

Part of the IMF Patient Education Tools Series

Managing Gastrointestinal Side Effects of Novel Agents for Multiple Myeloma

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Patient Education Sheet: Managing Gastrointestinal Side Effects of Novel Agents for Multiple Myeloma

KEY POINTS

Novel therapies used to treat multiple myeloma include thalidomide, lenalidomide, and bortezomib. Each of the drugs, alone or in combination, may be associated with gastrointestinal side effects, including nausea, vomiting, diarrhea, and constipation. Managing the side effects can reduce your discomfort and can allow you to receive the best treatment for your myeloma. Your healthcare provider may change your dose or schedule of medication to help manage your symptoms. Do not stop or adjust medications without discussing it with your healthcare provider.

TYPES OF GASTROINTESTINAL SYMPTOMS

- Nausea: an unpleasant feeling in the throat and stomach
- Vomiting: a forceful emptying of the stomach contents
- Constipation: decreased frequency of defecation accompanied by discomfort and difficulty
- Diarrhea: an abnormal increase in the frequency and the amount of fluid in the stool
- Always report symptoms early to your healthcare team.

MANAGEMENT OF NAUSEA

- You may be asked about the circumstances surrounding episodes, upper abdominal pain, pain when swallowing, hiccups or heartburn, weight loss, dizziness on standing up, and your medication history.
- General nausea: Eat small, frequent meals; do not eat fatty or fried foods; avoid strong odors; do not exercise after eating; wear loose clothing; begin appropriate medications before chemotherapy; use relaxation, acupuncture, biofeedback, and guided imagery.
- Loss of appetite, still able to eat normally: Adjust dosages of medications, drink enough water and other fluids, and keep track of effects of medications in a daily diary.
- Decreased ability to eat or drink: Consider asking for increased or different medications and see your physician for physical examination and evaluation.
- Inability to eat or drink: You may need hospitalization or medications through a vein. Call a physician immediately.
- Medications that may be ordered by your healthcare team: lorazepam, prochlorperazine, promethazine, metoclopramide, ranitidine, famotidine, and dexamethasone

MANAGEMENT OF VOMITING

- You will be asked about the appearance of the fluid, whether digested or undigested, whether a "trigger" was involved, whether it was new or different from other times.
- One episode in 24 hours: This is usually self-limiting; continue medications for nausea.

- Two to five episodes in 24 hours: New medications, oral or through a vein, may be needed. Contact a physician immediately.
- Six or more episodes in 24 hours: This may require hospitalization to assess fluid status and rule out bowel obstruction. Contact a physician immediately.
- Medications that may be ordered by your healthcare team: aprepitant, ondansetron, and granisetron

MANAGEMENT OF CONSTIPATION

- You will be asked about any abdominal pain, bloating, nausea and vomiting, inability to urinate, confusion, and diarrhea alternating with constipation.
- Mild: Increase fluid and fiber intake, increase physical activity, and start stool softeners
- Moderate: You may need to speak with a dietician about your food intake; consider laxatives and stimulants.
- Severe: Bowel obstruction should be assessed by a physician; dehydration may require fluids through a vein; treatment for an impacted colon may be discussed; medication changes may be ordered by physician; referral to a gastrointestinal specialist may be arranged by a physician.
- Medications that may be ordered by your healthcare team: docusate, senna, magnesium sulfate, magnesium citrate, lactulose, and bisacodyl

MANAGEMENT OF DIARRHEA

- You will be asked about any history of irritable bowel syndrome, colitis, diverticulitis, and medications other than routine chemotherapy. The physician will want to know whether you have "gas" and whether the diarrhea is a "leakage" or sudden.
- Fewer than four stools a day: Drink more liquids; avoid caffeinated, carbonated, heavily sugared beverages; dietary changes may be needed; discontinue any medications that cause diarrhea; keep the rectal area clean.
- Four to six stools per day: Medications may be considered, and you may need fluids and salts. A physician must be notified if you have more than four to six stools per day for more than 24 hours.
- Seven to nine stools per day: Hospitalization may be considered for fluid replacement, 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. You should take very good care of your skin and use disposable pads or diapers. Cancer therapy may be stopped for a period of time, or the dose may be lowered.
- Medications that may be ordered by your healthcare team: imodium, diphenoxylate, and octreotide

Note. For more information, please contact the International Myeloma Foundation (1-800-452-CURE; www.myeloma.org). The foundation offers the Myeloma Manager™ Personal Care Assistant™ computer program to help patients and healthcare providers keep track of information and treatments. Visit <http://manager.myeloma.org> to download the free software.

Note. Patient education sheets were developed in June 2008 based on the International Myeloma Foundation Nurse Leadership Board's consensus guidelines. They may be reproduced for noncommercial use.