

## CARE GUIDE for *Irritable Bowel Syndrome*

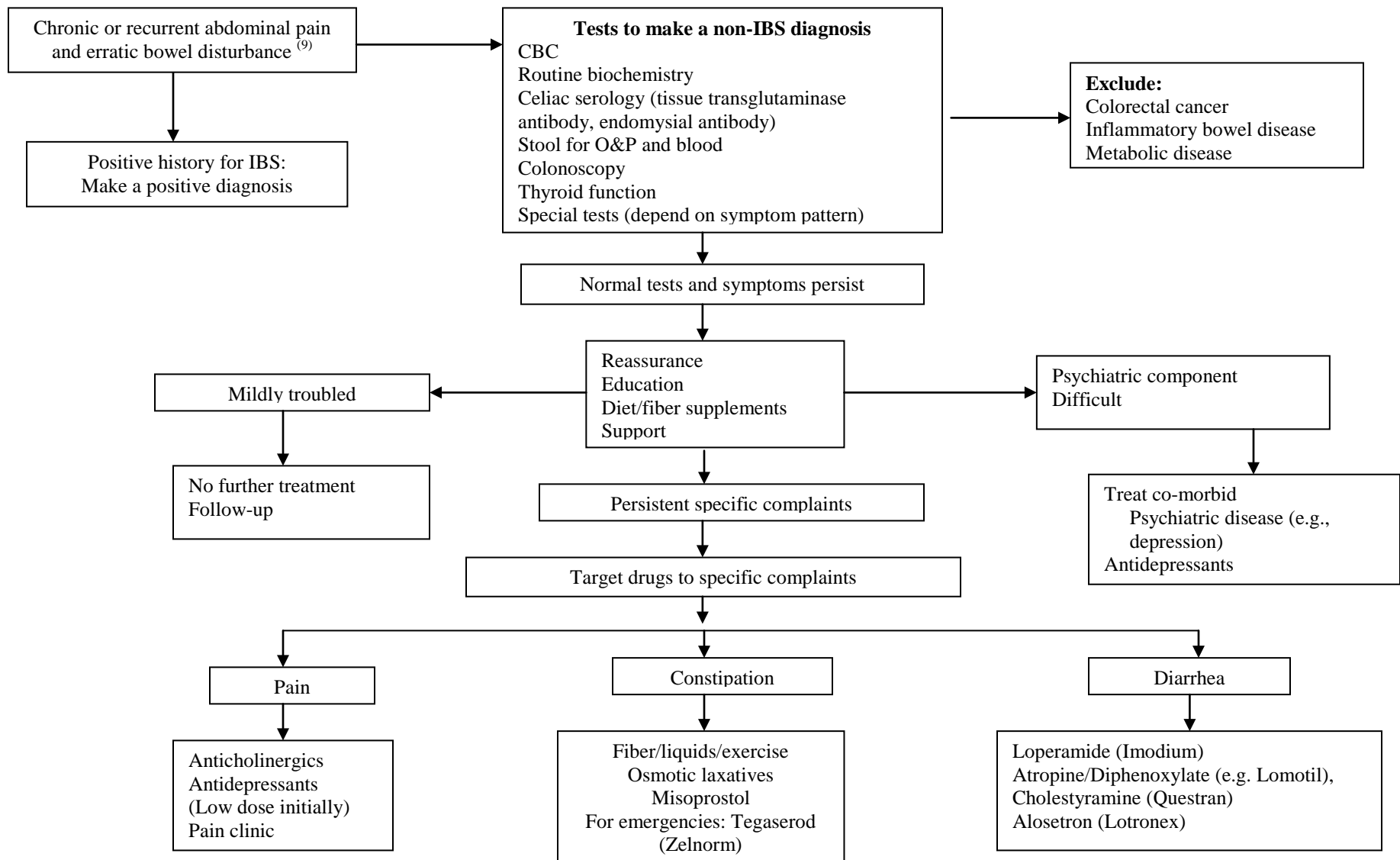
SUGGESTED GUIDELINES	PROCESS	IMPORTANT FINDINGS MEASUREMENTS AND VALUES	INTERVENTION	FOLLOW-UP
<p>Diagnosis of Irritable Bowel Syndrome (IBS) (1-5,9,11)</p>	<ul style="list-style-type: none"> <li>• IBS is a “syndrome”, meaning “a group” of signs and symptoms.</li> <li>• Not a “disease”               <ul style="list-style-type: none"> <li>○ Functional disorder</li> <li>○ Bowel does not work, or function, correctly</li> </ul> </li> <li>• Diagnosis can be difficult.</li> <li>• Symptoms vary greatly</li> <li>• Most common symptoms:               <ul style="list-style-type: none"> <li>○ Abdominal pain or discomfort reported as cramping, bloating, or gas</li> <li>○ Diarrhea, and/or</li> <li>○ Constipation</li> </ul> </li> <li>• “Alarm” symptoms, and history and physical findings should prompt closer and quick evaluation. For Example:               <ul style="list-style-type: none"> <li>➤ GI bleeding</li> </ul> </li> </ul>	<p><b>“Rome III diagnostic criteria”</b> for IBS*:</p> <ul style="list-style-type: none"> <li>➤ Recurrent abdominal pain or discomfort at least 3 days a month in the past 3 months, associated with two or more of the following:               <ul style="list-style-type: none"> <li>❖ Improvement with defecation</li> <li>❖ Onset associated with a change in frequency of stool</li> <li>❖ Onset associated with a change in form (appearance) of stool</li> <li>❖ Bloating sensation</li> <li>❖ Passage of mucus</li> </ul> </li> </ul> <p>*Criteria must be fulfilled for the past 3 months with symptom onset at least 6 months before diagnosis “Discomfort means an uncomfortable sensation not described as pain”</p>	<ul style="list-style-type: none"> <li>• Physical exam with pelvic and rectal</li> <li>• Assess for laxative overuse</li> <li>• Screening lab studies:               <ul style="list-style-type: none"> <li>➤ CBC</li> <li>➤ Fecal Occult Blood Tests (e.g., Hemocult)</li> </ul> </li> <li>• Other studies based on symptoms:               <ul style="list-style-type: none"> <li>➤ sed rate</li> <li>➤ c-reactive protein</li> <li>➤ chemistries</li> <li>➤ thyroid studies</li> <li>➤ stool for Ova and Parasites (O&amp;P)</li> <li>➤ celiac antibody testing</li> <li>➤ lactose/dextrose hydrogen breath test for lactose intolerance</li> </ul> </li> <li>• ≥ 50 yrs old – colonoscopy</li> <li>• &lt; 50 years old – colonoscopy or sigmoidoscopy as indicated if alarm symptoms present</li> </ul>	<ul style="list-style-type: none"> <li>• Repeat physical exam on follow-up visits as needed</li> <li>• Follow-up on abnormal studies as indicated</li> <li>• GI referral if alarm symptoms</li> </ul>

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	<ul style="list-style-type: none"> <li>➤ anemia</li> <li>➤ unexplained or sudden weight loss</li> <li>➤ family history of colon cancer or Inflammatory Bowel Disease (IBD)</li> <li>➤ fever</li> <li>➤ abnormal physical findings</li> <li>➤ age &gt;40 yrs</li> <li>➤ nocturnal symptoms</li> </ul>			
Lifestyle Modification (1-5)	<ul style="list-style-type: none"> <li>• Tailored to symptoms, i.e., severity, relationship with food or defecation and the presence of psychological issues</li> </ul>	<ul style="list-style-type: none"> <li>• Patient symptom diary for 2 – 3 weeks documenting the time and severity of symptoms and their relationship to foods and stressors.</li> <li>• Subtype IBS by stool pattern               <ul style="list-style-type: none"> <li>➤ <b>IBS with constipation (IBS-C)</b> - hard or lumpy stools <math>\geq 25\%</math> and loose (mushy) or watery stools <math>&lt; 25\%</math> of bowel movements</li> <li>➤ <b>IBS with diarrhea (IBS-D)</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>For constipation:</b> High fiber diet and supplements, fluids and exercise</li> <li>• <b>For diarrhea:</b> Avoid fatty foods, lactose-free diet trial</li> <li>• For both, avoid:               <ul style="list-style-type: none"> <li>➤ caffeine</li> <li>➤ dairy products</li> <li>➤ fatty foods</li> <li>➤ dietary excess</li> <li>➤ alcohol</li> <li>➤ gas forming foods</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• As required by specific treatment plan</li> </ul>

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		<ul style="list-style-type: none"> <li>– loose (mushy) or watery stools <math>\geq</math> 25% and hard or lumpy stool <math>&lt;</math> 25% of bowel movements</li> <li>➤ <b>Mixed IBS (IBS-M)</b> <ul style="list-style-type: none"> <li>– hard or lumpy stools <math>\geq</math> 25% and loose (mushy) or watery stools <math>\geq</math> 25% of bowel movements</li> </ul> </li> <li>➤ <b>Un-subtyped IBS</b> <ul style="list-style-type: none"> <li>– insufficient abnormality of stool pattern to meet criteria for IBS-C, D, M</li> </ul> </li> </ul>		
<p>Medical Treatment: Pharmacotherapy (1-5, 6-8, 9- 11)</p>	<ul style="list-style-type: none"> <li>• Determine appropriate pharmacotherapy based on patient symptoms: predominance of constipation, diarrhea or pain</li> </ul>	<ul style="list-style-type: none"> <li>• Patient history is necessary to determine whether constipation, diarrhea or pain is predominant feature</li> <li>• Probiotics have not been recommended in the treatment of IBS. Further research is needed.</li> </ul>	<p><b>For constipation:</b> Bulk laxative, osmotic laxatives (e.g., MOM), stool softeners (e.g., docusate), colonic stimulants (e.g., bisacodyl) The 5-HT4 agonist, tegaserod (Zelnorm) is available for use only under <b>emergency</b> situations. Contact the FDA for authorization</p> <p><b>For diarrhea:</b> Bulk agent, loperamide (e.g., Imodium), atropine/diphenoxylate (e.g.,</p>	<ul style="list-style-type: none"> <li>• Monitor side effects, adjust regimen based on response.</li> </ul> <p><b>NOTE:</b> Lotronex (alosetron HCl) has caused serious side-effects in some patients.</p> <p>FDA approved Amitiza (lubiprostone) for the treatment of IBS-C in adult women aged 18 and over.</p>

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			<p>Lomotil), bile acid sequestrant resins (e.g., cholestyramine)</p> <ul style="list-style-type: none"> <li>If persistent and severe, consider: 5-HT<sub>3</sub> antagonist alosetron (i.e., Lotronex) for women</li> </ul> <p><b>For pain:</b> antispasmodics, e.g., hyoscyamine (e.g., Levsin) or dicyclomine (e.g., Bentyl) A pain rating scale would be a useful subjective tool</p> <p><b>Additional therapy:</b> Choice of TCAs vs SSRI will depend on age and symptoms: Low dose antidepressants can reduce pain; tricyclics may improve diarrhea, may worsen constipation; SSRIs are more useful for the elderly and in patients with constipation</p> <p>(NOTE: see FDA black box warning for suicidality in children, adolescents and young adults (18-24 yrs) for antidepressants)</p>	<p>With this approval, Amitiza becomes the only FDA-approved medical treatment for IBS-C available in the United States.</p>

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			<p><b>Peppermint oil:</b> Peppermint oil has been shown to be effective for the relief of IBS symptoms (contraindicated in patients with GERD)</p>	
Psychological Treatment <sup>(1-5)</sup>	<ul style="list-style-type: none"> <li>Some patients may benefit from referral for psychological treatment</li> </ul>	<ul style="list-style-type: none"> <li>Referral may be indicated when symptoms are moderate to severe</li> <li>When stress or psychological factors contribute to symptoms or when patients fail to respond to treatment</li> </ul>	<ul style="list-style-type: none"> <li>Routine visits with PCP</li> <li>Referral may be for:               <ul style="list-style-type: none"> <li>➤ Psychotherapy</li> <li>➤ Cognitive behavioral therapy (CBT)</li> <li>➤ Hypnosis</li> <li>➤ Relaxation/stress management</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Treatment may last months to years</li> </ul>



## Reference List

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