

IBS Drug Treatment

Thank you for taking the time to watch this short video about drug treatment of irritable bowel syndrome or IBS. You may have been signposted to this presentation from our videos about IBS and about how doctors make a diagnosis of this condition. If so you will already know that irritable bowel syndrome is a very common condition of the bowel which mainly causes symptoms of abdominal pain and disturbed bowel function. It is believed largely to occur as a result of abnormal functioning of the bowel's own nervous system and how this interacts with the central nervous system or brain. You will also know that the diagnosis of irritable bowel syndrome is based on the typical symptoms of the condition along with some usually fairly simple investigations to rule out other common conditions which can cause similar symptoms. Although the disorder is believed to occur mainly as the result of a malfunctioning of the bowel's nervous system, other factors including lifestyle and diet can play a role, and for some patients psychological factors can also be important. Useful ways of treating irritable bowel syndrome therefore can include modification of diet and lifestyle as well as some drug treatments. For people in whom psychological factors may serve to amplify the symptoms of irritable bowel syndrome, psychological treatments can also be useful. These treatments include cognitive behavioural therapy, relaxation therapy and hypnotherapy and will be the subject of a further video in this series.

This video will focus on the medicines available for irritable bowel syndrome and the way in which they are used.

SYMPTOMS

Broadly speaking if you suffer from IBS there are 3 main types of symptoms which you may experience. Nearly all people with IBS will have abdominal pain or discomfort and this can also include an uncomfortable sensation of bloatedness. Most people will also have a disturbance in the bowel function and this will often be accompanied by changes in the nature of the bowel movements. Diarrhoea, when loose bowel movements are passed often much more frequently than usual, and constipation when it can be a struggle to pass quite hard or solid bowel movement less frequently than usual, are the 2 commonest bowel symptoms. Many people with irritable bowel syndrome will have all of these problems at times and frustratingly these symptoms can change unpredictably over time so that some people experience diarrhoea sometimes and constipation at other times. Sensations of abdominal pain or discomfort however are usually an ongoing issue.

MEDICATIONS

For many years, drug treatments for irritable bowel syndrome were limited to treating the main symptoms of the condition using fairly simple medications - for example using laxatives for constipation or gut-relaxing drugs for pain and diarrhoea. In recent years however, as we have increased our understanding of the mechanisms behind irritable bowel syndrome, newer drugs which target specific parts of the way the nervous system functions are now available. We are also getting better at identifying which patients are likely to respond best to which medications. For some patients a combination of medications may be appropriate. Your symptoms can change over time and so the requirement for particular treatments may also change. In addition drug treatments for IBS don't need to be used in isolation - it can be very helpful to combine modification of diet and even psychological interventions with useful medicines.

PAIN

It used to be thought that abdominal pain in people with irritable bowel syndrome was largely caused by abnormal contraction of the bowel or "spasms" in the colon. Indeed the condition used to be referred to as "spastic colon". We do know that abnormally forceful and frequent contractions in the bowel are important in some people. However, more recent research has suggested that actually the sensory nerves which convey sensations from the interior of the bowel to the brain and also convey sensations internally to reflexes within the bowel, are probably more important in giving rise to the painful signals from the gut which are felt in IBS.

There are 2 types of medications which are particularly useful for treating pain associated with IBS. The first and the most commonly recommended are what are called "anti-spasmodic drugs", aimed at reducing spasm in the bowel. Common examples of these are Mebeverine, (commonly branded as Colofac), Alverine (or Spasmonal) and Hyoscine (or Buscopan). You may be familiar with these medications as they can be purchased over the counter without a prescription and are sometimes advertised direct to patients. Another group of medications which have the ability to reduce abnormally forceful contraction in the bowel are the concentrated peppermint oil preparations such as Colpermin or Mintec. It has been found that peppermint oil in high concentration can have a relaxing effect on the muscles of the bowel, and these medications can also be useful for bloating.

These anti-spasmodic medications are generally considered the first line of treatment to help the crampy pain that is so common in IBS. They are often very effective and may be all that is required. Some people find if their symptoms are intermittent that using the medications on bad days is sufficient, but others with more persistent symptoms may find that taking the medications regularly over a longer period of time brings about more effective control of the problem. Anti-spasmodic drugs like Mebeverine can be particularly useful for the crampy pain and urgency following eating a meal which many people are troubled with. These medications are generally very well tolerated and have few side effects.

For people in whom the anti-spasmodic drugs are not much help doctors will often prescribe what are known as tricyclic drugs as a second line treatment for abdominal pain and discomfort. The tricyclic drugs were developed a long time ago initially for treating depression, but over the years, and as newer anti-depressants have become available they are much less used for this purpose. Nowadays they are much more commonly used for treating pain coming from an over-sensitive nervous system. They are often prescribed, for example, in migraine, sciatica, fibromyalgia and other conditions where the nervous system is over-excitabile, and likewise they are very useful drugs in reducing abnormal sensitivity in the bowel in people with irritable bowel syndrome. Fortunately the doses needed to have useful effects on the bowel are much lower than the doses previously needed to treat depression, and at these very low doses the medications are generally well tolerated. Because occasional people can find even low doses of tricyclics can make them a little sleepy at first doctors will usually recommend that the medication is taken at night and that a very low dose is tried for a week or so to make sure it doesn't cause any problems before increasing to a more effective dose. Generally a person needs to be on the effective dose of the medication for 2/3 weeks before there is a good effect on the symptoms, so it is important not to bail out on the treatment too early if it doesn't seem to be helping after only a short time. Examples of the tricyclic drugs which are commonly used are Amitriptyline, Nortriptyline and Imipramine, all at very similar doses. Most of the research work on these drugs in IBS has been done with Amitriptyline and this tends to be used most often but people who find Amitriptyline a little sedating may be able to tolerate the other medications better and be able to increase the dose to a level which works well without causing significant side effects. The tricyclic drugs, having been around for a very long time are also known to be safe to continue in the long term and can be a very useful treatment for IBS.

DIARRHOEA

Both the anti spasmodic drugs and the tricyclics can have a slight slowing effect on the bowel and so can be useful for treatment of diarrhoea as well as discomfort. If however this effect is insufficient there are some other medications available which are quite useful to improve loose frequent stools. Loperamide (commonly sold as Imodium) is an anti-diarrhoea medication which is mainly aimed at people suffering from short term problems with diarrhoea as might occur from a "stomach bug". It works by slowing down the movement of the bowel. It can therefore be useful if controlling the diarrhoea of irritable bowel syndrome since this is caused in part by the bowel being hyperactive. It is important not to continue to use Loperamide as a treatment for persistent diarrhoea which has not been evaluated by a doctor since this may not be appropriate in more serious causes of diarrhoea and may mask important symptoms, but once a confident diagnosis of irritable bowel syndrome has been made it is quite safe to use Loperamide to help control IBS symptoms. Many people with IBS find that their diarrhoea is very sensitive to the effects of Loperamide and very small doses are often all that is required; higher doses sometimes lead to troublesome constipation. A single tablet of Loperamide tablet per day or even lower doses (using the children's liquid preparation) can be very useful as an ongoing treatment for diarrhoea caused by IBS.

A further medication which has been shown to be helpful for diarrhoea in some patients with IBS is Ondansetron. Ondansetron was developed as a powerful anti sickness drug, but because it acts on the same nerve chemicals in the bowel which are important in driving the symptoms of IBS it can be useful in controlling diarrhoea. The use of Ondansetron in this way is relatively new and it is therefore more commonly prescribed by specialists than by general practitioners.

CONSTIPATION

When constipation is the main troublesome symptom there are a number of medications that can be useful for this. In people who eat little fibre in their diet increasing the fibre intake not only through food but also through dietary fibre supplements such as Fybogel can be helpful in softening the stools and improving the effectiveness of bowel action. Unfortunately increasing fibre in this way sometimes results in more in the way of bloating and therefore an increase in fibre is not suitable for everyone. Laxatives which work by drawing more water into the bowel, known as osmotic laxatives, can be very useful in treating the constipation associated with IBS. The most commonly used one of these is called Macrogol, branded as Movicol, Laxido or CosmoCol. This is generally a very well tolerated medication which is not absorbed into the body but passes through the gut, drawing water into the bowel to make the stool softer and easier to pass. It is very safe and it doesn't tend to become less

effective over time as it the case with some other laxatives. Laxatives which stimulate contraction in the bowel such as Senna and Bisacodyl can also be helpful for some people with IBS constipation, but they have the disadvantage that they sometimes aggravate crampy pain, and also can become less effective over time.

Linaclotide (Resolor) is a newer medication specifically designed for treating IBS with constipation. It works in 2 ways - both by allowing more water to be kept in the bowel, but also by a separate effect which reduces the sensitivity of nerves in the bowel which give rise to discomfort. In this way it can help the 2 main symptoms of IBS with constipation, namely abdominal pain and constipation, and it has also been shown to help bloating in some people. Linaclotide needs to be prescribed by your doctor. It is quite a potent medication - some people find that it is a bit too powerful for them giving rise to frequent loose bowel movements instead of constipation rather than a happy medium between the two.

In addition to these medications there are a number of newer drugs which have recently been licensed for treating IBS; not all of these are approved for use on the NHS and at the moment they would be considered drugs only to be prescribed by specialists. The research into the causes and treatments for IBS continues to advance and it is very likely that further new medications will become available to us in the coming years.

I hope that you have found this discussion of the medications available for treating IBS helpful. Please remember that all medicines can have side effects and can also interact with other medicines, and if you are planning to use any medications for IBS on a regular basis you should discuss this with your doctor.

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