Background

Constipation in the palliative care setting:
- Depending on the population studied, its prevalence is estimated at 30-90%. 1, 2
- Is reported as the third most commonly encountered symptom, 3
- Is often poorly recognized despite its detrimental impact on quality of life. 4, 5
- Constipation can be associated with pain, anorexia, nausea and vomiting.
- It can contribute to the development of haemorrhoids, anal fissures, urinary retention and bowel obstruction.
- Additionally, constipation is an independent cause of delirium. 6

In Ireland, little is known of the prevalence of constipation or the extent of symptom burden experienced by patients with cancer. Additionally, reliable information on efficacy of management is lacking.

National Clinical Effectiveness Committee guidelines were introduced in November 2015 to guide the management of constipation in palliative care but their impact on clinical practice has not yet been established.

Objective

This study’s primary objective was to establish the prevalence of cancer-related pain and constipation in patients attending cancer centres in Ireland.

Secondary objectives were to detail symptoms experienced and treatment efficacy.

This poster presents the preliminary findings results of the constipation element of the study.

Methods

A cross-sectional point prevalence study was carried out in eight cancer centres in 2017.

In-patients or Day Ward patients with haematological or solid malignancies were invited to complete a questionnaire that included the Modified Constipation Assessment Scale (MCAS).

The questionnaire also contained questions focused on demographic details, diagnosis, bowel function and medication use.

Results

Data collectors identified an estimated 807 patients with cancer diagnoses across the seven cancer centres. Of those approached, 490 patients participated.

293 participants were constipated, with 41.1%, 23.9% and 9.9% of participants reporting mild, moderate and severe constipation, respectively.

The prevalence of constipation in the population participating in the study was 74.3% (missing data excluded). The point prevalence in the overall population has yet to be calculated.

Of those who participated, 24.9% (n=122) were known to specialist palliative care.
• Mean MCAS score of patients who were not known to palliative care was 3.37.
• Mean MCAS score of patients who were known to palliative care was 5.02.
• There was a significant difference between the constipation scores of the two groups (p<0.001).

Conclusions

This study demonstrates that constipation is common in patients with cancer attending cancer centres in Ireland. The findings suggest that the prescribing practice of laxatives lacks consistency and this is associated with patients experiencing symptom burden.

It is noteworthy that patients known to specialist palliative care also experienced constipation. Although those known to specialist palliative care were more likely to be taking laxative therapy, they also had higher constipation severity scores than those who were not.

Clinical guidelines are increasingly familiar part of clinical practice; they represent one option for improving the quality, safety and value of healthcare provision. In Ireland, it is expected that National Clinical Effectiveness Committee Guidelines will support the provision of evidence based and consistent care across Irish healthcare services. This study highlights the need for further work to establish efficacy of implementation of the Management of Constipation in Adult Patients receiving Palliative Care guidelines and provides a baseline against which progress can be tracked.

References


Acknowledgments:

This study was funded by a grant provided by the Department of Health, the HSE and the Irish Cancer Society.

Contact: Dr Ruth McCullough; email paulreg@mater.ie

Chart 1. Burden and Severity of Constipation based on MCAS; excluding missing data

Chart 2. Laxative Management; excluding missing data

Chart 3. Percentage of patients on any laxative therapy

Analysis

Data were summarised using descriptive statistics and significance of variations for continuous data were determined using t-tests.

A logistic regression model was estimated to determine factors associated with laxative consumption.

The Modified Constipation Assessment Scale (MCAS)
- Is an eight-item self-reported questionnaire
- Responses generate a constipation severity score that range from 0 – 16.
- Mild constipation is indicated by a score between 1-4; moderate = 5-9; severe= 10-16.

MCAS

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>No Constipation</td>
</tr>
<tr>
<td>2-4</td>
<td>Mild Constipation</td>
</tr>
<tr>
<td>5-9</td>
<td>Moderate Constipation</td>
</tr>
<tr>
<td>10-16</td>
<td>Severe Constipation</td>
</tr>
</tbody>
</table>

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Results

200 patients were taking prescribed laxatives; 65 reported self-medicating.

<table>
<thead>
<tr>
<th>Laxative Management</th>
<th>Data missing:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Laxatives</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Self medication</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>130</td>
<td>130</td>
</tr>
<tr>
<td>No medication</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
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References
