

1 **BNF - Irritable bowel syndrome**

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

3 **Irritable bowel syndrome (IBS)** is a common, chronic, relapsing, and often life-long condition, mainly
4 affecting people aged between 20 and 30 years. It is more common in women. Symptoms include
5 abdominal pain or discomfort, disordered defaecation (either diarrhoea, or constipation with
6 straining, urgency, and incomplete evacuation), passage of mucus, and bloating. Symptoms are
7 usually relieved by defaecation. Obtaining an accurate clinical diagnosis of IBS prior to treatment is
8 crucial.

9 ***Aims of treatment***

10 The treatment of IBS is focused on symptom control, in order to improve quality of life.

11 ***Treatment***

12 Diet and lifestyle changes are important for effective self-management of IBS. Patients should be [A]
13 encouraged to increase physical activity, and advised to eat regularly, without missing meals or
14 leaving long gaps between meals. Dietary advice should also include, limiting fresh fruit consumption
15 to no more than 3 portions per day. The fibre intake of patients with IBS should be reviewed. If an
16 increase in dietary fibre is required, soluble fibre such as ispaghula or foods high in soluble fibre such
17 as oats are recommended. Intake of insoluble fibre (e.g. bran) and 'resistant starch' should be
18 reduced or discouraged as they may exacerbate symptoms. Fluid intake (mostly water) should be
19 increased to at least 8 cups each day and the intake of caffeine, alcohol and fizzy drinks reduced. The
20 artificial sweetener sorbitol should be avoided in patients with diarrhoea. Where probiotics are
21 being used, continue for at least 4 weeks while monitoring the effect.

22 If a patient's symptoms persist following lifestyle and dietary advice, single food avoidance and [A]
23 exclusion diets may be an option under the supervision of a dietician or medical specialist.

24 The choice of drug treatment depends on the nature and severity of the symptoms. Many drug [A]
25 treatment options for IBS are available over-the-counter.

26 Antispasmodic agents (such as alverine hydrochloride, mebeverine hydrochloride and peppermint [A]
27 oil) can be taken in addition to dietary and lifestyle changes. A laxative (excluding lactulose as it
28 may cause bloating) can be used to treat constipation. Patients who have not responded to laxatives
29 from the different classes and who have had constipation for at least 12 months, can be treated with
30 linaclotide. Loperamide is the first-line choice of anti-motility drug for relief of diarrhoea. Patients
31 with IBS should be advised how to adjust their dose of laxative or anti-motility drug according to
32 stool consistency, with the aim of achieving a soft, well-formed stool.

33 A low-dose tricyclic antidepressant, such as amitriptyline [unlicensed indication], can be used for [A]
34 abdominal pain or discomfort as a second-line option in patients who have not responded to

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35 antispasmodics, anti-motility drugs, or laxatives. A selective serotonin reuptake inhibitor may be
36 considered in those who do not respond to a tricyclic antidepressant [unlicensed indication].

37 Psychological intervention can be offered to patients who have no relief of IBS symptoms after 12 [A]
38 months of drug treatment.

39 **Useful resources**

40 Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in
41 primary care. Clinical guideline 61. February 2015. www.guidance.nice.org.uk/cg61

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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