

Management of Irritable Bowel Syndrome with Diarrhoea (IBS-D) in Adults (Primary and Secondary Care)

Diagnosis: Assess patient for IBS if they have had abdominal pain/discomfort &/or bloating &/or change in bowel habit for at least 6 months.

IBS-D (Abdominal Pain / Bloating / Diarrhoea)

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

Altered stool passage (straining, urgency, incomplete evacuation)	Abdominal bloating, distension, tension or hardness	Symptoms made worse by eating	Passage of mucus
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Diagnosis of IBS-D

Includes positive diagnostic criteria	No alarm symptoms / red flags	Normal FBC, U&Es, LFTS, CRP, TFTs, faecal calprotectin and TTG
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Diet and Lifestyle Advice

Assess diet & fluid intake ↓ insoluble fibre intake, ↑ soluble fibre (see refs). Consider a trial of a gluten free and dairy free diet with dietitian advice.	Assess physical activity - encourage increase in levels of activity. Use GPPAQ to assess activity (see refs).	Provide patient information - dietary, lifestyle and self-help advice	Review medication: Is the patient taking any medicines which could precipitate symptoms e.g. magnesium containing antacids, PPIs, NSAIDs or metformin?
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Exclude Red Flags

- Unintentional weight loss
- Family history of colorectal or ovarian cancer
- Aged > 60 with a change in bowel habit (CBH)
- Positive Faecal Occult Blood
- Rectal bleeding
- Iron deficiency anaemia (IDA) in a non-menstruating woman
- Abdominal / rectal mass
- Raised inflammatory markers, possible IBD (check CRP +/- calprotectin)

Refer to gastroenterologist or colorectal team

Treat Symptoms

Diarrhoea

1. **Anti-motility agent**
e.g. Loperamide

Abdominal Pain

1. **Antispasmodics**
e.g. Mebeverine, Peppermint Oil (Colpermin)
2. **Low dose tricyclic antidepressant**
e.g. Amitriptyline 10mg ON (max. 30mg ON)
3. **Neuropathic pain options**
e.g. Gabapentin, SSRIs
4. **REFER for further investigations**

Patients should try a minimum of **4 weeks** maintenance for all treatments in order to assess efficacy. If working at 4 weeks, **review every 6 – 12 months**

For patients whose condition has not responded to the above treatments (or contra-indicated or not tolerated) a specialist may consider initiating Eluxadoline as follows:

Eluxadoline (Truberzi®) ▼ (AMBER) NICE TA471

- Eluxadoline is an opioid receptor agonist and delta-opioid receptor antagonist that binds to opioid receptors in the digestive system and slows down the movement of food through the gut.
- Usual dose: 100mg twice daily with food (initially 75mg twice daily in >65yrs). A 6 week supply will be provided by the specialist and reviewed at 4 weeks to assess efficacy (either via telephone call or advice given at initiation so the patient knows to stop it if it isn't working) before prescribing moves out to the GP.
- Patient should be expected to have a decrease in symptoms of diarrhoea, abdominal pain & a decrease in the number of spontaneous bowel actions each week (a diary should be used to record symptoms).
- Discontinue if there has been no improvement. In clinical trials, 37.4% of patients did not gain adequate relief in their symptoms by 4 weeks. If the treatment works, review again at 6 months to ensure on-going efficacy.
- The annual cost of this treatment for one year at 100mg twice daily is £1146.60 (£88.20 for 4 weeks supply).

Patient Advice for Eluxadoline

- Most common adverse reactions are gastrointestinal, inc. nausea, constipation, abdominal pain, dizziness, somnolence & rash.
- All patients should be instructed to avoid chronic or acute excessive alcohol use whilst taking eluxadoline.
- If patients develop severe constipation for >4 days, they should be instructed to stop treatment & seek medical attention.
- See MHRA safety warning below (Dec 2017)

References :

- IBS in adults: diagnosis & management NICE CG61 (2015): www.nice.org.uk/guidance/cg61
- Information for the public; Managing Irritable Bowel Syndrome NICE CG61: <http://www.nice.org.uk/guidance/cg61/1fp/chapter/managing-irritable-bowel-syndrome#diet>
- Eluxadoline for treating irritable bowel syndrome with diarrhoea NICE TA471 August 2017 <https://www.nice.org.uk/guidance/ta471>
- [General Practice Physical Activity Questionnaire](https://www.nice.org.uk/guidance/ta471)
- Eluxadoline (Truberzi ▼): risk of pancreatitis; do not use in patients who have undergone cholecystectomy or in those with biliary disorders. MHRA DSU 14/12/17. <https://www.gov.uk/drug-safety-update/eluxadoline-truberzi-risk-of-pancreatitis-do-not-use-in-patients-who-have-undergone-cholecystectomy-or-in-those-with-biliary-disorders>