

Antidiarrheal medication use in the management of short bowel syndrome patients

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Background

Diarrhea is the primary consequence of short bowel syndrome (SBS) following extensive resection of the small bowel and results in the need for patients to be close to a restroom due to constant concern for fecal incontinence or ostomy leakage. Medications work synergistically with diet modification and play a significant role in the necessary interdisciplinary management of this complex condition. Specifically, antidiarrheal agents are considered a standard of care needed to manage the negative impact diarrhea has on hydration and nutritional status, along with quality of life. The purpose of this abstract is to assess usage of antidiarrheal medications at start of care for patients enrolled in a national home infusion provider’s intestinal rehabilitation (IR) program.

Methods

A comprehensive SBS-focused initial nutrition evaluation was completed on 46 adult patients enrolled in a home IR program from May 2021 through August 2023. As part of the assessment, medications were reviewed, and patients were specifically asked if they have been prescribed loperamide, diphenoxylate/atropine, codeine and/or opium tincture. If yes, they were further asked about dosage prescribed, medication frequency and timing to ensure maximum effect, which is beyond the scope of this abstract.

Results

Of the 46 SBS patients assessed, 23 (50%) were prescribed diphenoxylate/atropine, 16 (35%) loperamide, 5 (11%) codeine, 5 (11%) were prescribed opium tincture and 2 (4%) other – specifically sucralfate and exenatide (Figure 1). Ten patients were prescribed a single agent versus 19 patients that were prescribed 2 or more (Table 1). Seventeen (37%) patients were not prescribed an antidiarrheal. No patients were prescribed narcotics only.

Conclusion

Due to the debilitating consequences of chronic diarrhea, symptom management is essential. However, given that 17 patients (37%) enrolled in a home IR program were not previously prescribed an antidiarrheal, additional provider education is warranted to emphasize the importance of first, implementing this basic standard of care and second, initiating first-line therapies before moving to second-line antidiarrheal therapies such as narcotics. Moreover, use of both first and second-line antidiarrheal agents should be maximized before consideration of adding costly trophic hormones intended to promote adaptation of the residual bowel.

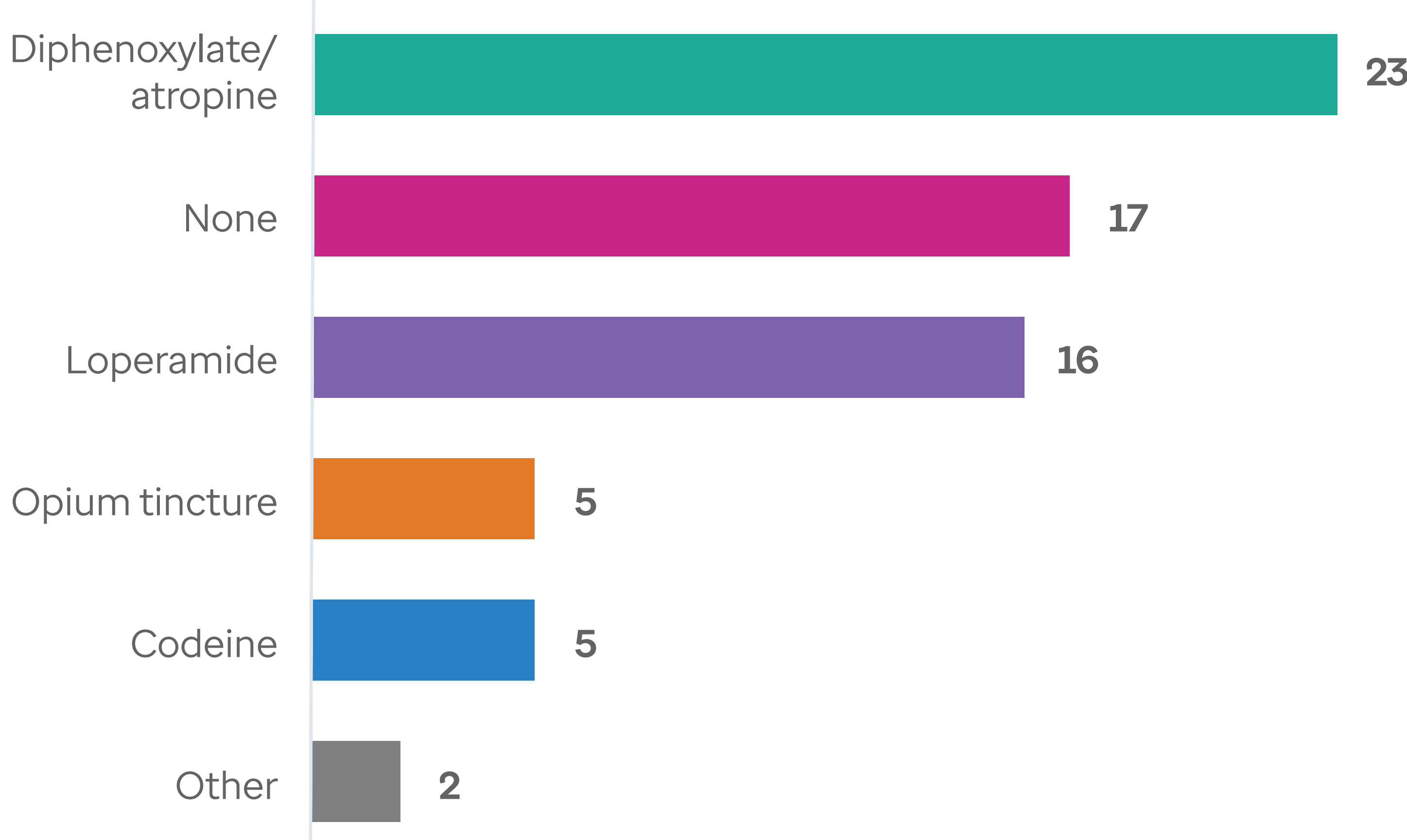


Figure 1. Antidiarrheals prescribed

Antidiarrheal combinations	Total patients
Loperamide, diphenoxylate/atropine	8
Diphenoxylate/atropine, opium tincture	3
Diphenoxylate/atropine, codeine	2
Loperamide, diphenoxylate/atropine, codeine	2
Loperamide, codeine	1
Diphenoxylate/atropine, other (sucralfate)	1
Loperamide, diphenoxylate/atropine, opium tincture	1
Opium tincture, other (exenatide)	1

Table 1. Patients prescribed more than one antidiarrheal

