

Management of Irritable Bowel Syndrome with Constipation (IBS-C) in Adults (Primary and Secondary Care)

Diagnosis

IBS-C (Abdominal Pain / Bloating / Constipation)

<3 bowel movements per week plus one or more of the following:

Hard, lumpy stools

Sensation of incomplete evacuation

Straining during defecation

Diagnosis of IBS-C

Includes positive diagnostic criteria

No alarm symptoms / red flags

Normal FBC, CRP, Calcium, TFTs and TTG

Diet and Lifestyle Advice

Assess diet & fluid intake-
↓ insoluble fibre intake,
↑ soluble fibre (see refs for pt information), Consider dietitian referral

Assess physical activity
- encourage increase in levels of activity. Use **GPPAQ** to assess activity (see refs).

Provide patient information - dietary, lifestyle and self-help advice

Review medication:
opiates, tricyclics, iron/ Ca²⁺ supps, antihistamines, antihypertensives, antacids

Exclude Red Flags

- Unintentional or unexplained weight loss
- Family history of colorectal or ovarian cancer
- Aged > 60 with a change in bowel habit (CBH)
- Positive FOB
- Aged > 50 with unexplained rectal bleeding
- Iron deficiency anaemia (IDA) in a non-menstruating woman
- Aged < 50 with rectal bleeding and any of abdominal pain / CBH / weight loss / IDA
- Abdominal / rectal mass
- Raised inflammatory markers, possible IBD (check CRP +/- calprotectin)
- Consider CA125

Refer to gastroenterologist or colorectal team

Treat Symptoms

Constipation

1. Bulk forming laxative
e.g. Ispaghula husk

2. Osmotic Laxative
e.g. Macrogols (Laxido) **NB** NICE says avoid lactulose

4. REFER for further investigations, consider colorectal if defecation disorder suspected

Abdominal Pain

1. Antispasmodics
e.g. Mebeverine, Peppermint Oil

2. Low dose tricyclic antidepressant
e.g. Amitriptyline 10mg ON (max. 30mg ON)
NOTE - HIGHLY ANTICHOLINERGIC

3. Neuropathic pain options
e.g. Gabapentin, SSRIs

4. REFER for further investigations, consider colorectal if defecation disorder suspected

Patients should try a minimum of **4 weeks** maintenance for all treatments in order to assess efficacy. If working at 4 weeks, **review every 6 – 12 months**

For patients who have had constipation for at least 12 months

4. Linaclotide (Constella®)

- **Amber:** 1 month initiation for review at 4 weeks **by telephone** (secondary care) to assess efficacy
- Patient should be expected to have a decrease in symptoms of bloating and abdominal pain along with an increase in the number of spontaneous bowel actions each week
- Discontinue if there has been no improvement
- If there has been an improvement in symptoms, review again at 6 months
- NOTE: the maximum duration of treatment studied in clinical trials was 6 months and only 20% of patients responded after 12 weeks of treatment

Patient Advice for Linaclotide

- **Women taking oral contraceptives should be warned to take extra precautions for the first TWO WEEKS of treatment**
- Patients should be aware of the possibility of diarrhoea during treatment, and to return to the GP if it is prolonged or severe

References :

For HCPs: NICE IBS CG61 (2017) www.nice.org.uk/guidance/cg61 **General Practice Physical Activity Questionnaire (GPPAQ)**
For patients: Managing IBS: <http://www.nice.org.uk/guidance/cg61/ifp/chapter/managing-irritable-bowel-syndrome#diet>