ACG Clinical Guideline: Management of Irritable Bowel Syndrome

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Diagnosis

Rome IV Criteria

Recurrent abdominal pain ~ ≥ 1x/ week in last 3 months + symptom onset ≥ 6 months associated with ≥ 2 of the following:

1. Related to **defecation**
2. Change in **frequency** of stool
3. Change in **form** of stool

* Bloating *not* required for diagnosis

No Need For:

- Routine stool cultures, but test for Giardia in those at high risk
- Routine colonoscopy in <45yo w/o red flags
  - Low chance of "missing things" → fewer polyps in IBS vs non-IBS!
- Food allergy/ sensitivity testing unless reproducible reactions

Use a positive diagnostic strategy with minimal testing.

IBS is *NOT* a diagnosis of exclusion.

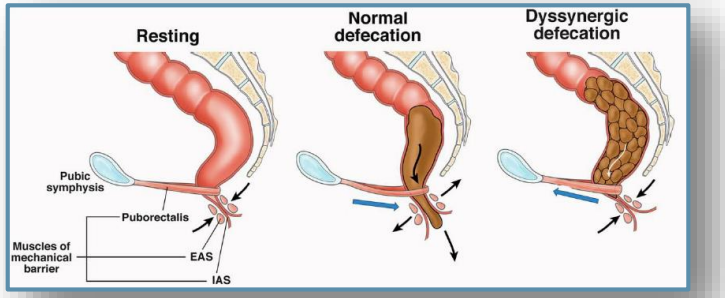
Don't Forget to Rule Out These Things!

If Diarrhea:

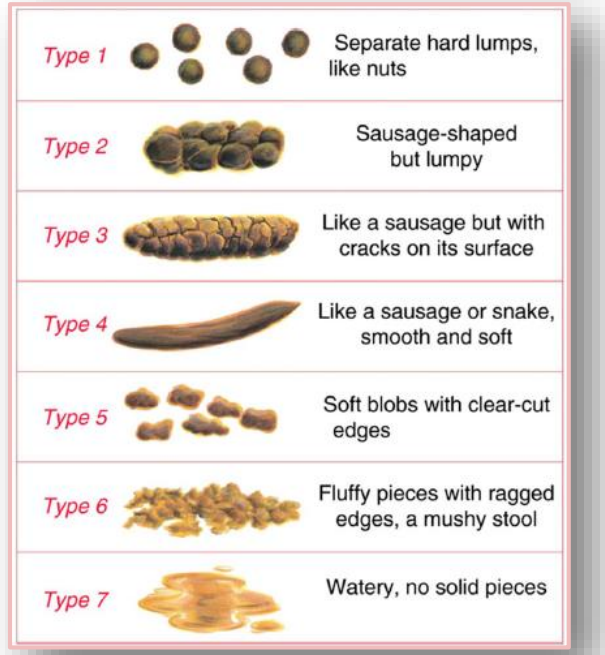
- Rule out celiac disease w/ TTG IgA & IgA or 6 biopsies from duodenum (including bulb)
- Rule out inflammatory bowel disease w/ fecal calprotectin or fecal lactoferrin + CRP

If ?Pelvic Floor Disorder &/or Refractory Constipation

- Diagnose dyssynergic defecation w/ 2 of 3
  - Anorectal manometry (ARM)
  - Balloon Expulsion Test (BET)
  - Defecography



Subtype	% Stools	
	BSFS 1/2	BSFS 6/7
IBS-C (Constipation)	> 25%	< 25%
IBS-D (Diarrhea)	< 25%	> 25%
IBS-M (Mixed)	> 25%	> 25%
IBS-U (Unsubtyped)	No significant abnormal stool	



Lacy BE, Pimentel M, Brenner DM, Chey WD, Keefer LA, Long MD, Moshiree B. ACG Clinical Guideline: Management of Irritable Bowel Syndrome. Am J Gastroenterol. 2021 Jan 1;116(1):17-44. doi: 10.14309/ajg.0000000000001036. PMID: 33315591.

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Treatment

Global IBS Symptoms

- Limited trial low FODMAP diet
- Soluble, viscous, poorly fermentable fiber
  - 25-35g daily
  - ☺ Psyllium, oat bran, barley, beans
  - ☹ Wheat bran, whole grains, some veggies
- **Peppermint oil** (*Menthe piperita*)
- **Tricyclic Antidepressants**
  - Amitriptyline 50-100mg QD
  - Nortriptyline 25-75mg QD
  - Imipramine 50-100mg QD
  - Desipramine 25-100mg QD
  - AE: drowsiness, dry mouth, urinary retention, arrhythmias
  - Avoid in bundle branch block & ↑QT
- Gut-directed psychotherapies

IBS-D

- **Rifaximin-** up to 3 courses
- **Alosetron** 0.5- 1 mg BID in ♀ with severe symptoms who failed conventional tx
  - 5-HT_3 antagonist ⇒ slows intestinal transit
  - AE: ischemic colitis, complicated constipation (obstruction or perforation), death
- Mixed opioid agonists/antagonists (**eluxadoline** 75-100mg QD)
  - Peripherally acting, mixed μ- & κ-opioid receptor agonist/ δ-opioid receptor antagonist
  - AE: Pancreatitis, SOD
  - Contraindicated in hx pancreatitis, s/p CCY, ETOH use disorder
  - Use 75mg QD in those w/ mild to moderate hepatic impairment

IBS-C

- Secretagogues ⇒ activate receptors on apical membranes of intestinal epithelial cells → ↑ intestinal secretion & peristalsis
  - Chloride channel activators (**lubiprostone** 8 μg BID)
    - ↓ Dose-dependent nausea w/ food consumption
    - FDA-approved in adult ♀
  - Guanylate cyclase-C agonists (**linaclotide** 290 μg QD, **plecanatide** 3mg QD)
- 5-HT_4 (Serotonin) agonist **tegaserod** 6mg BID in ♀ <65yo with ≤ 1 cardiovascular risk factors who failed secretagogues
  - Initiates peristaltic reflex & accelerates GI transit

Recommended Against

- Antispasmotics (ie, dicyclomine, hyoscyamine, hyoscine/ scopolamine)
- Probiotics
- PEG products
- Fecal transplant

- Bile acid sequestrants (but reasonable if high suspicion of bile acid malabsorption)
- Loperamide as 1st line tx (only improves diarrhea but not global symptoms)

- Polyethylene glycol (PEG) products as monotherapy