

Pharmacological Management of Irritable Bowel Syndrome with Constipation (2022)

About the Guideline

- This is one of two guidelines from the American Gastroenterological Association (AGA) on irritable bowel syndrome; this guideline focuses on irritable bowel syndrome (IBS) with a prevalence of constipation (IBS-C).
- The target audience includes health care specialists in gastroenterology and primary care, patients, and regulators.
- The goal of the guideline is to provide supportive information to patients and healthcare providers about the risks and benefits of pharmaceutical treatment for IBS-C; the guideline is not intended to prescribe a standard of care.

Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care setting.

Overview

- IBS is defined as a chronic, highly prevalent disorder of gut-brain interaction.
- IBS is often debilitating, with a prevalence of approximately 4% worldwide (if assessed using Rome IV criteria) and approximately 10% worldwide (if assessed using Rome III criteria).
- IBS most commonly affects women and younger people.
- Although IBS is not life-threatening, it results in a diminished quality of life and in difficulty performing activities of daily living.
- IBS-C is a subtype of IBS and accounts for more than one third of all cases.
- The use of the symptom-based Rome IV criteria, a thorough medical history, and a physical exam with a comprehensive assessment of gastrointestinal symptoms (alarm symptoms in particular) can lead to a positive IBS-C diagnosis; minimal diagnostic tests are needed.
 - Alarm symptoms indicate a need for further testing and include the following:
 - Patients greater than 50 years of age with new onset of symptoms
 - Hematochezia not associated with hemorrhoids or anal fissures
 - Iron deficiency anemia
 - Nighttime diarrhea
 - Unexpected weight loss
 - Family history of inflammatory bowel disease (IBD), colon cancer, or celiac disease

Recommendations

- Tenapanor is suggested at a dose of 50 mg twice daily.
- Plecanatide is suggested at a dose of 3 mg once daily.
 - This is also the suggested drug and dose for chronic idiopathic constipation (CIC).
- Linaclotide is recommended at a dose of 290 mcg once daily.
 - This is also recommended for CIC at dosages of 72 mcg or 145 mcg once daily.

- Tegaserod is suggested for women under the age of 65 with no history of cardiovascular ischemic occurrences, such as stroke, transient ischemic attack (TIA), myocardial infarction or angina, at a dose of 6 mg twice daily.
- Lubiprostone is suggested at a dose of eight mcg twice daily for women.
 - This is also suggested for all patients with CIC at a dose of 24 mcg daily.
- Polyethylene glycol (PEG) laxatives are suggested.
- Tricyclic antidepressants (TCAs) are suggested.
 - Multiple TCAs (amitriptyline, desipramine, trimipramine, imipramine, and doxepin) have been researched for use in the treatment of IBS, and selection and dosing decisions should be based on the patient's presentation and made on a case-by-case basis.
- Selective serotonin reuptake inhibitors (SSRIs) are not suggested.
- Antispasmodic medications are suggested.

Reference

Chang, L., et al. (2022). AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with constipation. *Gastroenterology*, 163(1), 118–136. <https://doi.org/10.1053/j.gastro.2022.04.016>