

Journal Watch

Methylnaltrexone for Opioid-Induced Constipation in Advanced Illness

Presented by: Lora Hagar, Pharmacist, Grey Nuns Tertiary Palliative Care Unit during morning rounds. June 4, 2008

Reference: Thomas, J., Karver, S., et al. *New England Journal of Medicine*, 358; 2332-43, 2008

Summary:

Methylnaltrexone (MNTX), a peripheral mu opioid receptor antagonist, is studied in patients with advanced illness who are on stable opioid therapy and laxative regimens. 133 patients were randomized to receive either methylnaltrexone or placebo every other day for two weeks. The study was then extended open label for up to three months after randomization. The safety and efficacy of methylnaltrexone compared to placebo was examined. MNTX was found to produce laxation in significantly less time than in the placebo group. Abdominal cramping and flatulence were the most commonly reported side effects. No signs of decrease in pain control or opioid withdrawal symptoms were noted.

Strengths:

The study had a good design and was placebo controlled and double blinded. The equivalent opioid doses between patients were compared and the investigators did look for signs of central mediated opioid antagonism.

Weaknesses:

Study was designed & funded by the manufacturing pharmaceutical company, although this was explicitly mentioned within. It included patients with a variety of advanced illnesses, not just cancer patients. Also, there was not a lot of detail on the current laxative therapies, just mentions number & type of products used but not doses used.

Relevance to Palliative Care:

Since opioid therapy is the primary treatment for pain in advanced cancer patients, opioid induced constipation is a common and very distressing symptom in this patient population. Optimizing laxatives is not always effective or tolerated by palliative care patients so this new class of agent is promising. However, MNTX's place within current practice is yet to be determined and may depend on relative cost of therapy.