



InfoSheet

GASTROINTESTINAL PROBLEMS PART II :

Managing diarrhea and constipation associated with myeloma and its treatment

Novel therapies used to treat multiple myeloma may cause complications such as gastrointestinal (GI) disturbances. Notably, nausea, vomiting, diarrhea, and constipation are very common side effects in myeloma patients

This second section focuses on diarrhea and constipation issues involving your intestines, which can affect your day-to-day while you are going through treatments. We will see how they can lead to more serious conditions and learn how to prevent and manage these side effects to allow you to receive the best treatment for your multiple myeloma.

Definition and causes of diarrhea and constipation

Diarrhea is an abnormal increase in the frequency and the amount of fluid in the stool (more than 3 loose or watery bowel movements per day). It can last for only a short period of time or persist for long periods, typically more than 2 weeks.

Diarrhea can occur because of infection, inflammation (e.g., inflammatory bowel disease (IBD) or celiac disease), malignancy, emotional disturbances such as stress or anxiety, or be related to an autoimmune phenomenon. Bowel blockage or laxatives used to treat constipation may also be responsible for this physiologic impairment. Additionally, diarrhea is an immediate side effect of bortezomib (within 24 hours), ixazomib, lenalidomide and pomalidomide (months after treatment), and other agents prescribed for the treatment of myeloma.

To its opposite is constipation, which is rather a decreased frequency of defecation (usually less than 3 bowel movements per week) accompanied by abdominal discomfort and difficulty emptying your bowels. This is a common problem in patients with cancer who have poor oral intake or take drugs like opioids or antiemetics that slow intestinal transit time. Some treatments for myeloma can cause more water to be removed from the feces, resulting in dry, hard stools. These treatments and supportive treatments include: thalidomide, lenalidomide (e.g., Revlimid) and

bortezomib (e.g., Velcade), antiemetics (e.g., granisetron, ondansetron), and strong painkillers (e.g., codeine, tramadol, Oramorph). Constipation can be caused by a variety of other factors. These include hypercalcemia, a diet lacking in essential nutrients, dehydration, and a lack of exercise or poor mobility, which can weaken muscle tone in both the stomach area and the intestine. Change in daily routine, an emotional blow, and other illnesses and conditions and their treatments may incidentally be responsible for this imbalance.

Complications

Both diarrhea and constipation interrupt the normal functioning of the GI tract and disrupt the intestinal flora. The consequences can be mild and transient for some, or severe and life-threatening for others. Excessive loss of water through your stools, as well as untreated constipation can both lead to more severe symptoms such as:

- Dehydration and thirst
- Swollen, painful stomach, often accompanied by stomach cramps
- Nausea or vomiting
- Fever
- Loss of appetite
- Headache

How are diarrhea and constipation treated?

Treatment of diarrhea

You will be asked about any history of irritable bowel syndrome, colitis, diverticulitis, and medications other than routine chemotherapy. In case of acute diarrhea, a stool culture will be ordered to see whether the diarrhea is the result of an infection, and medications will be given to control frequency. Talk to your health care professional before starting anti-diarrhea treatments. Cancer therapy may be stopped for a period of time, or the dose of your cancer medication may need to be changed (see [Precautionary](#) measures below).

Medications that may be ordered by your healthcare team to treat diarrhea include: loperamide (Imodium),

diphenoxylate, cholestyramine, octreotide, or bismuth subsalicylate may be recommended.

Treatment of constipation

You will be asked about any abdominal pain, bloating, nausea, vomiting, inability to urinate, confusion, and diarrhea alternating with constipation. Severe bowel obstruction should be assessed by a healthcare provider so that medication changes and referral to a gastrointestinal specialist may be arranged.

For constipation, your physician may prescribe docusate, senna, magnesium sulfate, magnesium citrate, lactulose, or bisacodyl. Yet there are many over-the-counter remedies available at your local drug store. If your constipation is not relieved by oral laxatives, then you may need to have a suppository or an enema (under the advice of your doctor or nurse).

Tips for self-management

What helps diarrhea?

- Drink more liquids. Avoid caffeinated, carbonated, heavily sugared beverages, and alcohol.
- Dietary changes may be needed, such as a decrease in fiber, greasy, fried, acidic, or spicy foods. Eat smaller, more frequent, lactose-free, low-fat meals. Favour a BRAT diet (bananas, rice, applesauce, and toast).
- Consider adding probiotics if diarrhea persists
- Discontinue high osmolar foods such as cheese and milk, sesame seeds, watercress and sardines, or supplements.

What helps constipation?

- For mild constipation, increase your fluid and fiber intake, do physical activity, and start stool softeners. For example, drink 2-3 litres of water a day, eat bran-based cereals, fruit and vegetables, prunes and other dried fruits, and limit the amount of refined food. Hot decaffeinated drinks may help to stimulate a bowel movement.
- For moderate constipation, speak with a dietician about your food intake and consider laxatives and stimulants.
- For severe constipation, your physician may discuss treatment for an impacted colon or assess if your bowel is obstructed.

Precautionary measures

- Change in your normal bowel habits should be reported to your doctor or nurse. If you feel awkward or embarrassed discussing your bowel habits, try to remember your doctor and nurse will be used to talking about it and they are there to help prevent and manage any side effects of myeloma and its treatment.
- People living with myeloma have a higher risk of developing infections. It is important to tell your doctor if you suspect that your diarrhea is caused by an infection as bacterial and viral infections are often contagious.
- If you are experiencing 4 to 6 stools per day for over 24 hours, it's important to inform your healthcare provider. They should recommend medications and you might require fluids and salts.
- An increase of 7 or greater stools per day over your regular amount may necessitate hospitalization to address dehydration, as it often requires fluid replenishment through an IV. Beyond that level, urgent intervention is indicated as it could have life-threatening consequences.
- Do not stop or adjust medications without discussing it with your healthcare provider. They may change your dose or schedule of medication to help reduce your discomfort.
- It is extremely important that you speak to your hematologist before taking any kind of supplement or alternative treatment that they have not prescribed, including herbal, traditional or natural medicines and remedies, and vitamins or wellbeing supplements. They have the potential to cause problems when taken alongside your prescribed treatment.
- Keep the rectal area clean, take very good care of your skin, and use disposable pads or diapers.

Use Myeloma Canada's **Myeloma Monitor** to help you store, organize, and track your symptoms. Access the Myeloma Monitor App [here!](#)

To learn more about diarrhea and constipation, consult Myeloma Canada's "**Managing Pain and Fatigue**" InfoGuide in the Resource library at www.myeloma.ca. Your healthcare team, pharmacist, and nutritionist are also there to support you. It's important to share your symptoms with them.

Myeloma Canada wishes to acknowledge and thank Marie-Pier Lecours-Cyr, nurse and hemato-oncology research coordinator specializing in multiple myeloma at Maisonneuve-Rosemont Hospital (QC), for her contribution. The information disclosed in this InfoSheet is based on existing Myeloma Canada publications reviewed by healthcare professionals and other publications from our sister myeloma organizations: the International Myeloma Foundation (IMF) and Myeloma UK. This information is not meant to replace the advice of a medical professional; they are the best people to ask if you have questions about your specific medical/social situation.