

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE  
(JAPC)**

**Bile Salt Diarrhoea / Malabsorption: Alternatives to Questran/colestyramine**

This JAPC advice position statement outlines alternatives to Questran for the long-term treatment of bile salt diarrhoea (also known as bile acid diarrhoea, BAD), as this drug is subject to frequent supply and availability problems.

Bile salt diarrhoea is a chronic condition causing chronic, often watery, diarrhoea. Thought to be under diagnosed in the diarrhoea predominant IBS population, it results from damage to the bile acid recirculation path operating in the normal small bowel / liver axis, so called entero-hepatic circulation.

Interruption of bile salt reuptake in the terminal ileum may occur due to disease at that site, surgical removal, idiopathic failure of receptors or an as yet undefined regulation signal leading to excess bile salt production. The end result is the same whatever the cause – excess bile salt/acid delivery to the colon, which finds this irritant and causes watery secretory diarrhoea. The only treatment is either to slow bowel transit with loperamide or neutralise bile salts with anion exchange resins (like Questran, which equally binds luminal cholesterol for lipidaemia).

Questran also has a licence for this indication, but similar drugs, such as colesevelam, only retain their original indication for lipid binding. Nevertheless these are all similar exchange resins and have all been used off-licence for bile acid diarrhoea. Colesevelam have commonly been used in other Trusts (e.g. Royal Marsden, and more locally at University Hospitals Warwick & Coventry), and has been subject to a NICE evidence summary.

The average dose of Questran is 1 to 3 sachets per day (4g sachet), but may be as low as one alternate days or as high as 6 per day.

The suggested equivalent dose range is (assuming three meals a day)

**Colestyramine (Questran) – 1 to 2 sachets (4g) with meals**

**Colesevelam – 2 to 3 tablets (625mg) after meals**

Patients should gradually build up the dose if starting for the first time.

**Reference**

<https://www.nice.org.uk/advice/esuom22/chapter/Intervention-and-alternatives>  
<https://www.uhcw.nhs.uk/bam/drug-treatments-in-bam/>

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