Management of Diarrhoea in Irritable Bowel Syndrome

Approach to Treatment

Give general lifestyle advice eg Lifestyle advice Patient Information Leaflet
Review medication

- Common culprits are NSAIDs, PPIs, metformin but almost all drugs can be associated with diarrhoea (see BNF)

Discuss dietary changes

- Probiotics can sometimes worsen diarrhoea
- Give "Lifestyle and foods in IBS" Patient Information Leaflet and review after 4 weeks
- If no response give NICE/British Dietetic Association IBS advice leaflet and review in 4 weeks
- If no response to these diet sheets consider a formal referral to Dietetics who may offer a low FODMAP diet
- FODMAP (or Fermentable Oligo, Di- and Monosaccharides and Polyols) are complex food carbohydrates which are poorly absorbed and thus undergo extensive bacterial fermentation in the gut. This causes a variety of symptoms including bloating, abdominal pain and reduced intestinal transit times. Reducing dietaryÂ FODMAPs can be highly effective but the diet is very restrictive (essentially a gluten free diet PLUS excluding a number of common vegetables) and can be expensive. Patients need to be well motivated and aware of these facts. Local experience has shown that very few people require the very intensive dietetic input associated with a low FODMAP diet. Dietetics will screen referred patients by a telephone call and decide on most appropriate intervention

Pharmacologic

- Loperamide (2mg once or twice a day) remains a very effective treatment on an ad hoc basis to allow people to get to work, travel etc
- Ondansetron (4mg od initially but up to tid if required)* has been shown to be effective in diarrhoea predominant IBS. It can be useful in those who don't respond to loperamide but is more expensive and can interact with SSRIs. NB not on Lothian Joint Formulary for this indication
- Tricyclic antidepressants (amitriptyline or imipramineł 10mg nocte for 1 month, rising to 20-30mg nocte thereafter if no response)*Â are not licensed for use in IBS but their use is sanctioned by the BNF and they have long track record in alleviating abdominal pain and diarrhoea in IBS
- Tricyclic antidepressants or SSRIs should be discontinued after 3 months if there has been no evidence of benefit at the doses stated
- Where there is clear clinical improvement, treatment can be continued for 6-12 months before a trial of discontinuation

*Â This is an unlicensed indication

Be particularly aware of the possibility of microscopic colitis (collagenous colitis or

lymphocytic colitis) in female patients >55 years old. This presents with watery diarrhoea and is most often triggered by drugs such as NSAIDs or PPIs (especially lansoprazole). Review medications and consider stopping any drug which coincides with the onset of symptoms.