

1 **BNF - Diverticular disease and diverticulitis**

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

3 **Diverticular disease** is a condition where diverticula (sac-like protrusions of mucosa through the
4 muscular colonic wall) cause intermittent lower abdominal pain in the absence of inflammation or
5 infection. The prevalence of diverticula increases with age, with the majority of patients older than
6 50 years.

7 **Diverticulitis** occurs when the diverticula become inflamed and infected, causing marked lower
8 abdominal pain usually accompanied by fever and general malaise, and occasionally, with large
9 rectal bleeds. Complicated diverticulitis includes episodes associated with an abscess, free
10 perforation, fistula, obstruction, or stricture.

11 To ensure that an accurate diagnosis of diverticular disease and diverticulitis is made, consider and
12 exclude all other causes of lower abdominal pain prior to treatment.

13 ***Aims of treatment***

14 The aim of treatment is to relieve symptoms of diverticular disease, cure episodes of diverticulitis,
15 and reduce the risk of recurrences and complications.

16 ***Treatment***

17 A high-fibre diet is recommended for the treatment of symptomatic diverticular disease, although [A]
18 evidence supporting this is inconsistent and of low quality. Bulk-forming drugs have also been
19 used, but evidence of their effectiveness is lacking.

20 Treatment of uncomplicated diverticulitis includes a low residue diet and bowel rest. [A]
21 Antibacterials are recommended only when the patient presents with signs of infection or is
22 immunocompromised, as there is no evidence to support routine administration.

23 Patients with complicated diverticulitis or with severe presentation, require hospital admission, [A]
24 treatment with intravenous antibacterials (covering Gram-negative organisms and anaerobes), and
25 bowel rest.

26 There is insufficient evidence to justify the role of fibre, rifaximin, antispasmodics, mesalazine, and [A]
27 probiotics in the prevention or treatment of diverticulitis.

28 Elective surgery to provide symptomatic relief or prevent recurrence, should be considered for [A]
29 patients following recovery from an episode of complicated diverticulitis. This includes episodes
30 associated with free perforation, abscess, fistula, obstruction, or stricture. Urgent sigmoid colectomy
31 is required for patients with diffuse peritonitis or for those in whom non-operative management of
32 acute diverticulitis fails.

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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 |

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 |

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