

THE SHEFFIELD AREA PRESCRIBING GROUP

Guidance

For

The treatment of Irritable Bowel Syndrome with constipation (IBS-C) in adults

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Management of Irritable Bowel Syndrome with Constipation (IBS-C) in adults

IBS-C symptoms (assessment for IBS in presence of the following symptoms for at least 6 months):

Abdominal pain and discomfort

Bloating (more common in women than in men), distension, tension or hardness

Change in bowel habit, altered stool passage (straining, urgency, incomplete evacuation), passage of mucus **Caution: if 'red flag' indicators then refer to secondary care for further investigation*

**For diagnostic tests see [NICE CG61](#), [NICE DG11](#)*

'Red flag' indicators:

- unintentional and unexplained weight loss
- rectal bleeding
- a family history of bowel or ovarian cancer
- anaemia
- abdominal masses
- rectal masses
- inflammatory markers for inflammatory bowel disease

The management of IBS should be individualized to the person's symptoms and psychosocial situation, and should initially include diet and lifestyle advice. Effective partnership is key where shared decision making feature strongly in aiming for symptom control.

Further dietary advice: [Low FODMAP](#) should only be given by a healthcare professional with expertise in dietary management (e.g. [Community Dietetics Service- adult referral form](#))

IBS-C management focuses on the treatment of symptoms and may require concomitant use of medications.

Moderate to severe IBS symptoms:

- Frequent to constant abdominal pain
- Multiple additional other GI symptoms
- Other features may include: lethargy, nausea, backache and bladder symptoms, a fair to poor health related quality of life
- Symptoms made worse by eating.

Self-help: lifestyle & dietary modification advice ([patient support resources](#))

- Have regular meals, take time to eat, avoid leaving long gaps between eating
- Drink at least eight cups of fluid per day: water or other non-caffeinated drinks (for example herbal teas)
- Reduce intake of alcohol, fizzy drinks, fruit juice (one small glass per serving)
- Reduce intake of coffee, tea (max 3 cups per day)
- For wind and bloating, limit intake of gas producing foods e.g. beans;
- Aim for gradual increase in soluble fibre (e.g. ispaghula powder), or foods high in soluble fibre: oat based cereal or porridge, may include linseed (up to one tablespoon per day with fluids; people with diverticular disease should have ground linseed); reduce solid (insoluble) fibre (e.g. wholemeal or high-fibre flour and breads, bran, whole grains such as brown rice); gradual increase in soluble fibre helps to minimize flatulence and bloating, beneficial effects may be seen after several weeks. Ensure appropriate gradual increase in fluid intake.
- Reduce intake of 'resistant starch' often found in processed or re-cooked foods
- Increase physical activity (adults should aim to do 30 minutes of moderate intensity physical activity on at least 5 days of the week) and create relaxation time
- Encourage weight loss if the person is overweight or obese
- For people who choose to take an over-the-counter probiotic supplement, advise that they do so for at least four weeks.

1st line treatment:

- Antispasmodic agents e.g. mebeverine hydrochloride
 - Laxatives* e.g. bulk-forming laxatives (ispaghula), osmotic laxatives (e.g. CosmoCol[®]), stimulant laxatives (e.g. bisacodyl); discourage patients from taking lactulose;
- * aim for: soft well-formed stool- [Bristol stool form scale](#) type 4*

2nd line treatment:

- Off-label use of low dose TCA (1st choice)- used for their analgesic effect (10mg equivalent of amitriptyline taken at night, dose may be increased, but does not usually need to exceed 30mg), TCA may cause constipation due antimuscarinic effect
- Off-label use of SSRI (2nd choice if TCA ineffective)
- ***Follow-up: at 4 weeks and then every 6-12 months**

3rd line treatment:

Linaclootide (290mcg once daily 30minutes before food) only if abdominal pain, bloating and constipation for individuals with moderate-to-severe symptoms of IBS-C who have had constipation for at least 12 months but have not been helped by optimal or maximum tolerated doses of previous laxatives from different classes

Review after 4 weeks and 3 months

Discontinue linaclotide **if no improvement**

Continue therapy and review **every 12months**

If not effective then consider:

- referral to secondary care
- referral for psychological interventions

Full list of side-effects / contraindications to treatment with Linaclotide is given in the Constella® summary of product characteristics (SPC), available from www.emc.medicines.org.uk .

Self-help includes information on general lifestyle, physical activity, diet and symptom-targeted medication.

Information for patients:

NHS Choices: <https://www.nhs.uk/conditions/irritable-bowel-syndrome-ibs/>

British Dietetic Association: IBS and diet: <https://www.bda.uk.com/foodfacts/IBSfoodfacts.pdf>

Sheffield IAPT: [Living Well with Irritable Bowel Syndrome \(IBS\) Course](#)

The IBS Network self-help support groups: <https://www.theibsnetwork.org/support-groups/>

Both The IBS Network and Patient.co.uk offer support for patients and are non-promotional and authoritative:

The IBS Network: <https://www.theibsnetwork.org/the-self-care-programme/>

Patient. UK: <https://patient.info/health/irritable-bowel-syndrome-leaflet>

NICE

[NICE \(2013\) Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. Diagnostics guidance \[DG11\]. National Institute for Health and Care Excellence.](#)

[NICE \(2013\) Irritable bowel syndrome with constipation in adults: linaclotide. Evidence summary \[ESNM16\]. National Institute for Health and Care Excellence.](#)

[NICE \(2016\) Irritable bowel syndrome in adults. Quality standard \[QS114\]. National Institute for Health and Care Excellence.](#)

[NICE CKS \(2017\):Management of Irritable Bowel Syndrome in adults](#)

[NICE \(2017\) Irritable bowel syndrome in adults: diagnosis and management. Clinical guideline \[CG61\]. National Institute for Health and Care Excellence.](#)

References

1. Summary Product Characteristics, <http://www.medicines.org.uk/emc>
2. Drug Tariff <http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx>
3. Guidance on low FODMAP diet <http://www.med.monash.edu/cecs/gastro/fodmap/>
4. Bristol Stool Form Scale available from <https://www.ncbi.nlm.nih.gov/books/NBK51939/> (accessed 18/1/19)

Glossary of terms:

IBS-C	Irritable Bowel Syndrome with constipation
Low FODMAP diet	Low Fermentable, Oligo-saccharides, Di-saccharides, Mono-saccharides and Polyols diet
SSRI	Selective serotonin reuptake inhibitor
TCA	Tricyclic antidepressant