

1 **BNF for Children - Irritable bowel syndrome**

2 ***Description of condition or physiological state***

3 Irritable bowel syndrome (IBS) is a gastrointestinal disorder characterised by abdominal pain
4 or discomfort that may be relieved by defaecation. It can also be associated with the
5 passage of mucus, bloating, and disordered defaecation; either diarrhoea, constipation, or
6 alternating diarrhoea and constipation. Constipation presents with straining, urgency, and a
7 sensation of incomplete evacuation. Before a diagnosis of IBS is made, the symptoms should
8 be present at least once per week for at least 2 months and other potential pathological
9 causes of the symptoms should be excluded.

10 ***Aims of treatment***

11 Treatment of IBS is focused on symptom control in order to improve quality of life, including
12 minimising abdominal pain and normalising the frequency and consistency of stools.

13 ***Treatment***

14 IBS symptoms are often aggravated by psychological factors, such as anxieties, emotional
15 stress, and fear.

16 There is no evidence of the effectiveness of any form of dietary advice or increased fibre [A]
17 intake in children and it is not known whether dietary advice recommended to adult
18 patients are of benefit to children.

19 Eating regularly, limiting fresh fruit intake to no more than 3 portions a day, and, reducing [E]
20 intake of 'resistant starch' and insoluble fibre (e.g. bran) can be recommended. If an
21 increase in dietary fibre is required, soluble fibre such as oats, ispaghula husk, or sterculia
22 can be recommended. Ensuring a sufficient intake of fluids can also be recommended.

23 There is some evidence that the use of a *Lactobacillus* supplement is effective in relieving [A]
24 symptoms in some children with IBS, but further research is needed.

25 Clinicians should only prescribe drugs for children with IBS in cases of severe symptoms [A]
26 that have not responded to non-drug approaches. Treatment options include laxatives,
27 antimotility drugs or antispasmodic drugs.

28 A laxative can be used to treat abdominal pain if the underlying cause is suspected to be [E]
29 constipation. An osmotic laxative, such as a macrogol or lactulose, is preferred; lactulose
30 may cause flatulence during the first few days of treatment. Loperamide hydrochloride may
31 relieve diarrhoea and antispasmodic drugs may relieve pain.

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BNF Publications Evidence Grading system

Grades of recommendation

Grade	Strength	Evidence type
[A]	High	NICE-accredited guidelines Non-accredited guidelines that pass AGREE II assessment At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; <i>or</i> A body of evidence consisting principally of studies rated as 1+, directly applicable to the target population, and demonstrating overall consistency of results
[B]	Moderate	A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; <i>or</i> Extrapolated evidence from studies rated as 1++ or 1+
[C]	Low	A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results; <i>or</i> Extrapolated evidence from studies rated as 2++
[D]	Very low	Evidence level or 3; <i>or</i> Extrapolated evidence from studies rated as 2+; <i>or</i> Tertiary reference source created by a transparent, defined methodology, where basis for recommendation clear
[E]	Practice point	Evidence level 4

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Levels of Evidence

Level	Type of study
1++	High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1+	Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews, or RCTs with a high risk of bias
2++	High quality systematic reviews of case control or cohort or studies High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2+	Well-conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2-	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, e.g. case reports, case series
4	Expert advice or clinical experience from respected authorities

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