

Irritable Bowel Syndrome

Key Facts

- A gastrointestinal disorder characterized by altered bowel habits in association with abdominal discomfort in the absence of detectable structural and biochemical abnormalities
- IBS is a common diagnosis, but frequently missed
- It affects both the quality of life for patients as well as their psychological well-being
- Avoid many investigations in young patients without alarming features by performing a proper history and physical examination
- In our setting, consider IBS diagnosis in patients on repeated H. pylori treatment due to similar symptoms
- Colonoscopy recommended in patients aged >50 years before confirming IBS diagnosis
- Mainstay of management is education and reassurance, lifestyle and diet modification

Diagnostic criteria (Rome IV criteria):

Recurrent **abdominal pain** at least **1 day per week** in the **past 3 months** that is associated with one or more of the following:

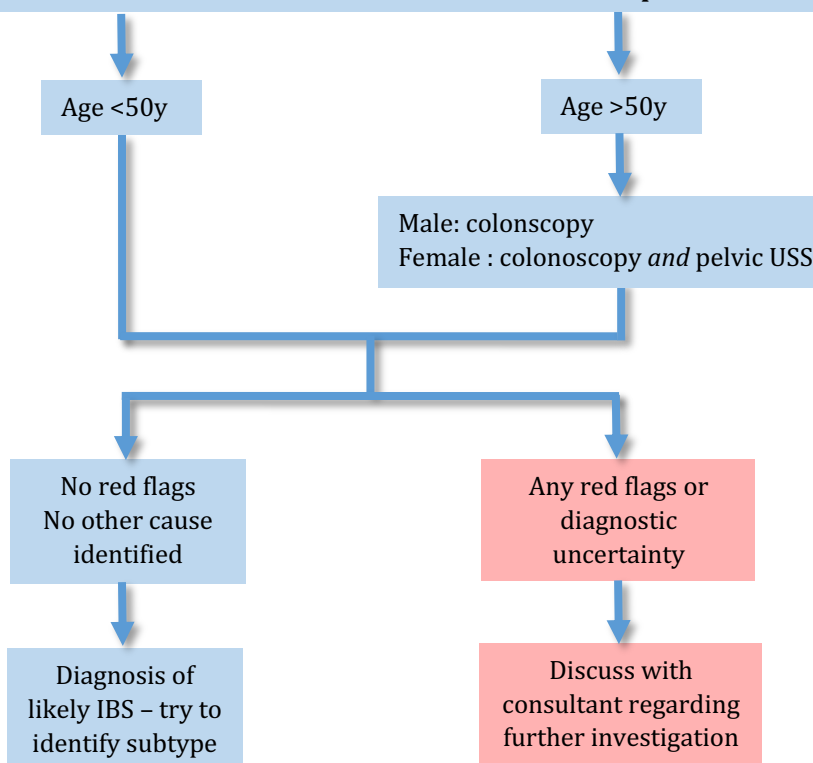
- relieved by defecation
- is associated with a change in stool frequency OR
- a change in the form or appearance of the stool

IBS subtypes:

IBS-D	diarrhea predominant
IBS-C	constipation predominant
IBS-M	mixed diarrhea and constipation
IBS-U	unclassified - symptoms cannot be categorized into one of the three subtypes

Diagnostic approach – to exclude other diagnoses that may mimic those of IBS

1. Thorough history and examination
2. Screen for depression and anxiety, treat as indicated
3. Baseline tests – for all: CBC, ESR, Stool microscopy; age <50y: FIT/FOB*
4. Recommend IgA Tissue transglutaminase (TTGA) test (send-out) for ?coeliac disease, especially if personal/family history of thyroid or other autoimmune disease. **Discuss with consultant if positive**



RED FLAGS:

- Weight loss
- Onset >50 years
- GI bleeding
- Nocturnal diarrhoea
- Unexplained anemia
- Abdominal mass
- Family history of colorectal cancer, IBD
- Worsening abdominal pain

MAIN DIFFERENTIAL DIAGNOSES:

- Bowel cancer
- Ovarian cancer
- Inflammatory bowel disease (UC, Crohn's)
- Coeliac disease
- Diverticular disease
- Infection

*FIT if available (most accurate and only one test required)

If FIT not possible, do FOB at presentation - if positive, recommend FIT (e.g. Lancet); if FIT not possible then should do two more FOB. For any planned FOB, in order to increase specificity, advise patient to avoid red meat and citrus fruit for 3 days before the test; also *if possible* avoid the following medication - aspirin, heparin, warfarin, clopidogrel, NSAIDs, SSRIs, vitamin C; don't do during menstruation.

Treatment of IBS

The mainstay of management is education, reassurance (psychological support) and diet modification. Pharmacological treatment is adjunctive and should be directed at symptoms.

1. Education and reassurance

- Creating a good rapport with the patient through attentive listening, and explaining the possible causes and the treatment options of the disease is key for all patients with IBS.
- Try to respond to all questions, worries or concerns that a patient has especially in the first visit. It helps to validate their problem.

2. **Dietary modification** — Refer to nutritionist. Reduce foods that have high gas (including sodas). Reduce caffeine and alcohol. A trial of lactose and gluten avoidance is recommended in patients whose symptoms are worsened by these foods.

3. **Physical activity** — Improves IBS symptoms

4. **Pharmacological treatment** – may be required in addition to lifestyle and dietary modification depending on level of symptoms and impact on quality of life; direct medication

Symptom	Drug	Comments
Abdominal pain and spasms, bloating	Antispasmodic – Hyoscine butylbromide (Buscopan): 10mg 3 times daily, increase to 20mg 4 times daily if needed	Easily available; should be used as a first line option for abdominal pain and spasm.
Abdominal pain Depressed mood	Tricyclic antidepressant - Amitriptyline: Initially 12.5mg nocte, gradually increased if necessary to 75mg nocte (For significant depression – see separate protocol and discuss with consultant)	Easily available, affordable. Improves mood at higher doses, has analgesic properties. Slows intestinal transit time. Best for IBS-D with spasm, use with caution in IBS- C Side effects: dry mouth, blurred vision, constipation, urinary retention, drowsiness. Caution: cardiovascular disease, epilepsy, diabetes, BPH, glaucoma and in the elderly.
Diarrhea	Antidiarrheal - Loperamide: 1 tab after each loose stool; max of 6 tabs daily	Loperamide is the first line agent in IBS -D Exclude infections first Stop/reduce dose once diarrhea subsides to avoid constipation
Constipation	Laxative - 1. Ispaghula husk (Fybogel) = bulk-forming laxative: 1 sachet twice daily in water, taken after food 2. If not tolerated or additional laxative require, use macrogol= Peg3350=Movicol adult: 1 sachet twice daily, dose adjusted according to response (NOT Peglec – for bowel evacuation pre-procedure)	In patients with IBS-C Do not use lactulose (can increase bloating and discomfort) Stimulant laxatives (e.g. bisacodyl) can be used cautiously for short periods if necessary

* **LIBRAXIN** not recommended – no good evidence to support use in IBS; significant side effects and potential for addiction

References:

1. Saha L. Irritable bowel syndrome: pathogenesis, diagnosis, treatment, and evidence-based medicine. World J Gastroenterol. 2014 Jun 14;20(22):6759-73. doi: 10.3748/wjg.v20.i22.6759. PMID: 24944467; PMCID: PMC4051916.
2. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-irritable-bowel-syndrome-in-adults?search=ibs&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2
3. Irritable Bowel Syndrome (IBS) - Medscape Reference irritable Bowel Syndrome <https://emedicine.medscape.com/article/180389-overview>
4. Effect of fibre, antispasmodics, and peppermint oil in the treatment of irritable bowel syndrome: systematic review and meta-analysis <https://pubmed.ncbi.nlm.nih.gov/19008265/>

Suggested further reading:

The IBS global impact report <https://badgut.org/wp-content/uploads/IBS-Global-Impact-Report.pdf>