Irritable Bowel Syndrome?!

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Irritable Bowel Syndrome?!

- Introduction
- Epidemiology
- Clinical manifestation
- Pathofysiology
- Diagnosis
- Differential diagnosis
- Management & Treatment
- Take Home Messages

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Introduction

- = Functional disorder
- Work absenteeism
- Referral to specialist

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Epidemiology

- 10-15%
- Woman > man
- Young > old

- Associated conditions

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Clinical Manifestation

- Abdominal pain
- Diarrhea
- Constipation
- Fatigue
- Bloating
- …

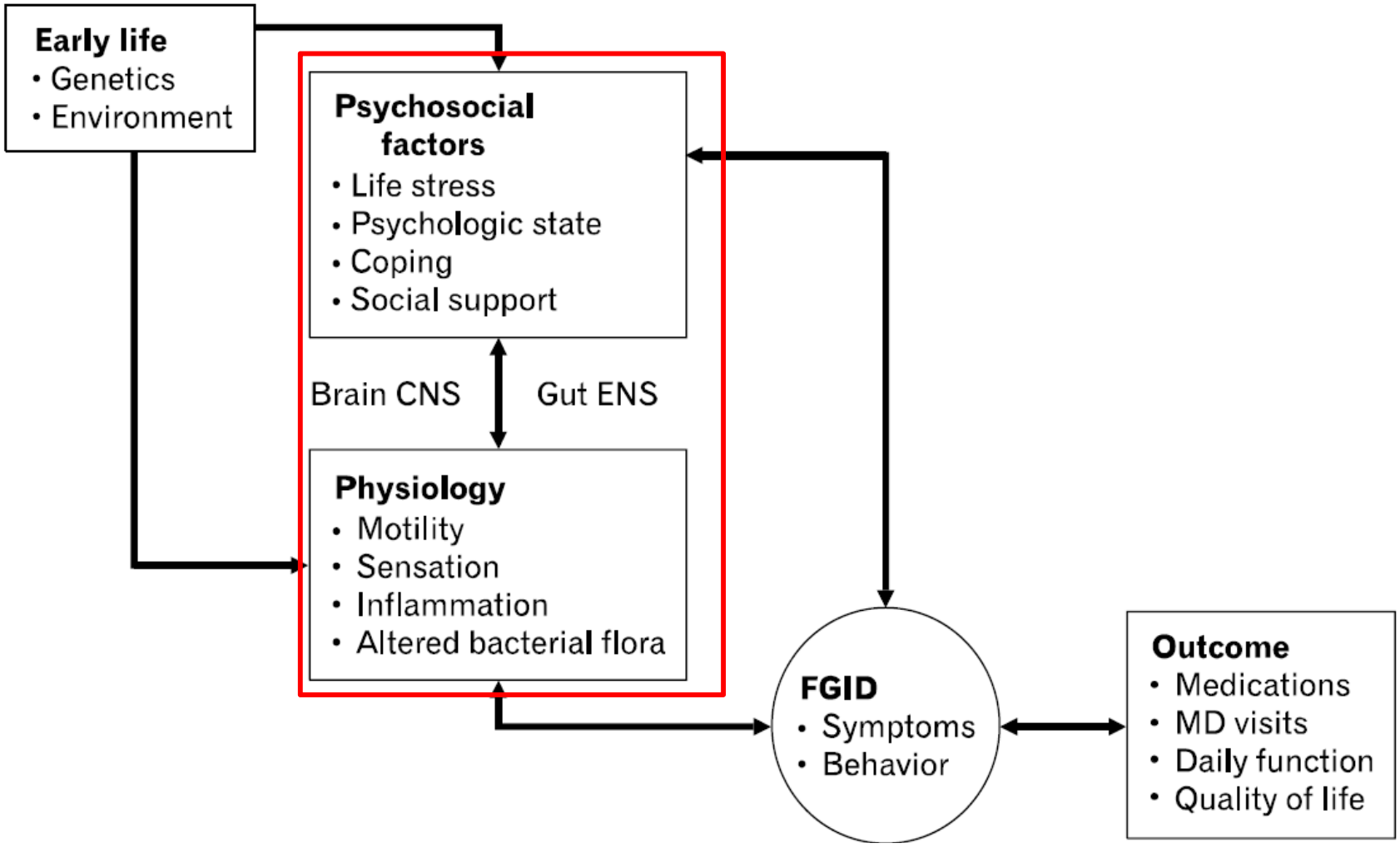
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Pathofysiology

- Unclear cause and mechanism
- Different theories
  - Postinfectious
  - Gastrointestinal motility
    - Pt with bloating
  - Visceral hypersensitivity
  - Connection to IBD
  - Fecal microflora
    - antibiotics, probiotics, bacterial overgrowth
  - Food allergy and/or hypersensitivity
  - Psychosocial factors

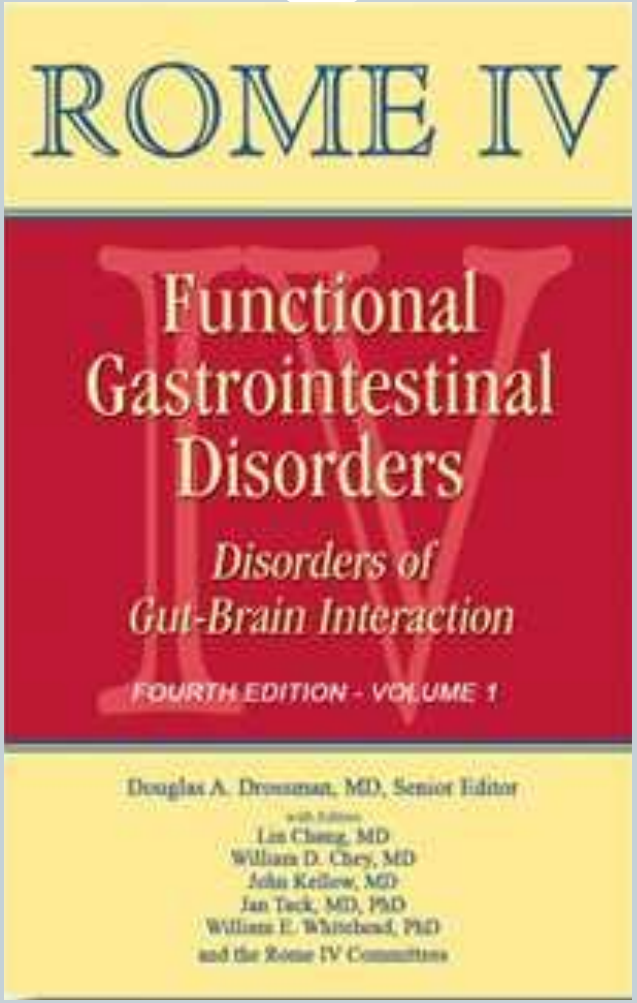
Pathofysiology



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Diagnosis


ROME IV
Functional Gastrointestinal Disorders
Disorders of Gut-Brain Interaction
FOURTH EDITION - VOLUME 1
Douglas A. Drossman, MD, Senior Editor
Lin Chang, MD
William D. Chey, MD
John Kellow, MD
Jan Tack, MD, PhD
William E. Whitehead, PhD
and the Rome IV Committees

Diagnosis



Recurrent abdominal pain, on average, at least 1 day/week in the last 3 months, associated with two or more of the following criteria:

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

- Related to defecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

Diagnosis

- Thorough history
  - medical, family and psychosocial
  - medication

Bristol Stole Form Scale



Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on the surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces, entirely liquid

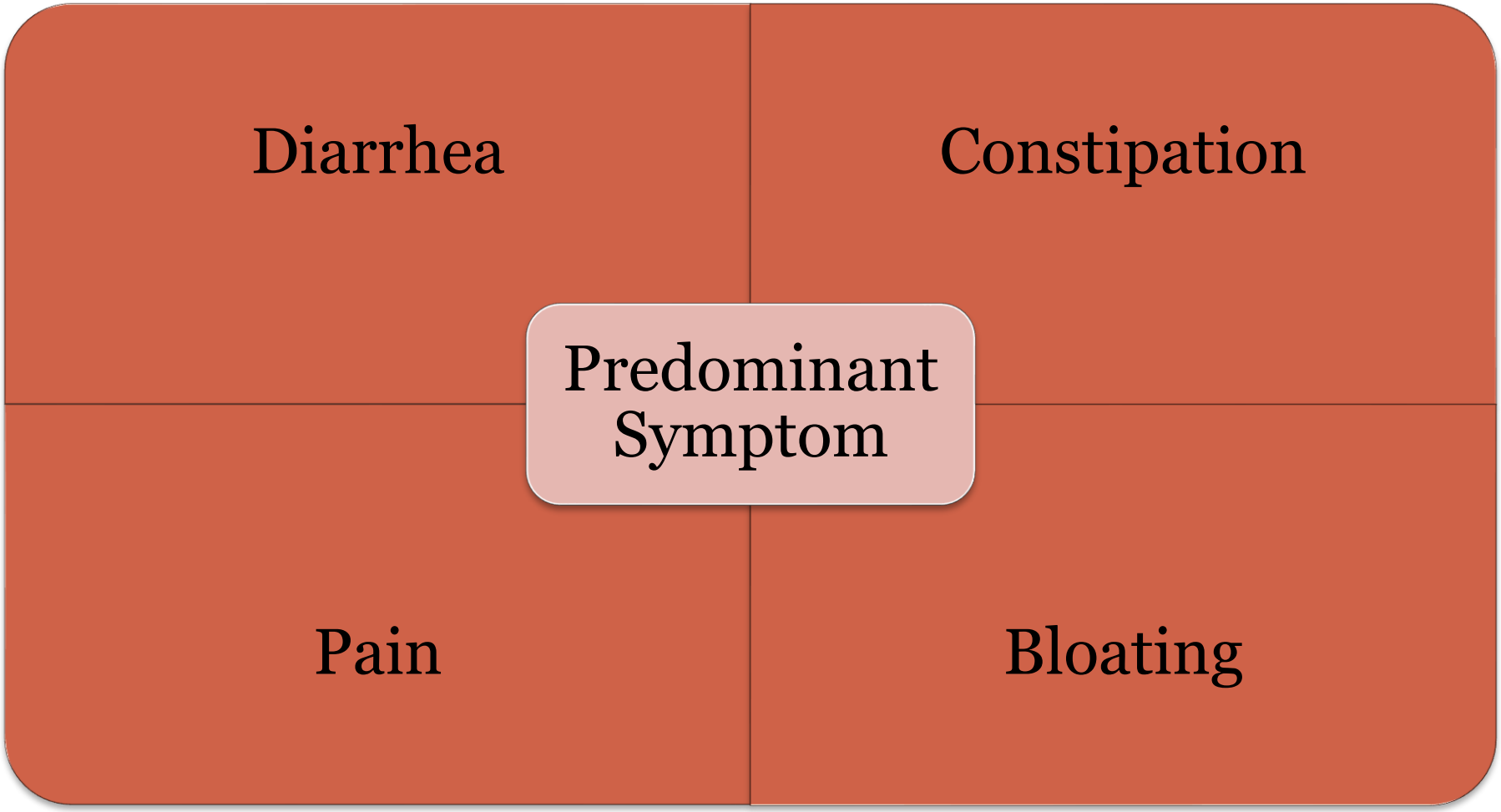
Diagnosis

- Thorough history
  - medical, family and psychosocial
  - medication
- Physical examination
- Laboratory testing
  - General work-up: blood count, inflammatory proteins, deficienties, liver and kidney function, thyroid
  - Diarrhea -> stoolsample + calprotectin
  - Celiac disease
- Gastroscopy?
- Colonoscopy?

Diagnosis

- Imaging?
  - Ultrasound
  - CT, MR
- Need for further investigation
  - Suggestive history or physical examination
  - Abnormal lab results
  - Age > 50y
  - Melena/rectal bleeding
  - Weight loss
  - Refractory constipation
  - Family history for cancer or IBD
  - Signs of infectious disease

Subtypes


Diarrhea
Constipation
Predominant Symptom
Pain
Bloating

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Differential diagnosis

- CAPS
- Diarrhea
  - Celiac disease
  - IBD
  - Microscopic colitis
- Constipation
  - Tumor
  - Slow transit

D1. Diagnostic Criteria[a] for Centrally Mediated Abdominal Pain Syndrome[b]

Must include all of the following:

- Continuous or nearly continuous abdominal pain
- No or only occasional relationship of pain with physiological events (eg, eating, defecation, or menses)[c]
- Pain limits some aspect of daily functioning[d]
- The pain is not feigned
- Pain is not explained by another structural or functional gastrointestinal disorder or other medical condition

[a]Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

[b]CAPS is typically associated with psychiatric comorbidity, but there is no specific profile that can be used for diagnosis.

[c]Some degree of gastrointestinal dysfunction may be present.

[d]Daily function could include impairments in work, intimacy, social/leisure, family life, and caregiving for self or others.

Differential diagnosis

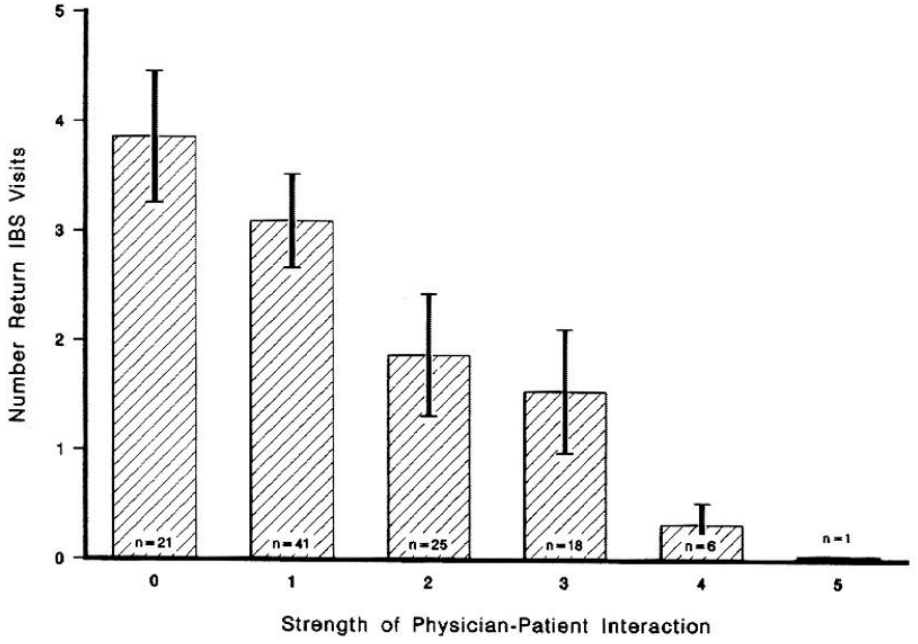
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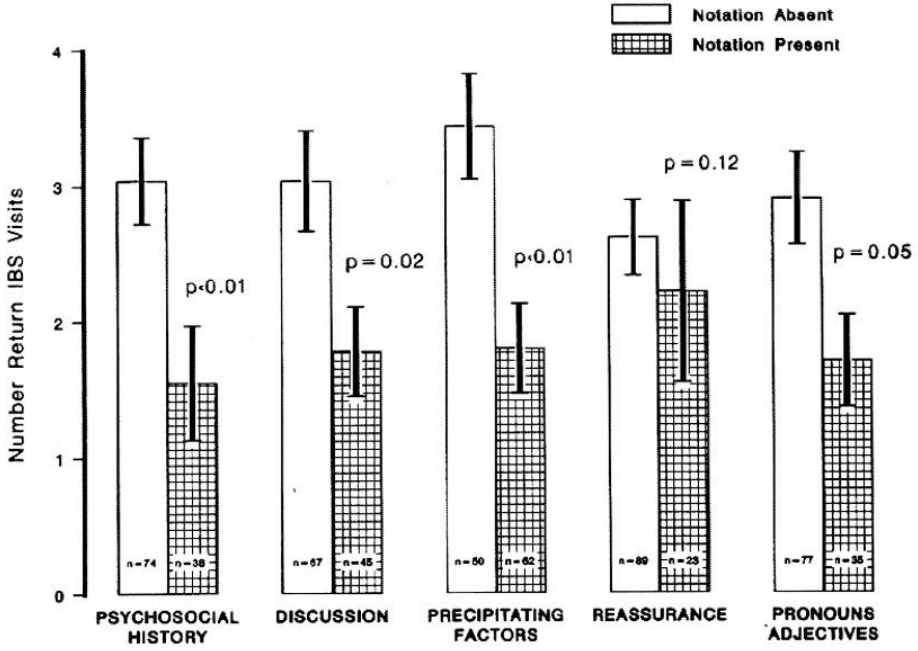
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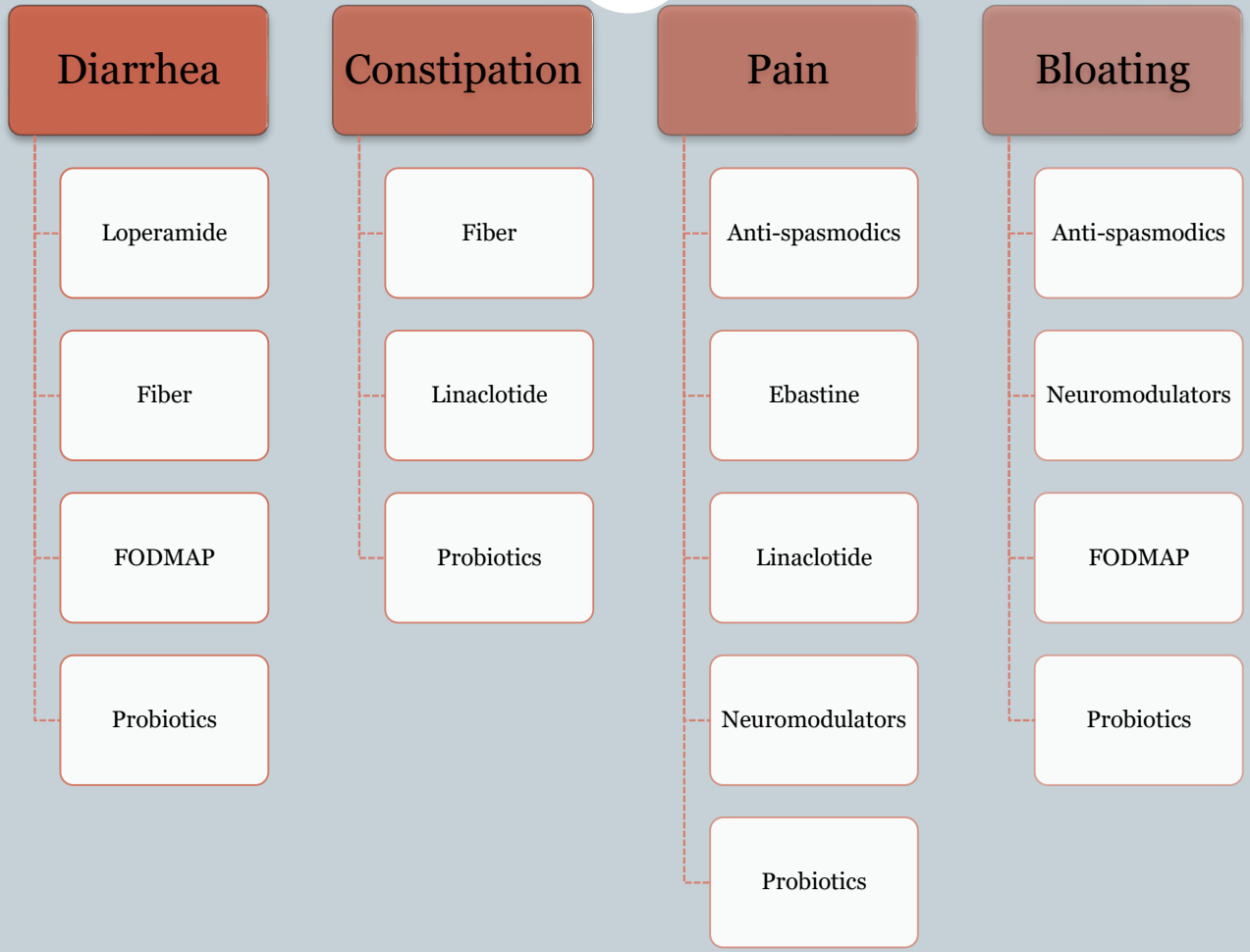
Managament




Number Return IBS Visits
5
4
3
2
1
0
n=21
n=41
n=25
n=18
n=6
n=1
0
1
2
3
4
5
Strength of Physician-Patient Interaction


Notation Absent
Notation Present
Number Return IBS Visits
4
3
2
1
0
p<0.01
p = 0.02
p<0.01
p = 0.12
p = 0.05
n=74
n=38
n=57
n=45
n=50
n=62
n=89
n=23
n=77
n=35
PSYCHOSOCIAL HISTORY
DISCUSSION
PRECIPITATING FACTORS
REASSURANCE
PRONOUNS ADJECTIVES

Treatment


Diarrhea
Loperamide
Fiber
FODMAP
Probiotics
Constipation
Fiber
Linaclotide
Probiotics
Pain
Anti-spasmodics
Ebastine
Linaclotide
Neuromodulators
Probiotics
Bloating
Anti-spasmodics
Neuromodulators
FODMAP
Probiotics

Fermentable Oligo-, Di-, Monosaccharides and Polyols

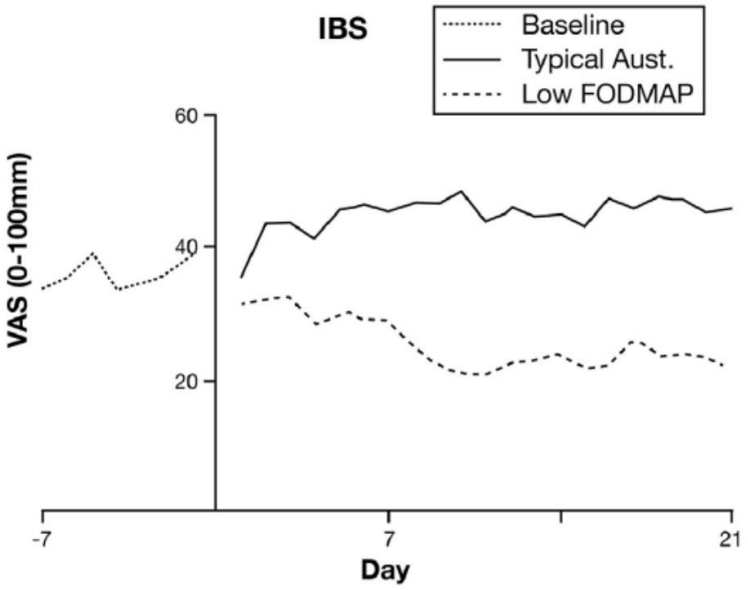


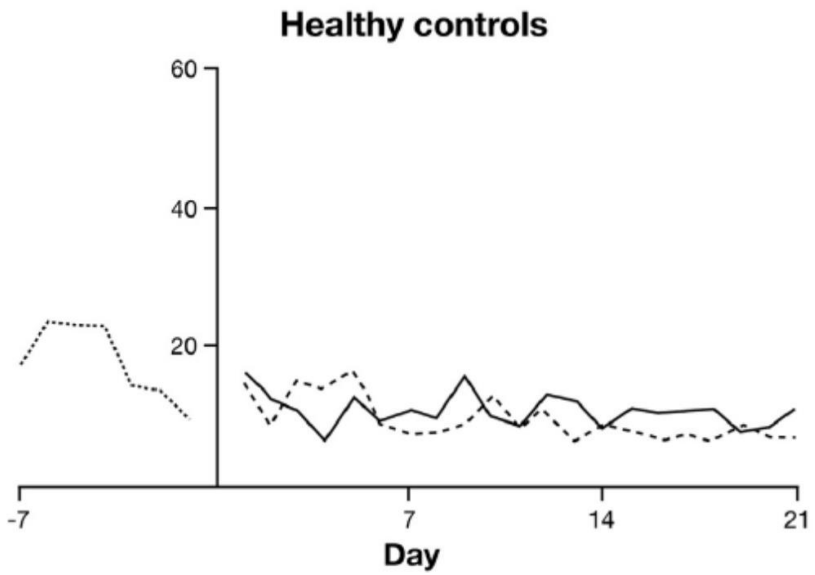


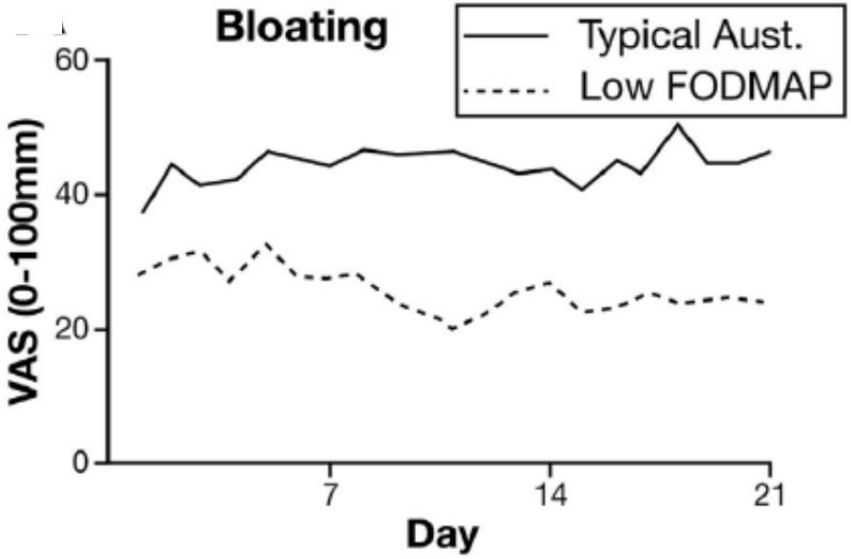


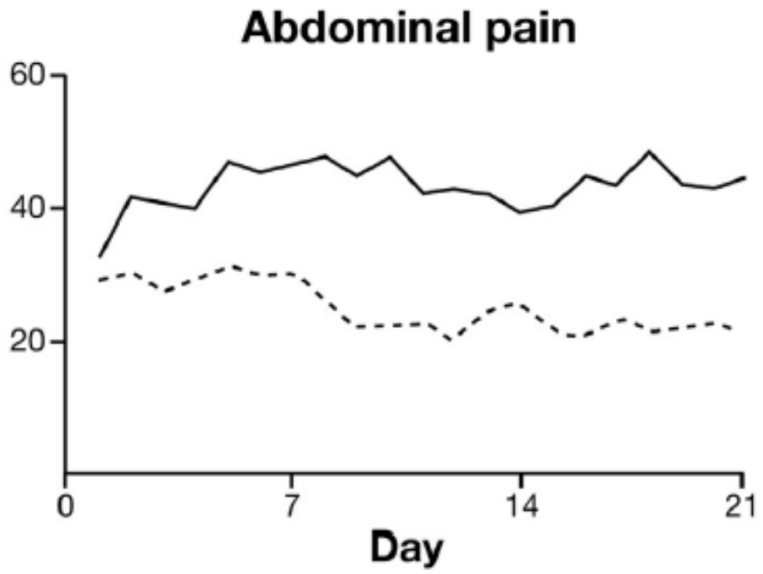


- **Fruits with fructose exceeding glucose**
  Apples, pears, watermelon, honey
- **Fructan containing vegetables**
  Onions, leeks, asparagus, artichokes
- **Wheat based products**
  Bread, pasta, cereal, cake, biscuits
- **Sorbitol and lactose containing foods**
  Chewing gum, stone fruit
- **Raffinose containing foods**
  Legumes, lentils, cabbage, brussels sprouts


IBS
Baseline
Typical Aust.
Low FODMAP
VAS (0-100mm)
60
40
20
-7
7
21
Day


Healthy controls
60
40
20
-7
7
14
21
Day

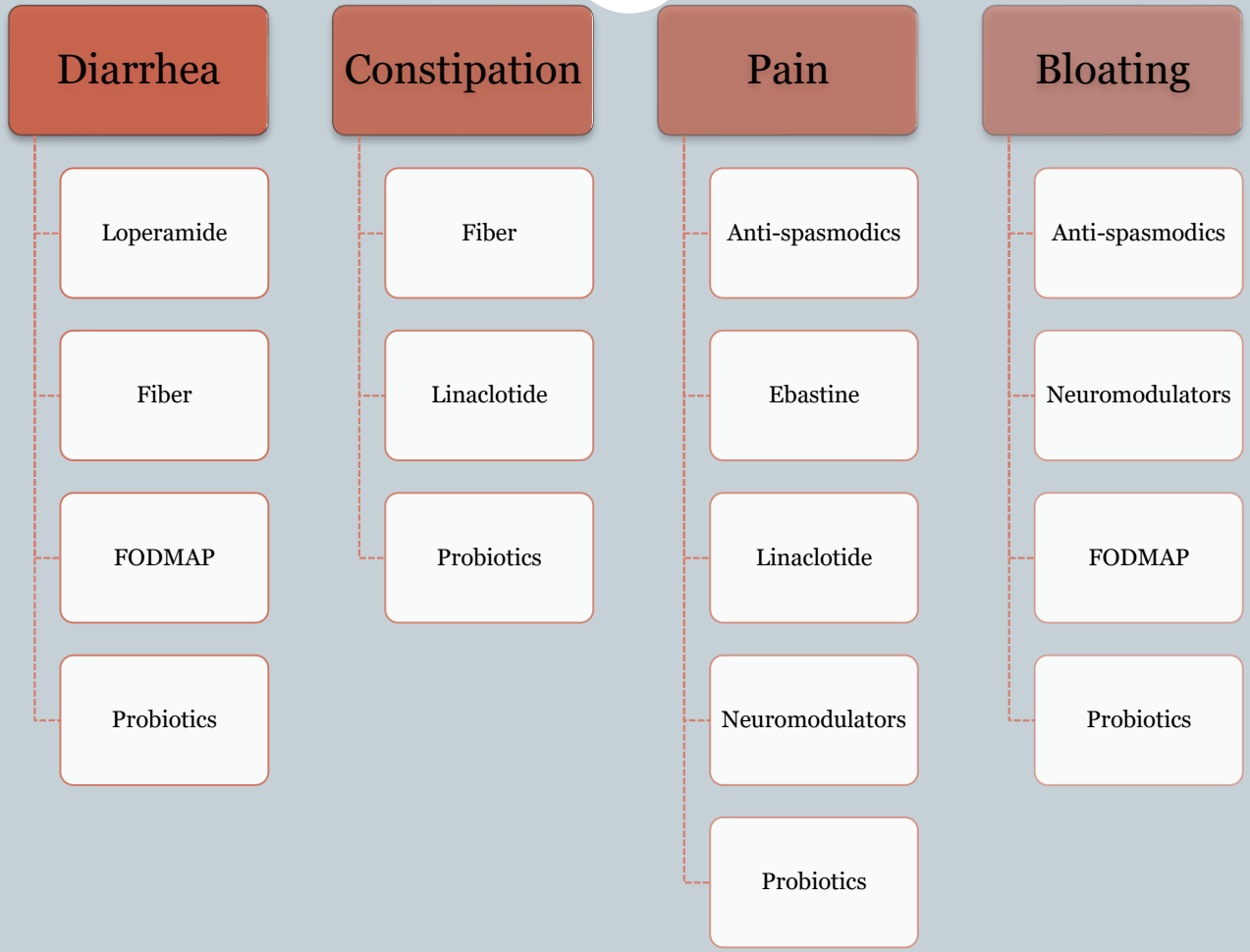

Bloating
Typical Aust.
Low FODMAP
VAS (0-100mm)
60
40
20
0
7
14
21
Day

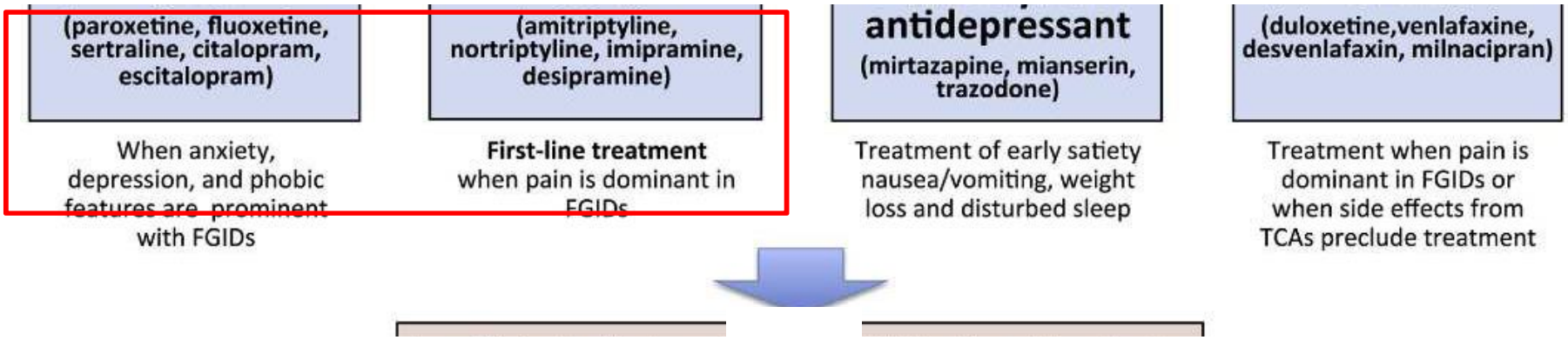

Abdominal pain
60
40
20
0
7
14
21
Day

FODMAP

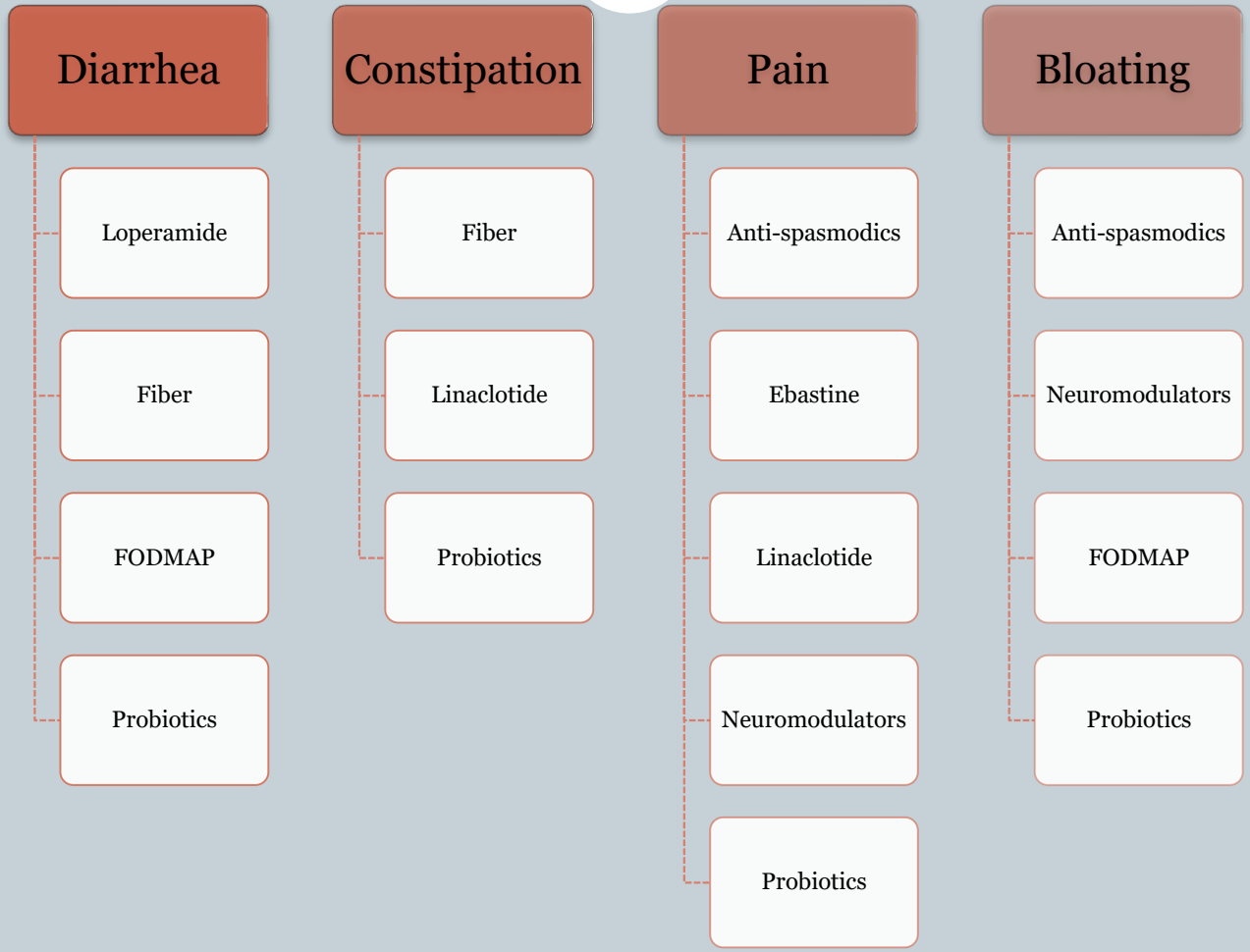
- Trained dietitian
- 4-8 weeks low-FODMAP -> reintroduction phase
- IBS-diet
- Gluten-free?

Treatment


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Ebastine
Linaclotide
Neuromodulators
Probiotics
Bloating
Anti-spasmodics
Neuromodulators
FODMAP
Probiotics


(paroxetine, fluoxetine, sertraline, citalopram, escitalopram)
When anxiety, depression, and phobic features are prominent with FGIDs
(amitriptyline, nortriptyline, imipramine, desipramine)
First-line treatment when pain is dominant in FGIDs
antidepressant
(mirtazapine, mianserin, trazodone)
Treatment of early satiety nausea/vomiting, weight loss and disturbed sleep
(duloxetine,venlafaxine, desvenlafaxin, milnacipran)
Treatment when pain is dominant in FGIDs or when side effects from TCAs preclude treatment

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Constipation
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Linaclotide
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