

# Management of Irritable Bowel Syndrome (IBS) in Primary Care

Consider IBS if any the following symptoms persist for at least 6 months:

- **A** - abdominal pain or discomfort
- **B** - bloating (although not specific to IBS)
- **C** - change in bowel habit.

**Refer** people with possible IBS symptoms to secondary care for further investigation if they have any of the following '**RED FLAG**' indicators:

- unintentional and unexplained weight loss,
- rectal bleeding and/or positive faecal immunochemical test (FIT),
- a family history of bowel or ovarian cancer,
- if aged >60 years, a change in bowel habit lasting >6 weeks with looser and/or more frequent stools,
- inflammatory markers (i.e. raised faecal calprotectin) for inflammatory bowel disease,
- iron deficiency anaemia,
- abdominal or rectal mass.

**Faecal calprotectin testing** is recommended as an option to support clinicians with the differential diagnosis of inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS) in adults with recent onset lower gastrointestinal symptoms for whom specialist assessment is being considered if cancer is not suspected and having considered the risk factors (i.e. age).

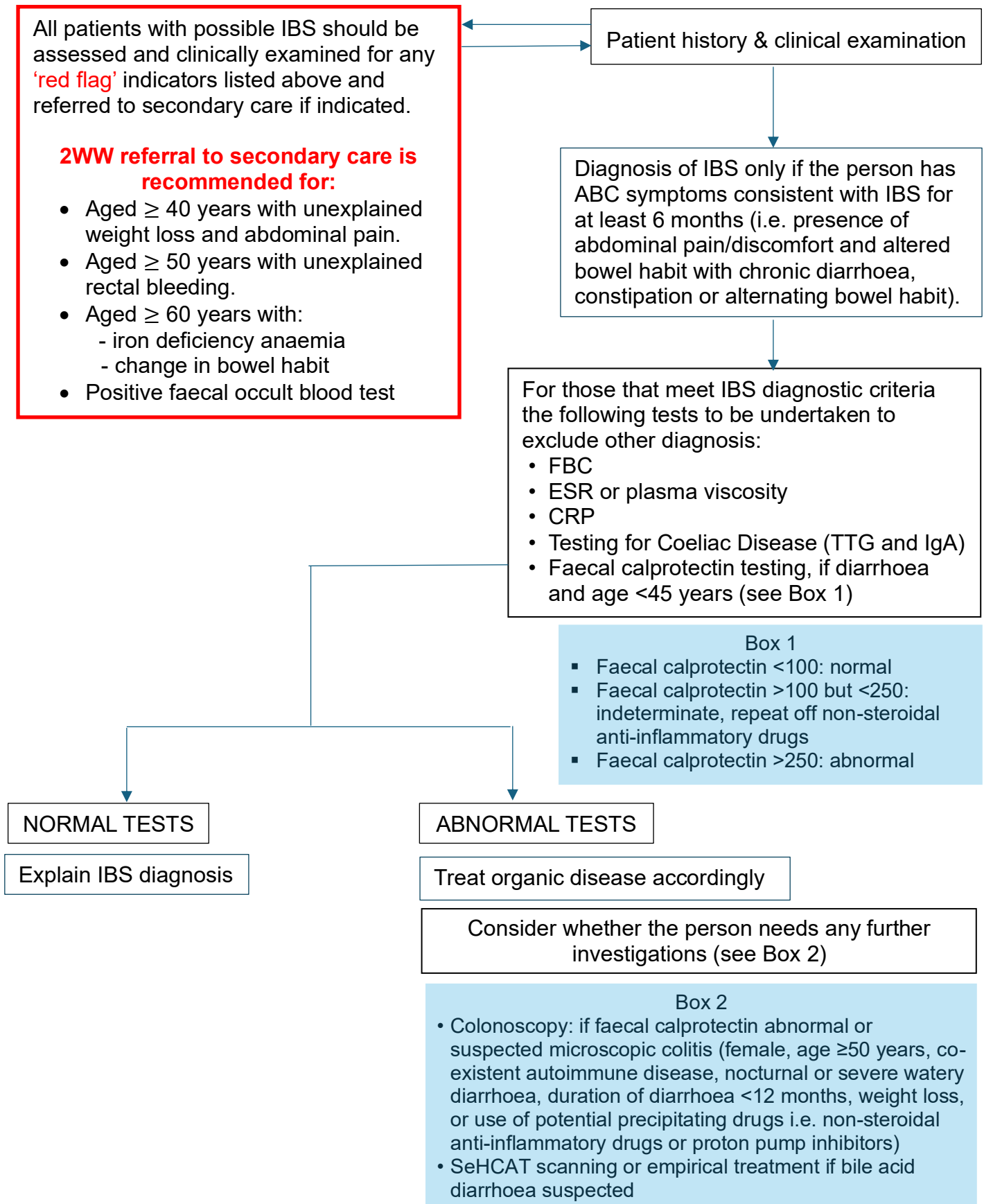
Measure **serum CA125** in any woman aged 50 years or over who has experienced new symptoms suggestive of IBS within the last 12 months. IBS rarely presents for the first time in women of this age ([NICE guideline \[NG 12\]: Suspected cancer](#)).

People with IBS should be given information about self-help including information on general lifestyle, physical activity, diet and symptom-targeted medication, some of which are available to purchase over the counter.

Where initiating any treatment for IBS review efficacy after 1-3 months and discontinue if no satisfactory response.

Advise people with IBS how to adjust their doses of laxatives or anti-motility agent according to clinical response.

# Diagnostic Pathway



## Treatment and Management

### DIETARY AND LIFESTYLE ADVICE

Provide information that explains the importance of self-help in effectively managing their IBS. This should include information on general lifestyle, physical activity, diet and symptom-targeted medication available to purchase over the counter. Review the patient's fibre intake and adjust (usually reduce) according to symptoms.

**For more information on self-help see:** [BDA Food Facts Sheet](#), [NICE advice](#), [NHS Health](#)

### PHARMACOLOGICAL TREATMENT

Pharmacological treatment should be based on the nature and severity of the predominant symptoms and considered only if dietary and lifestyle-measures have failed to control symptoms.

**1<sup>st</sup> line** - choose single or combination of treatments for the predominant symptom(s):

| Abdominal pain or mixed symptoms (IBS-M or IBS-U)                                                                          |                                                                |                                        |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------|
| Antispasmodic - to be taken on PRN basis alongside dietary and lifestyle interventions                                     | <b>Mebeverine 135mg tablets</b>                                | 1 TDS                                  |
|                                                                                                                            | <b>Hyoscine butylbromide 10mg tablets</b>                      | 1 TDS, increased if needed up to 2 QDS |
|                                                                                                                            | <b>Peppermint oil capsules (Mintec®)</b>                       | 1-2 TDS before meals                   |
| 2 <sup>nd</sup> line antispasmodic - in case of no response:                                                               | <b>Alverine citrate 60 mg &amp; simeticone 300 mg capsules</b> | 1BD or TDS on PRN basis                |
| Constipation (IBS-C)                                                                                                       |                                                                |                                        |
| *Laxatives should be considered in people with IBS i.e. <b>Ispaghula husk</b> .<br>Use of lactulose should be discouraged. |                                                                |                                        |
| Diarrhoea (IBS-D)                                                                                                          |                                                                |                                        |
| *Antimotility agent                                                                                                        | <b>Loperamide 2mg capsules</b>                                 | Max 16mg daily                         |

\*Advise how to adjust dose of laxatives or antimotility agent according to clinical response. The dose should be titrated according to stool consistency. With the aim of achieving a soft well-formed stool ([Bristol Stool Chart](#) type 4).

**2<sup>nd</sup> line** (unlicensed treatment):

TCAs<sup>#</sup> if laxatives, loperamide or antispasmodics have not helped. Starting with **Amitriptyline 5 mg at night for 10-20 days** and then if tolerated continued 10 mg at night long-term. Review regularly and increase dose if needed, do not exceed 30mg at night.

Consider SSRIs<sup>#</sup> only if TCAs are ineffective. **Sertraline 25-50mg once daily or Citalopram 5-10 mg once daily for 10-20 days**. Review at 4 weeks, then every 6-12 months.

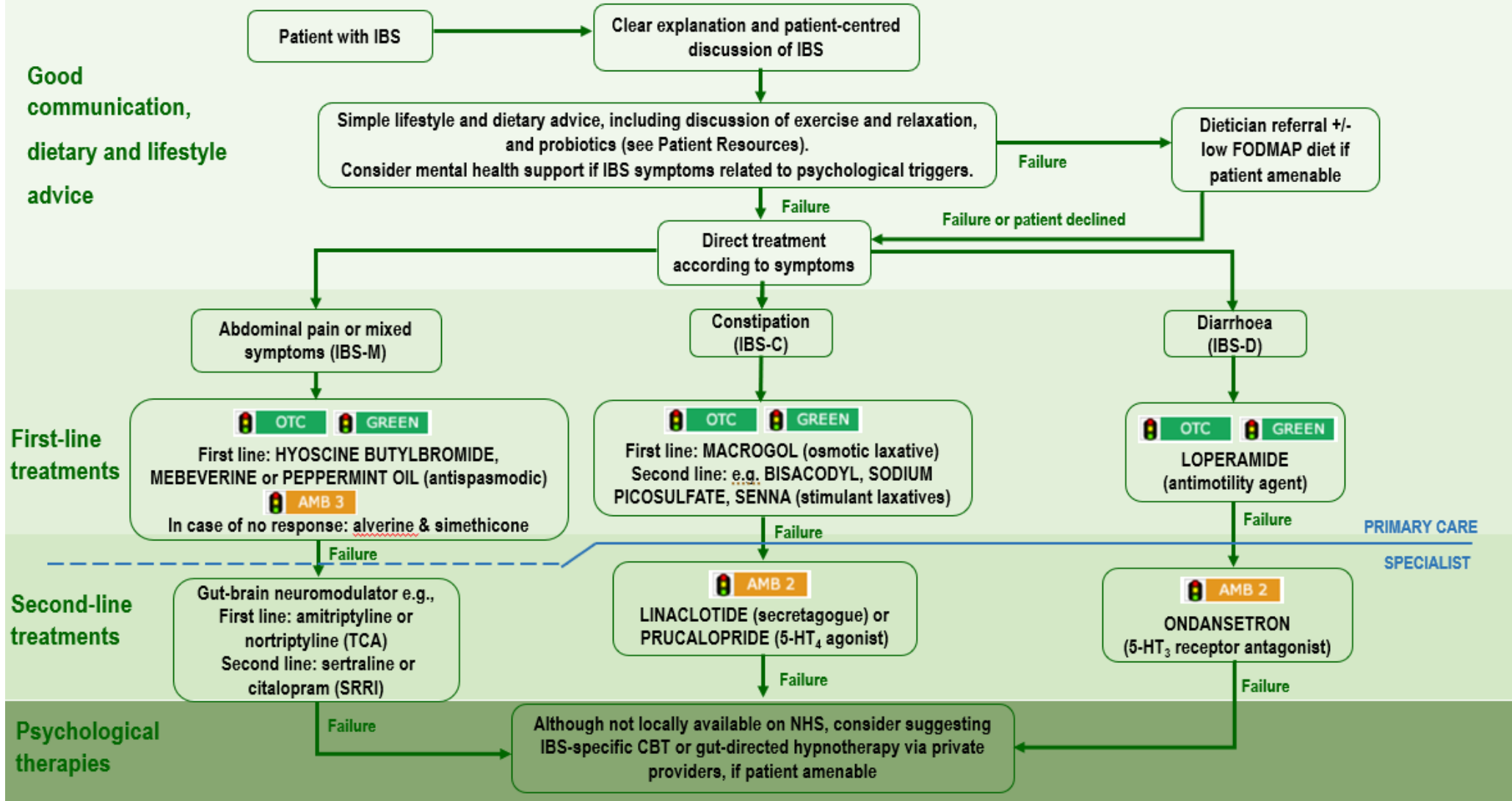
<sup>#</sup>Tell the patient their symptoms can get worse at the beginning and that these medications can take 1-2 months before start working properly

**Ondansetron** for IBS-D, classed AMBER 2, following specialist initiation – more info [here](#). Usual dose is titrated from 4mg once a day to a maximum of 8mg three times a day. Pregnant patients should be advised to stop ondansetron during the first trimester.

**Linacotide** licensed for IBS-C, classed AMBER 2, following specialist initiation. Dose is 290 micrograms once daily. Deprescribing should be considered after 6 months of treatment.

**Prucalopride** licenced for chronic constipation, classed AMBER 2, following specialist initiation. Dose is 2 mg once daily.

# Nottingham IBS Management Pathway (adapted from BSG IBS guidelines, Gut 2021)



## Resources for patients:

- NICE-approved British Dietetic Association first-line dietary advice sheet for IBS: **Irritable bowel syndrome (IBS) and diet - BDA**. Available here: <https://www.bda.uk.com/resource/irritable-bowel-syndrome-diet.html>
- Information on what are FODMAPS and correlation to IBS: **FODMAPS | The IBS Network**. Available here: <https://www.theibsnetwork.org/diet/fodmaps/>
- Information from Public Health England on how to eat healthy, balanced diet: **The Eatwell Guide**. Available here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/742750/Eatwell\\_Guide\\_booklet\\_2018v4.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742750/Eatwell_Guide_booklet_2018v4.pdf)
- Information on self-care strategies to improve IBS symptoms: **The Self Care Programme | The IBS Network**. Available here: <https://www.theibsnetwork.org/the-self-care-programme/>
- Useful information on self-care and lifestyle modifications – containing videos: **Managing IBS. NHSinform (Scotland)**. Available here: <https://www.nhsinform.scot/illnesses-and-conditions/stomach-liver-and-gastrointestinal-tract/irritable-bowel-syndrome-ibs/managing-irritable-bowel-syndrome-ibs/>
- Information from NHS on IBS: **Irritable bowel syndrome (IBS) – NHS**. Available here: <https://www.nhs.uk/conditions/irritable-bowel-syndrome-ibs/>
- National charity supporting people living with IBS – contains useful resources and help groups: **The IBS Network**. Available here: <https://www.theibsnetwork.org>

## References:

- Irritable bowel syndrome in adults: diagnosis and management. NICE Clinical guideline [CG61]. Published: 23/02/2008. Last updated: 04/04/2017. Available here: <https://www.nice.org.uk/guidance/cg61>
- Irritable bowel syndrome - NICE Clinical Knowledge Summaries. Last revised: 08/2023. Available here: <https://cks.nice.org.uk/topics/irritable-bowel-syndrome/>
- British Society of Gastroenterology guidelines on the management of irritable bowel syndrome. April 2021 Available here: <https://gut.bmj.com/content/70/7/1214>
- Primary Care management of Irritable Bowel Syndrome. Derbyshire Joint Area Prescribing Committee. Last updated: 07/2022. Available here: [https://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical\\_Guidelines/Formulary\\_by\\_BNF\\_chapter\\_prescribing\\_guidelines/BNF\\_chapter\\_1/Primary\\_Care\\_management\\_of\\_IBS.pdf](https://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_1/Primary_Care_management_of_IBS.pdf)
- Amitriptyline at Low-Dose and Titrated for Irritable Bowel Syndrome as Second-Line Treatment in primary care (ATLANTIS): a randomised, double-blind, placebo-controlled, phase 3 trial Ford, Alexander C. et al. The Lancet, Volume 402, Issue 10414, 1773 – 1785 Available here: [https://www.thelancet.com/article/S0140-6736\(23\)01523-4/fulltext](https://www.thelancet.com/article/S0140-6736(23)01523-4/fulltext)

## Acknowledgments:

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