

NARCOTIC BOWEL SYNDROME: UNDER RECOGNIZED DIAGNOSIS RESULTING IN OVER-UTILIZATION OF HEALTH CARE RESOURCES

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BACKGROUND

Narcotic bowel syndrome (NBS) is defined as chronic (more than 3 months in duration) non-cancer abdominal pain, requiring at least 100 mg of morphine equivalent per day in the setting of continued or escalating dosages of narcotic pain medications with very little or no relief in abdominal pain. The prevalence of narcotic bowel syndrome varies based on the population studied and presenting symptoms, ranging from 0.19% in the general population to 58% in patients with chronic non-cancer abdominal pain and 9% in patients on chronic narcotics with vomiting as the major presenting complaint.

AIMS

The aim of our study was to evaluate the healthcare resource utilization in patients with narcotic bowel syndrome

METHODS

This is a retrospective chart review study of health care utilization in patients with narcotic bowel syndrome in a subspecialty clinic at a tertiary care center.

Inclusion criteria were :

- 1) Adult patients 18 years of age or older with chronic non-cancer abdominal pain of otherwise undetermined etiology
- 2) On 100 mg or more of morphine equivalent per day
- 3) No history of bowel resection or Inflammatory Bowel Disease
- 4) Non-pregnant

RESULTS

Medical records of 4723 patients seen in the Gastroenterology Clinic at the University of Kansas Medical Center from 2005 to 2010 were reviewed. Seventy-eight patients met inclusion criteria for NBS. Male to female ratio was 1:3 with mean age of 44 years, consuming on average 410 mg of morphine equivalent daily.

RESULTS (CONTINUED)

Duration of abdominal pain ranged from 6 months to 20 years. The disability rate was 74% with hospitalization/emergency room visit rate of 96% within last year (53% had multiple visits).

The most common accompanying symptoms were nausea and vomiting 80%, constipation 72%, anorexia 68% and abdominal bloating 45%. All aforementioned symptoms were present in 26% of patients with NBS.

96.2% of patients with NBS had at least one abdominal imaging study within the past one year for a total of 544 abdominal imaging studies being done, resulting in an average of 7 imaging tests per person. 94.5% of patients had at least one endoscopic evaluation within the past one year, out of which 20.5% had only EGD, 3.9% had only colonoscopy, 57.7% had both and 12.8% had ERCP, upper/lower EUS or both.

Health care provider time devoted to these patients during multiple emergency room/office visits (primary care physicians and gastroenterologists alike) and hospitalizations needs to be taken into consideration as well.

Cost analysis can be done in the future to analyze the financial burden.

CONCLUSIONS

Narcotic Bowel Syndrome is common in patients taking opiates for chronic non-cancer pain and is associated with a large burden on health care utilization. Better physician education directed at recognition of narcotic bowel syndrome as an etiology of abdominal pain and judicious use of opiates are required in order to minimize exhaustive, repetitive, costly evaluations.

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