

A Retrospective Analysis of Palliative Care Patients on Opioid Analgesia, with a View to Minimising Opiate-Induced Constipation

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Abstract

Introduction: Opiate-Induced Constipation (OIC) is a problem commonly encountered by palliative care patients, with significant associated morbidity. The publication of the findings of the recent E-StOIC study prompted consideration of the evaluation and management of OIC in Palliative Care inpatients in the Galway Clinic, using MASCC recommendations as the standard.

Methods: A retrospective review was conducted of all patients admitted between 1 January and 30 June 2025 who received input from the palliative care team. Patients prescribed opioid analgesia were identified. Medical and nursing documentation was reviewed for the extent of bowel habit assessment, reassessment and laxative prescribing. Quality of bowel assessment was graded using a structured tool developed by the authors, informed by Rome IV criteria.

Results: A total of 87 patients were prescribed opioids. Of these, 80.5% were co-prescribed a laxative. Documentation of bowel assessment to a standard of grade 2 or higher was present in 33.3% of medical notes and 77.2% of nursing notes. Reassessment of bowel habit was documented in 97.7% of patients, with the majority recorded in nursing documentation.

Conclusion: While laxative co-prescribing rates and reassessment rates were high, documentation and quality of bowel assessment were inconsistent, particularly in medical records. This audit identified opportunities to improve practice. Interventions implemented include automatic co-prescribing of laxatives with opioids via the electronic prescribing system, integration of Bristol stool chart into routine nursing documentation, and introduction of a patient-reported outcome measure using the PAC-SYM questionnaire. Re-audit is planned to assess the impact of these measures.