

OP 017

PATIENT CHOICE OF LAXATIVE MEDICATION FOR TREATMENT OF OPIOID INDUCED CONSTIPATION (OIC). A SERVICE EVALUATION AT SHEFFIELD CENTRAL CAMPUS

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Background Opioid-induced constipation is common in palliative care. The evidence base for most laxatives and rectal interventions is poor, but for sc methylnaltrexone is good. Patient choice is important for individualising treatment.

Aims To identify if patients want to choose their laxative treatment from current options. To identify acceptability of different routes of administration and what factors are important to patients when making a decision.

Method Patients were recruited who were on regular opioid and laxative medications, could give informed consent and had sufficient English. Bowel obstruction or stoma were exclusion factors. A piloted structured interview elicited views and experiences. Patients were asked to rank treatment options, with reasons, in a clinical scenario where they had not opened their bowels for 7 days. They were given written information about the three options of oral, rectal and sc injection (methylnaltrexone) with opportunity to ask questions.

Results 30 patients (20 male) took part, mean age 61 years (range 29–88). 50% had previously been ≥ 7 days without a motion. 17/30 (57%) had experience of rectal measures, none of injection. Awareness of treatments was: oral 100%, rectal 70%; injection 7%. 87% of patients would prefer to be offered a choice, but in only 3/67 treatments previously received was choice offered. 4/17 (24%) receiving a rectal intervention had a bad experience and would not consider this again. First choice was injection for 40%, oral 30% and rectal 30%. Rectal route was ranked last choice by 53%, a common reason being embarrassment.

Conclusion Palliative care patients are not being offered choice in OIC management. In the absence of evidence-base for oral and rectal measures, patients should have information about methylnaltrexone and be allowed to choose.