**IRRITABLE BOWEL SYNDROME PATHWAY For Adults**

**Patient presenting with lower gastrointestinal symptoms for at least 6 months suggestive of irritable bowel syndrome (IBS) WITHOUT ALARM SYMPTOMS:**
- Abdominal pain (relieved by defaecation, made worse by eating) (IBS-A)
- Bloating (IBS-B)
- Constipation (IBS-C)
- Diarrhoea (IBS-D)

**ALARM symptoms**
- Unintentional weight loss
- Rectal bleeding
- A family history of bowel or ovarian cancer
- > 60 years of age, a change in bowel habit lasting more than 6 weeks with looser and/more frequent stools

**And/or Abnormal blood tests / examination**
- Anaemia
- Abdominal masses
- Rectal masses
- Inflammatory markers e.g. ↑CRP

**Symptoms suggestive of OVARIAN CANCER**
Women (especially if ≥ 50yrs) who reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:
- Persistent abdominal distension (women often refer to this as 'bloating')
- Feeling full (early satiety) and/or loss of appetite
- Pelvic or abdominal pain
- Increased urinary urgency and/or frequency

**Measure serum CA125; ultrasound of abdomen and pelvis**

---

**Diet**
Assess diet and nutrition and give the following general advice

**Physical Activity**
Aim for 30 minutes of moderate activity on 5 days of the week or more

**Consider IAPT Referral**
Response to psychological therapy +/- TCAs (additional benefit over pain)

**Pharmacological Treatment (see next page for details)**
Decisions about pharmacological management should be based on the nature and severity of symptoms.

---

**Refer to GASTROENTEROLOGIST if all approaches ineffective**

---

**Refer to DIETITIAN for low FODMAP diet**
If predominant symptoms are: IBS-B, IBS-D, IBS-M

---

**Refer as new INFLAMMATORY BOWEL DISEASE**

---

*South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: Bexley/ Bromley/ Greenwich/ Lambeth/ Lewisham & Southwark Clinical Commissioning Groups (CCGs) & GSTFT/KCH/S لمحة في العمل Gastroenterologist & Lewisham & Greenwich NHS Trust*
Diet and Lifestyle Advice (Ref: NICE CG61 Feb 2008)

- Have regular meals and take time to eat.
- Avoid missing meals or leaving long gaps between eating.
- Drink at least eight cups of fluid per day, especially water or other non-cafeinated drinks, for example herbal teas.
- Restrict tea and coffee to three cups per day.
- Reduce intake of alcohol and fizzy drinks.
- It may be helpful to limit intake of high-fibre food (such as wholemeal or high-fibre flour and breads, cereals high in bran, and whole grains such as brown rice); REDUCE INSOLUBLE FIBRE.
- Reduce intake of ‘resistant starch’ (starch that resists digestion in the small intestine and reaches the colon intact), which is often found in processed or re-cooked foods.
- Limit fresh fruit to three portions per day (a portion should be approximately 80 g).
- People with diarrhoea should avoid sorbitol, an artificial sweetener found in sugar-free sweets (including chewing gum) and drinks, and in some diabetic and slimming products.
- People with wind and bloating may find it helpful to eat oats (such as oat-based breakfast cereal or porridge) and linseeds (up to one tablespoon per day); INCREASE SOLUBLE FIBRE.
- People with irritable bowel syndrome who choose to try probiotics should be advised that these items are not recommended for prescribing on NHS prescription.
- Complementary and alternative medicines are not recommended for managing irritable bowel syndrome, for example:
  - Aloe vera
  - Acupuncture
  - Reflexology
  - Herbal medicine

Pharmacological Treatment

Choice of single or combination of medications is determined by predominant symptoms.

If predominant symptoms are: IBS-B, IBS-D, IBS-M

Refer to DIETITIAN for low FODMAP diet

1st line pharmacological treatment

If IBS-A consider antispasmodic agent:
- Mebeverine 135mg tablets 1-2 three times a day as required
- Peppermint oil 0.2ml gastro-resistant capsules 1-2 three times a day

If IBS-D consider antimotility agent:
- Loperamide 2mg capsules 2-4 a day max. 16mg daily
  - Adjust dose according to response. The aim is to produce a soft, well-formed stool

If IBS-C consider laxative:
- Ispaghula husk 3.5g in water twice daily
- Docusate up to 500mg daily in divided doses
- Avoid lactulose

2nd line pharmacological treatment NICE CG61 2008 (TCA and SSRI are unlicensed)

If IBS-D consider TCA:
- Amitriptyline 10mg at night
  - Increase every 2 weeks up to max 30mg daily if tolerated; or reduce to 5mg if not tolerated. No more than 6-8 weeks trial
- Peppermint oil 0.2ml gastro-resistant capsules 1-2 three times a day

If IBS-C more than 12 months and not respond to maximum dose of different laxatives:
- Linacotide 290 micrograms capsules once daily
  - Review after 4 weeks and stop if ineffective. Then review every 3 months

Refer to GASTROENTEROLOGIST if all approaches ineffective

If IBS-D has not responded to other pharmacological treatments (e.g. antimotility agents, antispasmodics, TCAs), or pharmacological treatments are contraindicated or not tolerated. The gastroenterologist might consider eluxadoline at this point:

NICE TA471 4 week trial eluxadoline 100mg twice daily (AMBER 2 RAG list category - initiation by a specialist, stabilisation for a specified time, then continuation in primary care under an individual management plan.)