Medication for Irritable Bowel Syndrome in Adults

Before using medication assess diet and nutrition and give the following advice:

- Have regular meals and take time to eat, and avoid missing meals or long gaps between eating
- Drink at least 8 cups of fluid per day, especially water or other non-caffeinated drinks
- Restrict tea and coffee to 3 cups per day and reduce intake of alcohol and fizzy drinks,
- Limit intake of fibre, especially insoluble-fibre such as bran, wholemeal bread & whole grain cereals. Recommend foods with soluble fibre e.g. oats, root vegetables or ispaghula.
- Reduce intake of 'resistant starch' (starch that resists digestion in the small intestine and reaches the colon intact), often found in processed or re-cooked foods
- Limit fresh fruit to 3 portions (of 80 g each) per day

- People with diarrhoea, should avoid sorbitol, an artificial sweetener in sugar-free sweets, chewing gum, drinks and in some diabetic and slimming products.
- People with wind and bloating may find it helpful to eat oats (e.g. oat-based breakfast) and linseeds (up to 1 tablespoon per day) and reduce intake of insoluble fibre (such as bran)

If IBS symptoms persist while following general lifestyle and dietary advice, considering a referral to a dietitian to offer assessment and advice including a low FODMAP diet (*fermentable oligosaccharides, disaccharides, monosaccharides and polyols*)

Pharmacological treatment:

Anti-spasmodics:

Consider offering **alongside** dietary and lifestyle advice on an "as required" basis

- **Peppermint oil**
- **Mebeverine**
- **Hyoscine butylbromide (buscopan)***

*can be misused for hallucinogenic effects. Be careful of patients requesting by name or large quantities or lost prescriptions

Other treatments:

Consider TCAs alongside if anti-spasmodics, laxatives or loperamide have not helped. Take into account possible side effects when offering TCAs or SSRIs.

Start at a low dose (e.g. 10mg amitriptyline at night). Review regularly. Increase the dose if needed, up to 30mg at night.

Consider SSRIs only if TCAs are ineffective. (e.g. citalopram)

For diarrhoea:

Offer **loperamide** as first-line antimotility agent.

For constipation** :

- **First-line** offer the softener laxative **docusate**
- **Second-line** add in **macrogol** (to soften) and **bisacodyl** (to increase frequency) to aim for a soft well-formed stool (Bristol stool chart type 4)
- **Third-line**: ONLY consider linaclotide if optimal or maximum tolerated doses of all previous laxatives have not helped **AND** they have had constipation for at least 12 months.

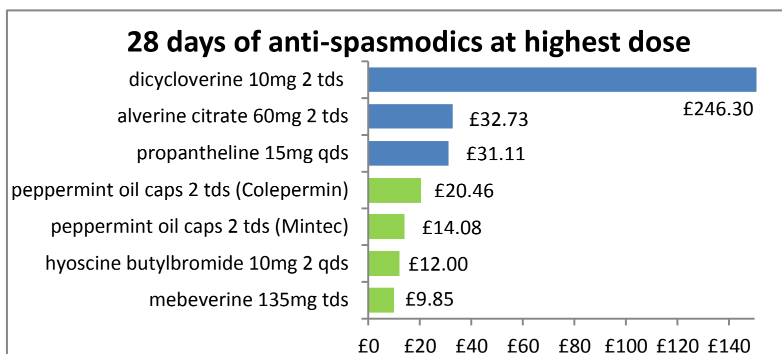
DO NOT use lactulose as this is broken down by bacteria causing flatulence, bloating and cramping.

**see NHS Rotherham Laxative guidelines for further information and prices.

- Follow up people taking all medication after 4 weeks and then every 6 to 12 months.
- Stop any medication that does not work.
- Discuss the use of medication on an as needed basis

Alternative therapies:

- If the person wants to try probiotics, advise them to take the dose recommended by the manufacturer for at least 4 weeks while monitoring the effect.
- Discourage use of aloe-vera for IBS (has a laxative effect but no evidence for benefit in IBS)



References:
NICE CG61; 2015 (& UKMi North West NICE Bites May 2015 No 75)

Eloise Summerfield, Prescribing Advisor
Medicines Management Team, Rotherham CCG

November 2015
Review date November 2017