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; consider USC/2ww referral if also positive faecal immunochemical test (FIT),
- rectal bleeding; consider USC/2ww referral if also positive FIT test,
- 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 - consider USC/2ww referral,
- inflammatory markers (i.e. raised faecal calprotectin) for inflammatory bowel disease,
- iron deficiency anaemia - consider USC/2ww referral,
- abdominal or rectal mass - consider USC/2ww referral.

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

All patients with possible IBS should be assessed and clinically examined for any 'red flag' indicators listed above and referred to Secondary Care if indicated.

Local Urgent Suspected Cancer/2WW referral pathways to secondary care are available here.

Patient history & clinical examination

Diagnosis of IBS only if the person has ABC symptoms consistent with IBS for at least 6 months (i.e. presence of abdominal pain/discomfort and altered bowel habit with chronic diarrhoea, constipation or alternating bowel habit).

For those that meet IBS diagnostic criteria the following tests to be undertaken to exclude other diagnosis:

- FBC
- ESR or plasma viscosity
- CRP
- Testing for Coeliac Disease (TTG and IgA)
- Faecal calprotectin testing, if diarrhoea and age <45 years (see Box 1)

Box 1

- Faecal calprotectin <100: normal
- Faecal calprotectin >100 but <250: indeterminate, repeat off non-steroidal anti-inflammatory drugs
- Faecal calprotectin >250: abnormal

NORMAL TESTS

Explain IBS diagnosis

ABNORMAL TESTS

Treat organic disease accordingly

Consider whether the person needs any further investigations (see Box 2)

Box 2

- Colonoscopy: if faecal calprotectin abnormal or suspected microscopic colitis (female, age ≥50 years, co-existent autoimmune disease, nocturnal or severe watery diarrhoea, duration of diarrhoea <12 months, weight loss, or use of potential precipitating drugs i.e. non-steroidal anti-inflammatory drugs or proton pump inhibitors)
- SeHCAT scanning or empirical treatment if bile acid diarrhoea suspected

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.

1st 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	**Mebeverine 135mg tablets**	1 TDS
	Hyoscine butylbromide 10mg tablets	1 TDS, increased if needed up to 2 QDS
	Peppermint oil capsules (Mintec®)	1-2 TDS before meals
2nd line antispasmodic - in case of no response:	**Alverine citrate 60 mg & simeticone 300 mg capsules**	1BD or TDS on PRN basis
Constipation (IBS-C)		
*Laxatives should be considered in people with IBS i.e. **Ispaghula husk**. Use of lactulose should be discouraged.		
Diarrhoea (IBS-D)		
*Antimotility agent	**Loperamide 2mg capsules**	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).

2nd line (unlicensed treatment):

TCAs# 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.

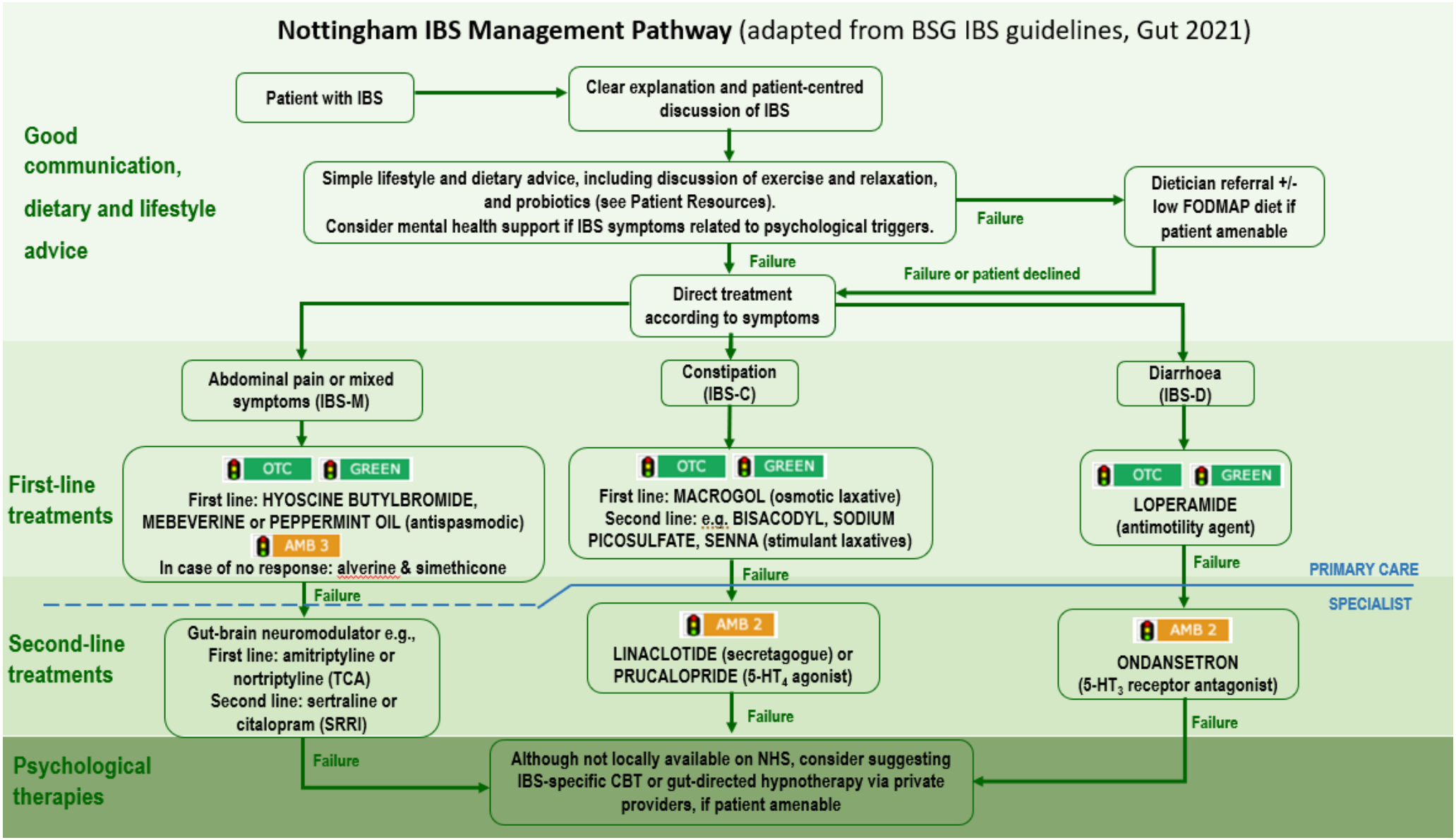
Consider SSRIs# only if TCAs are ineffective. **Sertraline 25-50mg once daily or Citalopram 5-10 mg once daily for 10-20 days**. Review at 4 weeks, then every 6-12 months.

#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.

Linaclotide 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)
Patient with IBS
Clear explanation and patient-centred discussion of IBS
Good communication, dietary and lifestyle advice
Simple lifestyle and dietary advice, including discussion of exercise and relaxation, and probiotics (see Patient Resources).
Consider mental health support if IBS symptoms related to psychological triggers.
Failure
Dietician referral +/- low FODMAP diet if patient amenable
Failure
Failure or patient declined
Direct treatment according to symptoms
Abdominal pain or mixed symptoms (IBS-M)
Constipation (IBS-C)
Diarrhoea (IBS-D)
First-line treatments
OTC GREEN
First line: HYOSCINE BUTYLBROMIDE, MEBEVERINE or PEPPERMINT OIL (antispasmodic)
AMB 3
In case of no response: alverine & simethicone
OTC GREEN
First line: MACROGOL (osmotic laxative)
Second line: e.g. BISACODYL, SODIUM PICOSULFATE, SENNA (stimulant laxatives)
OTC GREEN
LOPERAMIDE (antimotility agent)
Failure
Failure
Failure
PRIMARY CARE
SPECIALIST
Second-line treatments
Gut-brain neuromodulator e.g.,
First line: amitriptyline or nortriptyline (TCA)
Second line: sertraline or citalopram (SRRI)
AMB 2
LINACLOTIDE (secretagogue) or PRUCALOPRIDE (5-HT4 agonist)
AMB 2
ONDANSETRON (5-HT3 receptor antagonist)
Failure
Failure
Failure
Psychological therapies
Although not locally available on NHS, consider suggesting IBS-specific CBT or gut-directed hypnotherapy via private providers, if patient amenable

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
- 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:

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- 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
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