

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Primary Care management of Irritable Bowel Syndrome (IBS)

- Consider assessment for IBS if the following symptoms persist for at least 6 months:
 - Abdominal pain or discomfort
 - Bloating
 - Change in bowel habit
- Refer people with possible IBS symptoms to secondary care for further investigation if they have any of the following **'red flag'** indicators:
 - Unintentional and unexplained weight loss
 - Rectal bleeding
 - A family history of bowel or ovarian cancer
 - If aged >60 years, a change in bowel habit lasting >6 weeks with looser and/or more frequent stoolsOr
 - Inflammatory markers (Faecal calprotectin) for inflammatory bowel disease. Before testing see local Shared Care Pathology guidance ['Management of Altered Bowel Habit'](#)
 - Anaemia
 - Abdominal or rectal mass
- Faecal calprotectin testing is recommended as an option to support clinicians with the differential diagnosis of inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS) in adults with recent onset lower gastrointestinal symptoms for whom specialist assessment is being considered, if: cancer is not suspected, having considered the risk factors (for example, age)
- Measure serum CA125 in any woman of 50 or over who has experienced symptoms within the last 12 months of IBS; IBS rarely presents for the first time in women of this age (NICE National Guidance 12 – Suspected Cancer)
- People with IBS should be given information about self-help including information on general lifestyle, physical activity, diet and symptom-targeted medication
- Advise people with IBS how to adjust their doses of laxatives or anti-motility agent according to clinical response
- Tricyclic antidepressants may be considered as a second line treatment for people with IBS if laxatives, loperamide or antispasmodics have not helped

Irritable Bowel Syndrome **Initial assessment and diagnosis**

Ask patients for '**red flag**' symptoms:

- Unintentional and unexplained weight loss
 - Rectal bleeding
 - Family history of bowel or ovarian cancer
 - Change in bowel habit to looser and/or more frequent stools persisting for more than 6 weeks in a person aged >60yrs
- 2WW referral to secondary care if any present

Patient history & clinical examination

ABC for at least 6 months

Abdominal pain or discomfort

Bloating

Changes in bowel habit

Diagnosis of IBS only if the person has abdominal pain or discomfort that is either relieved by defaecation or associated with bowel frequency **or** stool form. This should be accompanied by at least 2 of the following four symptoms:

- Altered stool passage (straining, urgency, incomplete evacuation)
- Abdominal bloating, distention, tension or hardness
- Symptoms made worse by eating
- Passage of mucous

(Lethargy, nausea, backache and bladder symptoms are common and may support diagnosis)

All patients with possible IBS should be assessed and clinically examined for '**red flag**' indicators

- Anaemia
- Abdominal masses
- Rectal masses
- Inflammatory markers of inflammatory bowel disease

Measure serum CA125 in primary care in women with symptoms that suggest ovarian cancer

2WW referral to secondary care if any present

For those that meet IBS diagnostic criteria the following tests to be undertaken to exclude other diagnosis:

- ✓ FBC
- ✓ ESR or plasma viscosity
- ✓ CRP
- ✓ Antibody testing for coeliac diseases (EMA or TTG)
- ✓ faecal calprotectin testing

Following tests are not necessary to confirm diagnosis in people who meet the IBS diagnostic criteria

- × Ultrasound
- × Rigid/flexible sigmoidoscopy
- × Colonoscopy; barium enema
- × TFT
- × Faecal ova parasite test
- × Faecal occult blood
- × Hydrogen breath test

Irritable Bowel Syndrome Treatment and management

Dietary & lifestyle advice:

Provide information that explains the importance of self-help in effectively managing their IBS. This should include information on general lifestyle, physical activity, diet and symptom-targeted medication.

Review the patient's fibre intake and adjust (usually reduce) according to symptoms.

For more information on self-help see: [NICE advice](#) [IBS and diet – British Dietetic Association](#) [NHS choices](#)

Pharmacological treatment

Pharmacological treatment should be based on the nature and severity of predominant symptoms

1st line pharmacological treatment

Choose single or combination medication on predominant symptom(s)

Antispasmodic

Mebeverine 135mg 3 times a day

(alternatives hyoscine butylbromide or peppermint oil)

PRN alongside dietary and lifestyle advice

Constipation

Laxatives should be considered in people with IBS:

Ispaghula husk

Use of lactulose should be discouraged

Antimotility

Loperamide – max. 16mg daily

Advise how to adjust dose of laxatives or antimotility agent according to clinical response. The dose should be titrated according to stool consistency, with the aim of achieving a soft well-formed stool (Bristol stool form scale type 4)

2nd line pharmacological treatment of IBS symptoms

(Unlicensed)

TCAs if laxatives, loperamide or antispasmodics have not helped

Starting with **Amitriptyline 5-10mg once daily at night**
(review regularly and increase dose if needed (do not exceed 30mg))

Consider SSRIs only if TCAs are ineffective

Fluoxetine 20mg once daily

OR

Citalopram 10-20mg once daily

(Follow-up people taking these drugs at 4 weeks, then every 6-12 months)

Ondansetron is Grey- specialist initiation for IBS-D
Usual dose is titrated from 4mg once a day to maximum of 8mg three times a day.

(Female patients would be advised to stop ondansetron during their first trimester; appropriate QTc interval check in appropriate patients would be carried out by secondary care prior to handing over to primary care.)

Document Update	Date Updated
addition of ondansetron Grey- specialist initiation for IBS-D	July 2021

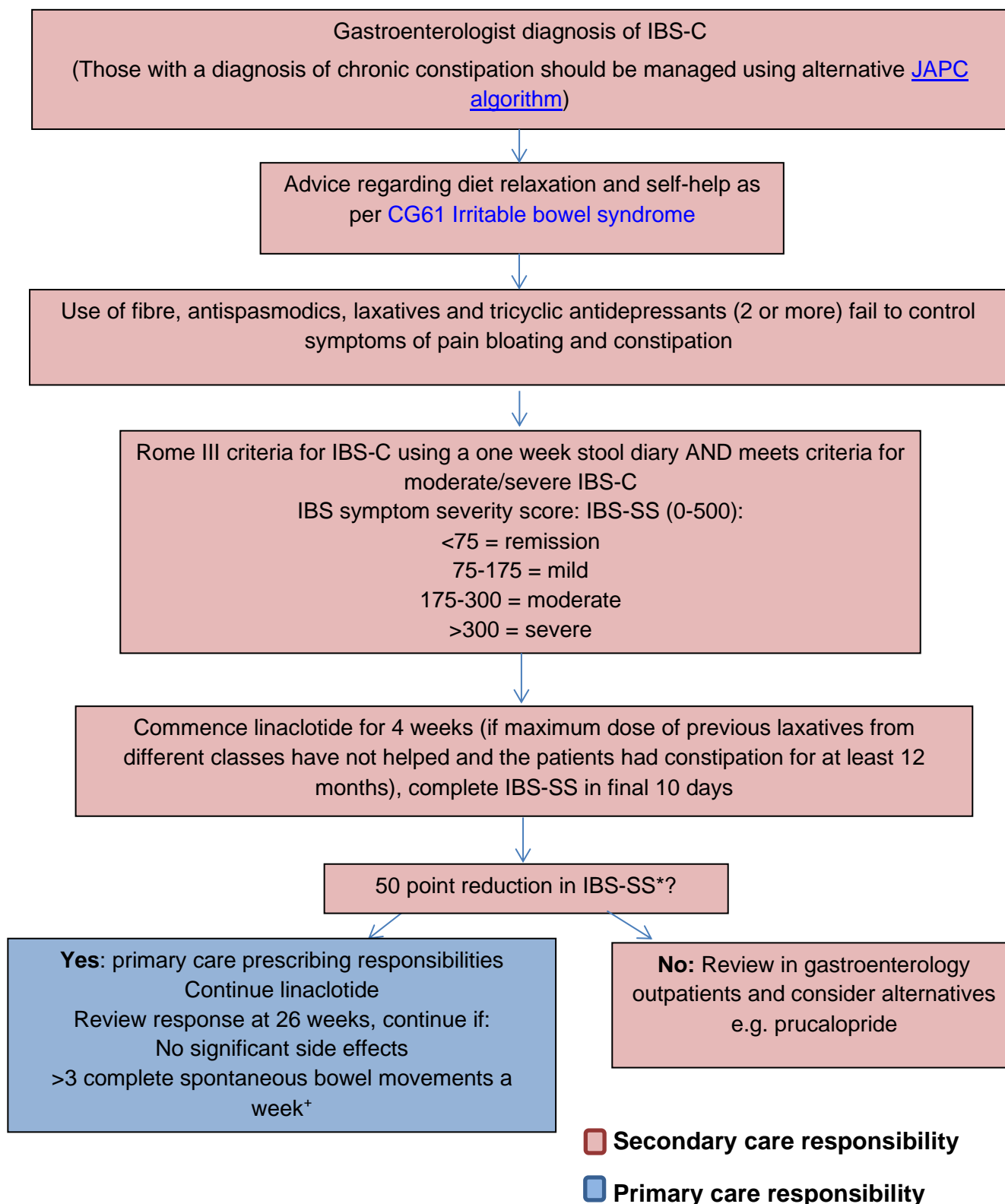
Reference

NICE (2017) Irritable bowel syndrome in adults: diagnosis and management. National Institute for Health and Care Excellence
 NICE (2013) Irritable bowel syndrome with constipation in adults: linaclotide. Evidence summary
 NICE Clinical Knowledge Summaries- Irritable bowel syndrome
 British Society of Gastroenterology guidelines on the management of irritable bowel syndrome April 2021 <https://gut.bmj.com/content/70/7/1214>

Produced by

Derbyshire Medicines management and shared care Guideline Group

Appendix 1 – Appropriate use of linaclotide following gastroenterologist assessment
 GREY after gastro-consultant initiation and assessment of efficacy within a 4 week period.



*Aliment Pharmacol Ther. 1997 Apr;11(2):395-402. The irritable bowel severity scoring system: a simple method of monitoring irritable bowel syndrome and its progress. CY Francis et al.
 + FDA draft guidance for industry IBS clinical evaluation of products for treatment