



Constipation During MMT

Many patients experience constipation during methadone maintenance treatment (MMT). While this can be uncomfortable and disturbing, it is rarely harmful to health.

There are some simple steps you can take yourself to help prevent or deal with this problem, and your clinic medical staff also can be of help.

This brochure discusses the problem of constipation and what to do about it.

What is constipation?

Normal bowel patterns can vary, ranging from 3 movements each day to only 3 per week. With constipation, bowel emptying slows and stools may be hard and small. Bowel movements are less frequent than usual and may be difficult or even painful.

A daily bowel movement is by no means essential for, nor a sign of, good health. And, it is possible to move your bowels each day and still be constipated if the stools are difficult to pass.

Why do some MMT patients have constipation?

Constipation is a common side effect of *all* opioid drugs, such as heroin, morphine, buprenorphine, and methadone.

This is because opioids naturally slow bowel emptying and, at the same time, increase fluid absorption. During active opioid abuse, most persons experience periods of drug withdrawal with diarrhea as a symptom; so, constipation is not noticed as a problem.

Each person reacts differently during MMT, with some having little constipation if at all and others experiencing more severe symptoms. Patients who develop constipation tend to experience it early in MMT while their bodies adjust to long-acting methadone. With time, constipation may become less troublesome.

There is nothing about methadone that causes more constipation than other opioids; in fact, some evidence suggests that methadone may be *less* constipating. However, the methadone product given during MMT – as a liquid or tablets – **does not** contain any ingredients that treat constipation.

What can you do?

For many MMT patients with constipation, simple lifestyle adjustments can be very helpful in providing some relief. For example:

- Eat a well-balanced diet with ample foods high in fiber, including natural bran, fruits, and vegetables.
- Cut down on white bread, cakes, and sugar.
- Stewed prunes (6 to 10 per day) or prune juice help some people.
- Take plenty of fluids throughout the day; 8 to 10 glasses of plain water is best.
- Get more exercise – at least a daily walk – which improves digestion and reduces stress.
- Establish a regular bowel habit. The best time is right after breakfast, sitting for at least 10 minutes without rushing or straining, regardless of whether stool can be passed.

These recommendations may work better if all of them are used together.

Are there medications for constipation?

A number of laxative medications, which promote bowel movements, can be helpful in relieving constipation. These can be recommended or prescribed by your MMT clinic doctor.

Some laxatives soften the stool so it can more easily pass; others help by mildly stimulating bowel motion. Certain medications help by increasing the amount of water in the stool.

Finding the laxative, or combination of approaches, that works best for you may take some time. So, patience and letting your doctor know how the treatment is working are important.

What else can you do?

Uncomfortable constipation should not simply be accepted or ignored. Here are some additional suggestions:

- **Do not be embarrassed to discuss your constipation concerns with medical staff at your clinic.**
- **If constipation is severe and long-lasting, have a health checkup, since it might be caused by a medical condition.**
- **Do not take any drugstore products or other remedies for constipation on your own without first consulting clinic staff.**
 - **For example, bulk-producing laxatives – such as those containing psyllium or methylcellulose, as stated on their labels – may not help opioid-related constipation and should be used cautiously.**
- **Carefully follow directions from clinic staff:**
 - **Some laxatives must be taken with extra water;**
 - **Taking too many laxatives, too often, can be habit forming and even harmful;**
 - **Periods of not taking laxatives may be recommended, so you do not become dependent on them for bowel movements.**

Although it is a common complaint, any constipating effects of methadone can be overcome or greatly lessened. You can help by following the simple suggestions in this brochure and communicating with clinic staff.

For further information on addiction and recovery issues, visit the *Addiction Treatment Forum* website at www.atforum.com.

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