interpret their symptoms as constipation? How is it affecting them?
- This may be where we pick up on other symptoms

Understanding & Values cont'd

- Ask gently about what treatment options (especially PR treatments) would be acceptable to the patient
- Ask what would be an acceptable level of symptom severity – varies from patient to patient
- Manage expectations

Physical Exam

- Some/all of the following may be needed –
    - Vitals, volume assessment
    - Abdominal exam
    - Rectal/perineal exam
    - Stoma exam

Other Investigations/Diagnostics

- …Will depend on the goals of care, first and foremost (esp. bloodwork).
- To consider for routine bloodwork – CBC, TSH, calcium, electrolytes
- Consider abdominal plain films (Especially in patients who believe they have diarrhea and have stopped all their laxatives!!)

Management – Non-Pharmacological

- Use PPS (Palliative Performance Scale) as a guide for assessing patient’s functional status
- General rules for PPS 40-100%
  - Encourage hydration*
  - Encourage fibre intake with diet*
  - Encourage physical activity as tolerated
  - Encourage proper positioning and privacy for defecation (as appropriate)

Non-Pharmacological Management cont'd

- For patients approaching EOL who are bed bound –
  - Elevate head of bed
  - Simulate the squatting position (lateral decubitus, have patient draw knees up to chest, adjust bed pan as appropriate, provide privacy)
  - Consider benefits/harms of treating constipation at the very EOL

Pharmacological Management

- General approach
  - Consider what they have used and what has been tried in the past
  - Oral route generally preferred over rectal route, and aggressive oral laxatives reduce need for rectal interventions
  - 1st, 2nd, and 3rd line recommendations/agents can be combined

Pharmacological Management cont'd

- ***First line***: stimulant and/or osmotic laxative (combination therapy considered first line, but may only need one)
  - Sennosides
  - Bisacodyl
  - polyethylene glycol (PEG)*
  - lactulose

Pharmacological Management cont'd

- ***Second Line:*** rectal suppositories or enemas; saline laxatives
    - glycerin or bisacodyl (if stool in rectum)
    - Enema or high enema (fleet, tap water, saline, oil)
    - Magnesium citrate or magnesium oxide PO
    - Special considerations for paraplegic patients and patients with an ostomy

Pharmacological Management cont'd

- ***Third Line:*** PAMORAs, sodium picosulfate + mag citrate
  - Methylnatrexone (SQ, weight based dosing), naloxegol (PO)
  - Sodium picosulfate + Mg citrate typically used for bowel prep (Stimulant + osmotic/saline laxative)
  - Both of the above options work quite quickly (methylnatrexone can work within the hour!)
- …several other options, with more details, listed in the guideline

Assessment & Management of Diarrhea in Cancer Patients

Dr. Danielle Kain

Definition of Terms

- Diarrhea is an abnormal increase in ***stool liquidity and frequency*** that may be accompanied by abdominal ***cramping***

Assessment of Diarrhea

- OPQRSTUV – mnemonic to guide history taking
  - Onset
  - Provoking/Palliating factors
  - Quality
  - Related Symptoms
  - Severity
  - Treatment
  - Understanding
  - Values

Onset & Provoking/Palliating Factors

- Onset – when did it begin? Does it come and go? How long does it last?
- Provoking/Palliating Factors: cause? What makes it better? What makes it worse?

Quality & Related Symptoms

- Quality – now is the time to ask about watery, bloody, or mucous-stools. Ask also about tenesmus.
  - Water with small brown flakes, or actual stool?
- Related Symptoms - Pain? Bloating/Gas?
  - Other symptoms – N/V, thirst, weakness, fever

Severity & Treatment

- Severity – How frequent? (big difference between 2 and 10 x per day)
  - Timing? Does it occur at night? Incontinence/accidents?
  - *Have you had constipation prior to the diarrhea?*
- Treatment – what have you taken to try to treat it? What has worked for you in the past? What tests have been done?
  - *Has anyone on your care team talked to you about diarrhea as a possible s/e to the medication you're taking, or a complication of treatment?*

Understanding & Values

- Understanding – How has the diarrhea affected your life? How bothered are you by it?
  - *Do you believe it will affect your current cancer treatment?*
- Values – What does it mean to you, and how has it affected you, your family, your caregiver?
  - What is your bowel care goal?

Physical Exam

- Vitals (are vital!)
- Volume status
- Cognitive status
- Abdominal +/- rectal exam
- Neurological exam*

Other Investigations/Diagnostics

- Consider Abdominal films (r/o overflow constipation, obstruction)
- Consider stool for C. Diff
- Consider other Ix if immune-mediated colitis is suspected

Treatment-Induced Diarrhea (scope of the problem…)

- Chemotherapy – incidence ranges from 50-90%
- Radiation – acute radiation enteritis can be seen in up to 70% of patients
- Immunotherapy – look out for diarrhea that's accompanied by abdominal pain, and bloody/melena stools
  - Can make patients very sick, very fast – key is to identify quickly and start appropriate treatment

Non-Pharmacological Management

- Use PPS (Palliative Performance Scale) as a guide for assessing patient's functional status
- General rules for PPS 30-100%
  - Dietary considerations – small frequent meals, avoid insoluble fibre, avoid foods containing sorbitol, avoid hyper-osmotic liquids, limit caffeine, include foods high in soluble fibre
  - Fluids – Oral route preferred if patient is able, can make your own oral rehydration liquid, IVF if ++ volume deplete

Non-Pharmacological Management cont'd

- Consider a patient's quality of life and goals
- Skin care –
  - Good skin hygiene, mild soaps, sitz baths
  - Skin barriers – Ihle's paste + stoma powder, zinc compounds
  - Skin breakdown – consider topical opioids, CCBs for anal fissures to promote healing
- At EOL…balance harms and risks of treating diarrhea

Pharmacological Management

- Consider the etiology of the diarrhea first before prescribing
- Ask patient about use of non-traditional meds (drug interactions)
- Use a single drug*
- If perianal skin is inflamed use a non-Rx topical steroid ointment x 7 days

Pharmacological Management cont'd

- ***First Line*** – Loperamide (Immodium) 1– 2 mg after each loose stool up to 16 mg/day
  - Comes in liquid and tablet formulations
- Special considerations –
  - Creon (panc insuff)
  - Cholestyramine (bile salt diarrhea)
  - Tryptophan hydroxylase inhibitor in patients w/ neuroendocrine tumor

Pharmacological Management cont'd

- ***Second Line***
- Atropine + diphenoxylate (Lomotil) – 1-2 tabs q4h prn, max 4 times/24hours
  - NB this medication is absorbed systemically, unlike loperamide
  - Titrate medication down once diarrhea controlled
- ***Third Line –*** opioids, octreotide

Dr. Danielle Kain

Constipation & Diarrhea: a typical clinic day…

- Ms. CM is a 46 yo woman w/ metastatic colorectal cancer on FOLFIRI chemotherapy
- She has rec'd 3 cycles, and has had ++ diarrhea during and after chemo x 1 week
- Otherwise, she's constipated, but reluctant to take laxatives
- She's just been started on opioids for cancer-related pain

Case cont'd

- OPQ(RSTUV) –
  - What more do you want to know?
  - **Onset** - diarrhea w/ chemo, and then 3-4 days after, then no BM x 1 week followed by straining, hard stools
  - **Provoking/Palliating** – chemo; only 'stool softener' she has at home is clear, red capsule….
  - **Quality** – diarrhea watery, non-bloody, no mucous. BMs hard and "rabbit like" pellets

Case cont’d

- OPQ(RSTVU) –
  - **Related symptoms** – no infectious symptoms. Some cramping w/diarrhea. Occ. Feels dizzy upon standing. Mild nausea/anorexia w/ constipation
  - **Severity** – she feels both are quite severe, doesn’t like to use NRS
  - **Treatment** – diarrhea symptoms – water, tries to eat her normal diet, hasn’t seen RD, tried 1 dose of loperamide once but “its doesn’t work.” Stops laxatives then holds them a few days after it stops…no Rx’d laxatives, notes worse since starting opioids.
  - **Values & Understanding** – wants to be able to continue treatment*, worries about diarrhea and accidents when taking laxatives, wants to avoid hospitalization

What is your approach?

- Vitals, physical exam, abdominal film
- Referral to dietician for expert advice on non-pharm measures (though you give her a few suggestions)
- Prescribe – loperamide PRN, senna scheduled, lactulose PRN, STOP docusate sodium
- Education on how to use, and explain the goal
- Education/support on when to decide to seek medical attention for either symptom

Symptom Management Guides and Algorithms

Tools are created and maintained to help patients manage their own symptoms and help providers appropriately respond to PROMs

https://www.cancercareontario.ca/en/symptom-management

Patient Symptom Management Guides

How to Manage Your
Diarrhea

How to Manage Your
Constipation

This patient guide will help you understand:

What is cancer-related constipation? pg 2
What causes cancer-related constipation? pg 3
What can I do to manage my constipation? pg 4
When should I talk to my health care team? pg 12
Where can I get more information? pg 14

This guide is for people who have constipation before, during or after cancer treatment. It can be used by patients, family members, friends or caregivers. It does not replace advice from your health care team.

Clinical Symptom Management Algorithms

Ontario Health
Cancer Care Ontario

Symptom Manager

Diarrhea
In Adults with Canc

Closing

Dr. Natalie Coburn

Poll Question 3

After participating in today's webinar, how comfortable are you assessing and managing constipation and diarrhea for people undergoing cancer treatment?

- Not comfortable at all
- Moderately uncomfortable
- Neither comfortable or uncomfortable
- Moderately comfortable
- Very comfortable

Evaluation Poll

Please rate your satisfaction with this event:

- Very dissatisfied
- Somewhat dissatisfied
- Neutral
- Somewhat satisfied
- Very satisfied

Contact Information

If you have any questions regarding the symptom management resources, please email the Symptom Management Program, Cancer Clinical Programs at OH-CCO_SymptomManagement@ontariohealth.ca