Supplementary Material – Appendix S1

Common Clinical Practice for Opioid-Induced Constipation: a Physician Survey, one year later

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S1 - Appendix

1A. In your clinical practice, do you regularly evaluate pain?
   a. Yes, I ask the patient/caregiver if he/she is experiencing pain
   b. Yes, I use appropriate scales
   c. No, I leave the assessment and treatment of pain to a pain specialist.
   d. No, I leave the assessment to the nurse
   e. I am frequently not able to evaluate pain because of cognitive deficits or problems communicating with the patient
   f. Other

1B. In the past year, have you modified your clinical practice regarding pain assessment?
   a. Yes, I have implemented routine pain assessment
   b. No, I was already assessing pain
   c. No, I rely on another professionals for pain assessment
   d. No, pain is not routinely assessed

2A. At the center where you practice medicine, is intestinal function evaluated regularly?
   a. At every visit
   b. At regular intervals
   c. Occasionally
   d. Only if the patient/caregiver reports a GI disturbance
   e. Never

2A1. If regularly, how frequently?
   a. Once in a month
   b. Once in a trimester
   c. Once in a semester
   d. Other (specify)

2B. In the past year, has the center where you practice medicine implemented the assessment of intestinal function in patients?
3. In patients who chronically use opioids, do you systematically evaluate intestinal function?
   a. Yes, I use specific scales and questionnaires to evaluate constipation
   b. No, given the delicate nature of the subject I let the patient/caregiver bring it up
   c. Yes, I routinely ask the patient/caregiver if the patient defecates regularly
   d. No, the patient’s personal nurse is responsible for this aspect of care
   e. No, other specialists are responsible for this aspect of care
   f. No, our patients are accustomed to these symptoms and there are other priorities for their care
   g. No, constipation is a symptom that tends to resolve spontaneously with time
   h. Other (specify)

4A. What criteria do you use for constipation assessment (multiple responses allowed)?
   a. I use the Bristol Stool Scale (BSS)
   b. I use the Bowel Function Index (BFI)
   c. I use Rome IV criteria
   d. I ask the patient/caregiver to write a diary (changes of intestinal movements, faeci consistency, laxatives use before and after opioid therapy prescription)
   e. None
   f. Other (specify)

4B. In the past year, did you use the diagnostic criteria for constipation assessment (Rome IV) more frequently?
   a. Yes, I implemented the diagnostic criteria for constipation assessment in my routine clinical practice
b. Yes, I use the diagnostic criteria for constipation assessment in some patients  
c. No, I used them even before  
d. No, I assess constipation using other methodologies  
e. No, I don’t assess constipation

5A. In clinical practice, in a patient receiving treatment with an opioid agonist, information about the possible emergence of constipation symptoms and indications for its prevention/management:
   a. are always provided before the initiation of treatment with an opioid  
   b. are provided to patients via informative brochure  
   c. are provided on patient request, at the initial onset of alterations in GI function (only after the presentation of symptoms)  
   d. are only provided in the case of serious constipation symptoms so as to avoid alarming the patient needlessly  
   e. are provided by other healthcare practitioners (general practitioner, pain therapist, oncologist, geriatric specialist, orthopedic, rehabilitative specialist, gastroenterologist)  
   f. Other (specify)

5B. In the past year, have you provided more information to opioid-treated patients regarding the onset of potential constipation and its prevention/management?  
   a. Yes, I provided indications to all opioid-treated patients  
   b. Yes, at the onset of first alterations of the GI function  
   c. No, I provided such information even before  
   d. No, in order not to uselessly alarm the patient

6. How many cases of opioid-induced constipation do you observe in your clinical practice?  
   a. None  
   b. Less than 5 per month  
   c. More than 5 per month
d. More than 20 per month

7. Other than dietary and lifestyle measures, what first-line therapy do you find to be useful for the management of opioid-induced constipation?
   a. Evacuating enemas, glycerin
   b. Senna or bisacodyl
   c. Prucalopride
   d. Macrogol for prophylaxis followed by a combination of macrogol and a stimulant laxative (senna or bisacodyl)
   e. Non pharmacological approach
   f. Other (specify)

8. In patients receiving laxative treatment for opioid-induced constipation, in what percentage do you prescribe a PAMORA (peripherally acting mu-opioid receptor antagonist)?
   a. Never
   b. Less than 10% of cases
   c. More than 10% and less than 30% of cases
   d. From 30% to 50% of cases
   e. More than 50%

9. In the past year did you modify your clinical practice in patients treated for OIC, increasing the use of PAMORA?
   a. Yes, I have increased the use of PAMORA
   b. No, I have not increased the use of PAMORA

10. In your opinion, to what degree the lack of OIC management influence the quality of life of your patients?
    a. Not at all
    b. To a limited degree
    c. Significantly
    d. Very significantly
    e. Other (specify)
11A. Do you agree that opioid-induced constipation can negatively influence adherence to analgesic therapy or opioid substitution therapy?
   a. Yes, very much
   b. To some degree
   c. It depends on the patient
   d. Generally no
   e. My patients have different treatment priorities and do not normally complain about constipation
   f. Other (specify)

11B. If you answered “yes” to question 11A, please indicate the type of modifications that were applied to ongoing analgesic therapy.
   a. Reduction in opioid dose
   b. Switch to a weak opioid
   c. Addition of a coadjuvant and reduction of opioid dose
   d. No alterations applied to ongoing therapy

12A. Do you treat OIC differently when exacerbants are present? (Do you evaluate exacerbating factors for constipation?)
   a. Yes
   b. No

12B. If you answered “yes” to question 12A, which of the following factors do you evaluate?
   a. Pain on defecation
   b. Neurological problems
   c. Comorbidities
   d. Concurrent medications
   e. Other (specify)

13A. In case of OIC which kind of treatment do you use?
   a. PAMORA monotherapy
b. PAMORA plus laxative

c. Combination of laxatives

d. Non pharmacological approach

e. Other (specify)

13B. In case of opioid-exacerbated constipation (OEC) which kind of treatment do you use?
   a. PAMORA monotherapy
   b. PAMORA plus laxative
   c. Combination of laxatives
   d. Non pharmacological approach
   e. Other (specify)

14. Express your interest in the topic of opioid-induced constipation on a scale from 0 (no interest) to 10 (maximum interest).

15. Do you feel adequately educated about the treatment of opioid-induced constipation?
   a. Yes
   b. No, but I am interested in further education
   c. No, I am not interested in the topic