Naloxegol for opioid-induced constipation

**Question 1**

What is the estimated incidence of opioid-induced constipation in patients taking opioids for non-malignant pain?

a. 10–20%
b. 20–40%
c. 40–60%
d. 60–80%
e. 80–90%

**Answer:** c. The incidence of opioid-induced constipation ranges from 40–60% of patients taking opioids for non-malignant pain and 60–90% of those with cancer related opioid use.

**Question 2**

Which one of the following statements regarding opioid-induced constipation is correct?

a. It is thought that around 25% of patients with cancer receiving long-term opioid treatment will experience severe constipation that does not respond to treatment with laxatives
b. Laxatives can adequately treat approximately 50% of patients with opioid-induced constipation
c. Activation of central delta receptors accounts for the main constipatory effect of opioids
d. For most people opioid-induced constipation is a transient problem to which tolerance develops
e. Initial treatment of opioid-induced constipation should be with a bulk-forming laxative

**Answer:** b. When used appropriately laxatives can adequately treat at least 50% of patients with opioid-induced constipation.

**Question 3**

Naloxegol, a derivative of naloxone, is licensed for opioid-induced constipation in adult patients who have had an inadequate response to laxative treatment. Which one of the following statements regarding naloxegol is correct?

a. Naloxegol is primarily eliminated by renal excretion
b. Maintenance laxative therapy should be continued during the first 4 weeks of naloxegol therapy
c. The presence of a polyethylene glycol group (PEGylation) reduces the permeability of naloxegol across the blood-brain barrier
d. Naloxegol is only licensed for patients who have not responded to two classes of laxative for at least 7 days during the previous 4 weeks
e. The recommended dose is 25mg twice a day

**Answer:** c. Naloxegol is a derivative of the μ-opioid antagonist naloxone to which has been added a polyethylene glycol group (PEGylation) to reduce permeability across the blood-brain barrier.

**Complete this module online**

This CME/CPD module is available for completion online via BMJ Learning (learning.bmj.com) by subscribers to the online version of DTB. If you would like to add online access to your current subscription, please contact our Customer Services team on +44 (0)20 7383 6270 or email support@bmjgroup.com. As well as allowing you to complete CME/CPD modules online, an online subscription also gives you unlimited access to the entire DTB archive back to volume 1, issue 1.

For further information, please visit www.dtb.bmj.com
Naloxegol for opioid-induced constipation

**Question 4**

Two identical placebo-controlled trials evaluated the efficacy of naloxegol in patients with opioid-induced constipation over 12 weeks. Which one of the following statements regarding these studies is correct?

- a. Patients had been receiving oral or parenteral morphine for at least 8 weeks
- b. The study excluded patients with a diagnosis of cancer within the last 5 years
- c. At least 75% of patients were defined as 'laxative inadequate responders'
- d. The primary outcome was 4 or more spontaneous bowel movements per week
- e. Maintenance treatment with regular laxative therapy was permitted

Answer: a. Patients had been receiving oral or parenteral morphine for at least 8 weeks.

**Question 5**

What was the absolute increase in the primary endpoint for the 25mg dose of naloxegol compared with placebo for the subgroup of laxative inadequate responders in both trials?

- a. 49% and 29%
- b. 43% and 31%
- c. 35% and 20%
- d. 27% and 21%
- e. 20% and 15%

Answer: e. The absolute increase in response rate for laxative inadequate responders was (48.7%–28.8%) and (46.8%–31.4%).

Answer: b. Patients with uncontrolled pain, a diagnosis of cancer within the last 5 years, conditions or use of medicines associated with diarrhoea or constipation, or evidence of gastro-intestinal obstruction or other conditions associated with an increased risk of bowel perforation were excluded.