



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),

