



XXXI Congreso de la
SOMaMFyC



ACTUALIZACIÓN EN EL MANEJO DEL ESTREÑIMIENTO INDUCIDO POR OPIOIDES en pacientes con enfermedad avanzada y necesidades paliativas

PAMORAs, ¿han llegado para
quedarse?

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Estreñimiento Inducido por Opioides

Cualquier cambio en el patrón intestinal que se inicia tras la instauración de tratamiento opioide

↓ *Frecuencia defecatoria*

Esfuerzo defecatorio ↑

🎯 *Sensación de defecación incompleta*

🎯 *Distress asociado a la defecación*

*** Disfunción Intestinal inducida por opiáceos (DIIO)**

Estreñimiento

Evacuación incompleta

Distensión abdominal

Reflujo gástrico

Estreñimiento Inducido por Opioides

Alta prevalencia (60-90 %)

FISIOPATOLOGÍA

Disminución peristaltismo propulsivo y Dismotilidad

Alteración secreción mucosa

Retraso vaciamiento gástrico

Aumento tono esfinteriano “bloqueo anal”

CONSECUENCIAS:

Impacto sobre la calidad de vida

Sacrificar objetivo de control del dolor

Desencadenar cuadros más graves

Agitación

Impactación o perforación intestinal

Estreñimiento Inducido por Opioides

PREVENCIÓN



Estreñimiento Inducido por Opioides

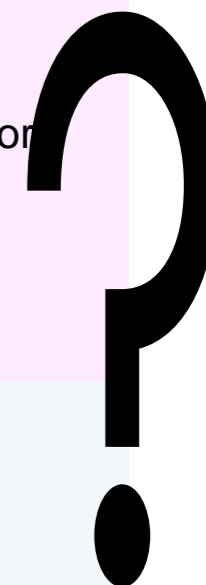
PREVENCIÓN



Estreñimiento Inducido por Opioides

TRATAMIENTO FARMACOLÓGICO

Formación de masa	Salvado, Psyllium, Metilcelulosa	Atrapan agua y aumentan el residuo, aumentan el peristaltismo por distensión
Osmóticos	Salinos: Sales Mg, Fosfato de sodio Glúcidos no absorbibles y alcoholes: Lactulosa, Sorbitol PEG	Arrastran agua al tubo digestivo por acción osmótica sobre la mucosa
Estimulantes	Senósidos, Bisacodilo, Picosulfato de sodio	Inducen la motilidad intestinal y la secreción por irritación
Lubricantes y Emolientes	Glicerina, Parafina	Recubren las heces ablandándolas, hidratándolas y lubricando su paso
PAMORAs	Naloxegol, Naldemedina, Metilnaltrexona	Antagonistas periféricos del receptor mu opioide
Secretágotos	Lubiproston, Linaclotide	Aumentan la secreción intraluminal



Estreñimiento Inducido por Opioides

Review > Cureus. 2021 Apr 9;13(4):e14386. doi: 10.7759/cureus.14386.

Opioid-Induced Constipation in Advanced Cancer Patients

Nabil ALMouaalamy ^{1 2 3}

Affiliations + expand

PMID: 33850679 PMCID: PMC8034608 DOI: 10.7759/cureus.14386

Review > J Clin Gastroenterol. 2023 Jan 1;57(1):39-47. doi: 10.1097/MCG.0000000000001801.

Management of Opioid-induced Constipation in Older Adults

Jamie Horrigan ¹, Sriya Bhumi ², David Miller ³, Mikram Jafri ⁴, Micheal Tadros ⁵

Affiliations + expand

PMID: 36504229 DOI: 10.1097/MCG.0000000000001801



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Nueva búsqueda

Mu-opioid antagonists for opioid-induced bowel dysfunction in people with cancer and people receiving palliative care

✉ [Bridget Candy](#), [Louise Jones](#), [Victoria Vickerstaff](#), [Philip J Larkin](#), [Patrick Stone](#) Declaraciones de intereses de los autores

Versión publicada: 15 septiembre 2022 [Historial de versiones](#)

<https://doi.org/10.1002/14651858.CD006332.pub4>

condition in older adults who may not be responsive to new or worsening constipation symptoms that occur with opioid analgesia. For adult patients with OIC and noncancer related causes, nonpharmacologic interventions (eg, dietary measures, increased fiber intake, and over-the-counter laxatives, followed by prescription laxatives such as loperamide, prucalopride, lubiprostone, linaclotide, plecanatide, and senna) are recommended. OIC specifically or studied in older adults. Because of changes in drug metabolism, and excretion in the aging population, drug dosages should be individually and reevaluated as patients continue to receive opioids in older adults.



Cancer Treatment Reviews

journal homepage: www.elsevier.com/locate/ctrv

Pharmacological prevention and treatment of opioid-induced constipation in cancer patients: A systematic review and meta-analysis

K.R.J. Kistemaker ^{a,b,c,*}, F. Sijani ^a, D.J. Brinkman ^{b,d}, A. de Graeff ^e, G.L. Burchell ^f, M.A.H. Steegers ^{b,c,1}, L. van Zuylen ^{a,c,1}

10 studies included in qualitative synthesis

7 studies included in quantitative synthesis (meta-analysis)

Included

Studies included in review (n = 20)
Studies included in meta-analysis (n = 10)

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NALOXONA

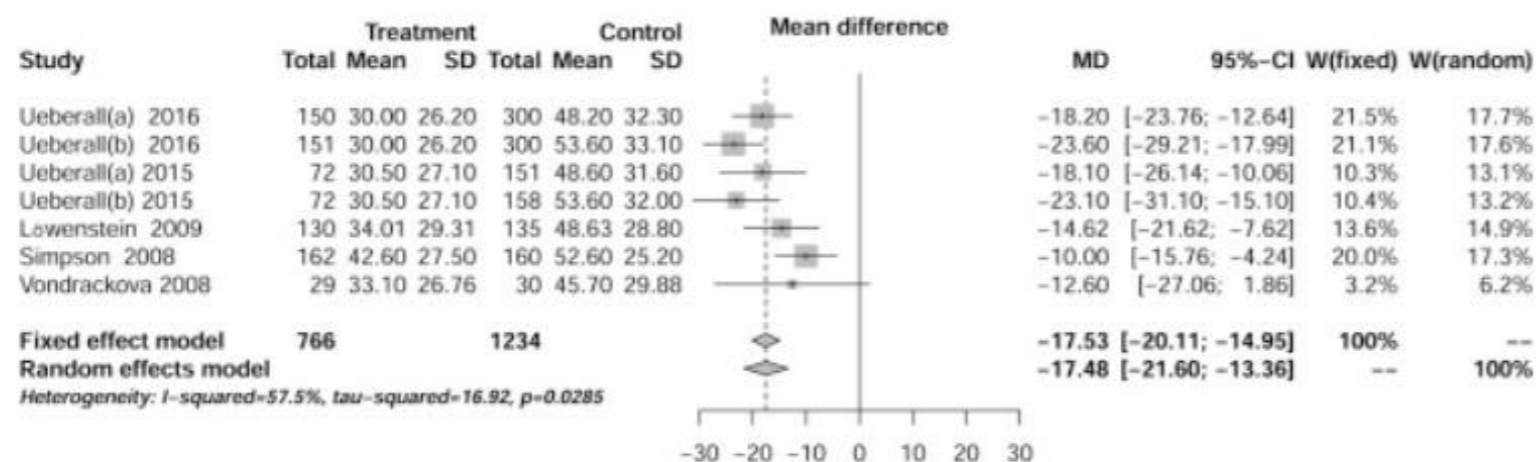


Fig.6. Meta-analysis result of the MD of BFI at end of double-blind trial phase. The BFI of was significantly lower in treatment group, and clinically meaningful difference was found. A change in BFI score of ≥ 12 points is considered to be clinically meaningful. BFI=bowel function index; MD=mean difference.

Huang, L., Zhou, J. G., Zhang, Y., Wang, F., Wang, Y., Liu, D. H., Li, X. J., Lv, S. P., Jin, S. H., Bai, Y. J., & Ma, H. (2017). Opioid-Induced Constipation Relief From Fixed-Ratio Combination Prolonged-Release Oxycodone/Naloxone Compared With Oxycodone and Morphine for Chronic Nonmalignant Pain: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Journal of pain and symptom management*, 54(5), 737–748.e3.

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NALOXONA

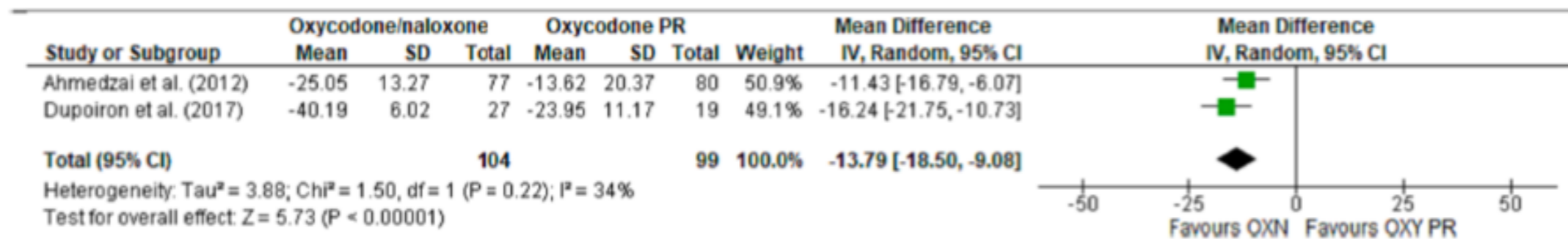


Fig. 2. Forest plot of the differences of the change in Bowel Function Index between oxycodone/naloxone and oxycodone prolonged release (PR). Abbreviations: OXN: oxycodone/naloxone; OXY PR: oxycodone prolonged release.

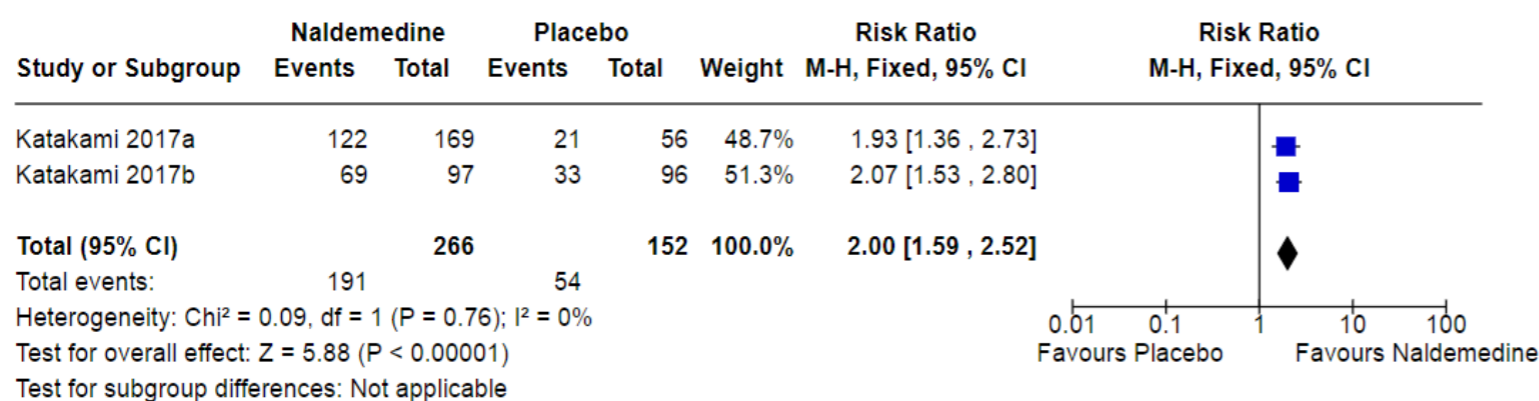
Kistemaker, K. R. J., Sijani, F., Brinkman, D. J., de Graeff, A., Burchell, G. L., Steegers, M. A. H., & van Zuylen, L. (2024). Pharmacological prevention and treatment of opioid-induced constipation in cancer patients: A systematic review and meta-analysis. *Cancer treatment reviews*, 125, 102704. <https://doi.org/10.1016/j.ctrv.2024.102704>

Estreñimiento Inducido por Opioides

NALDEMEDINA

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Placebo	Naldemedine				
Laxation response: risk of spontaneous rescue-free bowel movements ^a in the short term ^b	—	—	—	—	—	Not reported
Laxation response: risk of spontaneous rescue-free bowel movements ^a in the medium term ^c	355 per 1000	718 per 1000	RR 2.00 (1.59 to 2.52) NNTB 3 (3 to 4)	418 (2 studies)	⊕⊕⊕⊖ Moderate ^d	
Serious adverse events ^h	13 per 1000	41 per 1000	RR 3.34 (0.85 to 13.15)	418 (2 studies)	⊕⊕⊖⊖ Low ^{d,i}	
Adverse events	355 per 1000	613 per 1000	RR 1.49 (1.19 to 1.87)	418 (2 studies)	⊕⊕⊕⊖ Moderate ^d	

Presentaciones y precios		
Comerciales	Genéricos	
Medicamento	Precio	Precio menor
RIZMOIC 200 microgramos 28 COMPRIMIDOS RECUBIERTOS	PVP: 80,08 PVL: 51,30	



Estreñimiento Inducido por Opioides

METILNALTREXONA

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Certainty of the evidence (GRADE)	Presentaciones y precios		
	Risk with placebo	Risk with methylnaltrexone				Comerciales	Genéricos	
Laxation response: risk of spontaneous rescue-free bowel movements ^a in the short term ^b	236 per 1000	701 per 1000 (625 to 770)	RR 2.97 (2.13 to 4.13) NNTB 3 (2 to 3)	287 (2 studies)	⊕⊕⊕⊕ Low^{c,d}	Medicamento	Precio	Precio menor
Laxation response: risk of spontaneous rescue-free bowel movements ^a in the medium term ^e	85 per 1000	671 per 1000 (590 to 745)	RR 8.15 (4.76 to 13.95) NNTB 2 (2 to 2)	305 (2 studies)	⊕⊕⊕⊕ Moderate^{c,f}	RELISTOR 12 mg 1 VIAL SOLUCION INYECTABLE 0,6 ml	PVP: 37,12 PVL: 23,78	
Laxation response: patient assessment of change in bowel status ^g at the end of trial	252 per 1000	567 per 1000 (488 to 644)	RR 2.32 (1.64 to 3.27)*	287 (2 studies)	⊕⊕⊕⊕ Low^{c,d}	RELISTOR 12 mg 7 VIALES SOLUCION INYECTABLE 0,6 ml + 7 JERINGAS PRECARGADAS	PVP: 220,90 PVL: 166,49	
Serious adverse events ⁱ	238 per 1000	142 per 1000 (88 to 219)	RR 0.59 (0.38 to 0.93)	364 (2 studies)	⊕⊕⊕⊕ Low^{c,d}			
Adverse events	700 per 1000	797 per 1000 (745 to 869)	RR 1.17 (CI 1.05 to 1.30)	518 (3 studies)	⊕⊕⊕⊕ Low^{c,j}	Heterogeneity was substantial (74%). We did not undertake a sensitivity analyses as none of our predefined criteria for undertaking one were matched.		

Estreñimiento Inducido por Opioides

NALOXEGOL

ORIGINAL ARTICLE

f X in

Naloxegol for Opioid-Induced Constipation in Patients with Noncancer Pain



Authors: William D. Chey, M.D., Lynn Webster, M.D., Mark Sostek, M.D., Jaakko Lappalainen, M.D., Ph.D., Peter N. Bar...
Ph.D., and Jan Tack, M.D., Ph.D. [Author Info & Affiliations](#)

Published June 19, 2014 | N Engl J Med 2014;370:2387-2396 | DOI: 10.1056/NEJMoa1310246 | VOL. 370 NO. 25

> [Support Care Cancer](#). 2021 Dec;29(12):7577-7586. doi: 10.1007/s00520-021-06299-2.
Epub 2021 Jun 13.

Effectiveness of naloxegol in patients with cancer pain suffering from opioid-induced constipation

Antoine Lemaire ¹, Yoann Pointreau ², Bérengère Narciso ³, François-Xavier Piloquet ⁴,
Viorica Braniste ⁵, Jean-Marc Sabaté ^{6 7}

← Presentaciones y precios  

Comerciales

Genéricos

Medicamento	Precio	Precio menor
MOVENTIG 12,5 mg 30 COMPRIMIDOS RECUBIERTOS (UNIDOSIS)	PVP: 102,56 PVL: 65,70	
MOVENTIG 25 mg 30 COMPRIMIDOS RECUBIERTOS (UNIDOSIS)	PVP: 102,56 PVL: 65,70	

CONCLUSIONES



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