

NALOXEGOL RESTORES CODEINE-INDUCED INHIBITION OF HIGH-AMPLITUDE PROPAGATING CONTRACTIONS AND INCREASE OF RETROGRADE CONTRACTIONS IN A RANDOMIZED, THREE-WAY CROSSOVER COLONIC HIGH-RESOLUTION MANOMETRY STUDY IN HEALTHY VOLUNTEERS

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Poster

Colorectal

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A randomized crossover study in 15 healthy volunteers using high-resolution colonic manometry found that codeine enhances retrograde contractions and inhibits high-amplitude propagating contractions after bisacodyl administration, effects reversed by the peripheral mu-opioid receptor antagonist naloxegol.

KEY POINTS

- Codeine significantly increased both short and long retrograde pressure waves and reduced high-amplitude propagating contractions (HAPCs) after bisacodyl administration compared to both naloxegol conditions (p-values 0.01, 0.02, and 0.0003 respectively).
- Naloxegol (25 mg) reversed the codeine-induced changes in colonic motor patterns, with HAPC counts restored from 0.00 with placebo/codeine to 7.50 with naloxegol/codeine.
- The study used a double-blind, placebo-controlled crossover design with three conditions (naloxegol/placebo, placebo/codeine, naloxegol/codeine) and 40-sensor high-resolution manometry to measure colonic pressure waves during sleep, fasting, after a 645 kcal meal, and after 10 mg intraluminal bisacodyl.
- No statistically significant differences were found between conditions for synchronous or antegrade pressure waves across all time periods.

- This work provides mechanistic insight into opioid-induced constipation and its treatment with peripheral mu-opioid receptor antagonists, relevant to researchers and clinicians managing opioid side effects.

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