

First-line treatment options

Dietary modifications

1. Assess common food triggers such as gluten, dairy, processed foods, fatty foods, caffeine, alcohol and insoluble fiber which can increase IBS symptoms.

Patient is encouraged to keep a food and symptom diary to learn any dietary patterns and make modifications to improve symptoms.

2. FODMAP restriction. A trial of a low fermentable oligosaccharides, disaccharide, monosaccharides and polyols (FODMAP) diet is recommended to reduce the intake of highly fermentable carbohydrates that allow gut bacteria to produce gas as a byproduct of metabolism.

FODMAP restriction should be performed for 6 weeks until symptoms have improved. Afterwards a single nutrient/food is reintroduced to the diet to test for tolerance.

Patient can also try over-the-counter gas reducer such as Gas-X or Ovol for bloating and patient is advised to avoid carbonated beverages and chewing gum which increase the amount of air introduced into the GI tract.

3. Soluble fiber supplementation. Soluble fiber (psyllium husk, ground flaxseed, oats, Metamucil, Benefiber) supplementation to a target of 30 g daily can improve global symptoms of IBS including stool consistency and frequency.

4. Probiotics. Probiotics have utility to treat IBS as they can alter gut flora to increase the population of less gas producing bacteria and thus reduce the population of higher gas producing bacteria. The most effective probiotic is unknown. Probiotics can be purchased over-the-counter. Ones with the most evidence to support the use are:

-Align 1 capsule/day

-TuZen 1 to 2 capsules/day

-Visbiome 0.5 to 1 sachet per day

5. Osmotic laxatives. Laxatives do not affect global IBS symptoms however they may be beneficial with frequency and consistency of bowel movements. Osmotic laxatives such as Restoralax draw water into the colon to increase bowel movements and allow easier passage of stool. Patient should avoid the use of lactulose due to common side effects of bloating, distention and cramps.

Recommended course would be polyethylene glycol (PEG 3350)-starting with 17 g at night dissolved in 250 mL of water titrated to a maximum of 34 g/day. Patient should be counseled onset of action is usually 2 to 4 days after use.

6. PPI. There is conflicting data regarding IBS symptoms and PPI use. PPI use has been shown effective for heartburn and vague abdominal pains. 30 day trial of PPI of daily PPI can empirically be tried in IBS patients.

7. Second line pharmacologic treatments

-Linaclotide (ConStella): May decrease visceral pain by reducing pain sensing nerve activity. This can result in diarrhea and occasionally paradoxical abdominal pain. Suggested dose is 290 mcg daily 30 minutes before the first meal of the day

-Librax can also be tried. It is a combination of 2 drugs, clidinium and chlordiazepoxide. Clidinium helps to reduce the symptoms of stomach and intestinal cramping. It works by slowing the natural movements of the gut and by relaxing the muscles in the stomach and intestines. Clidinium is an anticholinergics/antispasmodics. Chlordiazepoxide helps to reduce anxiety. It acts on the brain and nerves to produce a calming effect. Dose is 1 to 2 tablets (5 mg chlordiazepoxide hydrochloride and 2.5 mg clidinium bromide), 3 or 4 times a day administered before meals and at bedtime.

There is also weak evidence to support the use of tricyclic antidepressants to reduce and alter nerve activity.

There is also a correlation between stress and symptoms. Stressors should be identified and managed wherever possible.

Patient should be counseled that complete symptom control is rarely achieved and IBS and symptoms can change over time. Patient should be reassured that no worrisome pathology was found and IBS is a result of impaired communication between the gut and the brain, with the nerves in the gut being exceptionally sensitive and signaling pain from what might be normal digestive processes.

Lastly more information can be found on <https://badgut.org>. Overall it was a pleasure assisting in your patient's care.