Drug treatments for IBS in Barnsley

If IBS symptoms persist while following general lifestyle and dietary advice, considering a referral to a dietitian to offer assessment and advice including a low FODMAP diet (fermentable oligosacchardies disaccharides, monosaccharides and polyols)

Pharmacological treatment:

- Follow up people taking all medication after 4 weeks and then every 6 to 12 months
- Stop any medication that does not work
- Discuss the use of medication on an as needed basis

Anti-spasmodics:

Consider offering alongside dietary advice on a "as required" basis

- Peppermint oil
- Mebeverine
- Hyoscine butylbromide (buscopan)*
- * can be misused for hallucinogenic effects. Be careful of patients requesting by name or large quantities or lost prescriptions
- *costs: Dicycloverine 1-mg X 100 = £184.00, Mebeverine 135mg x 100 = £5.22, Hyoscine 10mg x 56 = £3.00

For diarrhoea:

Offer loperamide as a first-line antimotility agent

For constipation**:

First-line offer the softener laxative docusate

Second-line add in **macrogol** (to soften) and **bisacodyl** (to increase frequency) to aim for a soft well-formed stool (Bristol stool chart type 4)

Third-line: ONLY consider Linaclotide (secondary care) if optimal or maximum tolerated doses of all previous laxatives have not helped.

DO NOT use lactulose as this is broken down by bacteria causing flatulence, bloating and cramping

Other treatments:

Tricyclic anti depressant (TCA) / SSRI

Consider TCAs alongside if anti-spasmodics, laxatives or loperamide have not helped. Take into account possible side effects when offering TCAs or SSRIs.

Start at a low dose (eg 10mg amitriptyline at night) Review regularly. Increase the dose if needed, up to 30mg at night.

Consider SSRIs only if TCAs are ineffective. Eg citalopram

Alternative therapies:

- If the person wants to try probiotics advise them to take the dose recommended by the manufacturer for at least 4 weeks while monitoring the effect. See BDA sheet.
- Discourage use of aloe-vera for IBS (has a laxative effect but no evidence of benefit for IBS)