A qualitative study to explore psychological distress and illness burden associated with opioid-induced constipation in cancer patients with advanced disease.


Abstract:
- BACKGROUND: Constipation affects many patients receiving long-term opioid therapy for cancer pain. Little is known about the nature of psychological distress and the burden associated with this problem. This information may inform the development of effective treatment strategies and ameliorate distress.
- AIM: The objective was to use qualitative research methods to better understand psychological distress and the burden associated with opioid-induced constipation and its treatment in advanced cancer patients.
- DESIGN: In this qualitative study, semi-structured interviews explored perceptions of psychological distress and burden from opioid-induced constipation. Interviews were analyzed using a thematic content analysis approach involving descriptive and interpretive coding and identification of recurring themes.
- SETTING/PARTICIPANTS: Twelve advanced cancer patients with opioid-induced constipation were recruited from a large urban hospital.
- RESULTS: Patients experienced various types of negative affect and cognitions associated with opioid-induced constipation. Analyses indicated three major themes: (1) irrational thoughts and educational needs; (2) psychological distress from constipation and (3) the effects of constipation on the decision to use opioid analgesics. Irrational thoughts and educational needs included beliefs that nutrition could improve constipation, the supposition that constipation indicated deteriorating health, and catastrophic beliefs. Psychological distress included depressive symptoms and anticipatory anxiety related to constipation. Decision-making revealed cognitive dissonance about using opioids and conflicting preferences about continuing use.
- CONCLUSIONS: Future investigation of the multiple components of cognitive and affective burden from opioid-induced constipation is warranted. Understanding the varied nature of this burden may improve clinical recognition and assessment and promote more intensive management consistent with the distress it produces.

Strengths:
- Clinically relevant - both psychological distress and constipation highly prevalent in palliative care setting but their association under-explored
- Examples of direct quotations demonstrating patients' perspectives

Weaknesses:
- Small sample size
- Patients taken from only one centre - may not well represent all palliative care patient populations
- Difficulty avoiding use of leading questions during the interview
- Perceptions from dietary-related constipation affecting perspective of opioid-induced constipation

Relevance to Palliative Care: Constipation is highly prevalent in a palliative care setting because of extensive use of opioids. Misconceptions and lack of knowledge about opioid-induced constipation can add significant distress and psychological burden on patients, which can lead to poorer patient outcomes. Managing opioid-induced constipation may be of benefit for palliative care patients in regards to their psychological health, but further research is warranted.