

Medicine – Current options for IBS

If lifestyle changes alone do not help relieve your irritable bowel syndrome (IBS) symptoms, your doctor may give you medicine to help with symptoms. Here is a look at some of the current options and published recommendations:

- “Laxatives treat constipation. Many kinds of laxatives are available. Your doctor can help you find the laxative that is right for you.”¹
- “Antispasmodics control spasms in the colon and help ease abdominal pain.”¹ The most recent guidelines for IBS treatment suggest that the prescription antispasmodics hyoscine, cimetropium, and pinaverium can provide short-term relief of abdominal pain and discomfort related to IBS. Interestingly, however, peppermint oil (a natural antispasmodic)² was also found to be effective. It is also cheap, safe, and readily available,³ making it a good option for those patients seeking this type of relief.^{3,4,5} Enteric-coated capsules are recommended, as peppermint may aggravate heartburn² and should not be used in conjunction with antacids, which can break down this coating and increase the risk for heartburn and nausea.⁶
- “Antidepressants, even in lower doses than are used for treating depression, can help people with IBS. They can help reduce the abdominal discomfort or pain associated with IBS and, depending on the type chosen, may help the diarrhea or constipation.”¹ “Although commonly thought that tricyclic antidepressants are better for constipation-predominant IBS (IBS-C) and SSRIs (selective serotonin reuptake inhibitors) for diarrhea-predominant IBS (IBS-D), research does not support this. Since SSRIs usually have



fewer side effects, this opens up some new possibilities for you if your predominant symptom is constipation.”⁵

- Antidiarrheal medicine (loperamide, e.g., Immodium or Kaopectate) may be used to improve stool frequency and consistency, but new guidelines suggest they are not useful in treating abdominal pain or other global IBS symptoms.⁴
- A short-term course of non-absorbable antibiotics is a newer treatment option that has shown effectiveness for IBS sufferers.⁴ “Two antibiotics in particular, rifaximin and neomycin, have solid research backing their helpful effect on reducing diarrhea, bloating, and other IBS symptoms in IBS-D patients. These antibiotics are not absorbed in the stomach and thus may have an effect on bacteria located within the small and/or large intestine.”⁵
- Another drug known as a 5HT₃ antagonist or alosetron hydrochloride (brand name: Lotronex) is for women with severe IBS whose main symptom is diarrhea. Alosetron is a nerve receptor antagonist that is supposed to relax the colon and slow the movement of waste through the lower bowel.² Because it can cause serious side effects, Lotronex is only used if other medicines do not work.^{1,7} The drug can be prescribed only by doctors enrolled in a special program. Alosetron is not approved for use by men.²
- The FDA approved Lubiprostone (Amitiza) in [April 2008](#) to treat women age 18 and older who have IBS with constipation. Its effectiveness in men is not proved. Amitiza is a chloride channel activator that you take twice a day. It works by increasing fluid secretion in your small intestine to help with the passage of stool. Common side effects include nausea, diarrhea, and abdominal pain.²
- Drugs known as 5HT₄ agonists, though effective against constipation, are not available in North America because of a heightened risk of cardiovascular problems.⁷

- Reflexology, acupuncture, and aloe vera have shown no benefit and are therefore not recommended for IBS treatment.⁸
- There is yet to be conclusive evidence on Chinese herbal mixtures. The mixtures run the risk of causing liver failure and other problems. Differences in the content of compounds and the purity of ingredients complicate the evaluation of benefits.⁷ These treatments are currently not recommended.

Though some medications like laxatives and antidiarrheals can be purchased over-the-counter (OTC), they should be used with caution – use the lowest dose that helps.² These medications can cause problems if you don't use them appropriately.² Consult your doctor about appropriate drugs and dosages. It may take some trial and error to find a medication that works well for you.

Sources

1. National Institute of Diabetes and Digestive and Kidney Diseases (2007). What I need to know about irritable bowel syndrome [on-line]. Retrieved December 1, 2008. From http://digestive.niddk.nih.gov/ddiseases/pubs/ibs_ez/.
2. Mayo Clinic (2008). Irritable bowel syndrome [on-line]. Retrieved December 1, 2008. From <http://mayoclinic.com/health/irritable-bowel-syndrome/DS00106>.
3. Ford AC, Talley NJ, Spiegel BMR, Foxx-Orenstein AE, Schiller L, Quigley EMM, and Moayyedi P. Effect of fibre, antispasmodics, and peppermint oil in the treatment of irritable bowel syndrome: Systematic review and meta-analysis. *British Journal of Medicine* 2008; 337:a2312.
4. American College of Gastroenterology IBS Task Force. [An Evidence-Based Position Statement on the Management of Irritable Bowel Syndrome](#). *American Journal of Gastroenterology* 2009:S1-S35.
5. Bolen, B.B. (2009). IBS Management Guidelines 2009. What your doctor knows about treating IBS [on-line]. Retrieved January 22, 2009. From <http://ibs.about.com/od/treatmentofibs/a/IBSManagement.htm>.
6. National Center for Complimentary and Alternative Medicine (2008). Peppermint oil [on-line]. Retrieved December 1, 2008. From <http://nccam.nih.gov/health/peppermintoil/index.htm>.
7. U.S. National Library of Medicine. New guidelines issued for the management of IBS [on-line]. Retrieved January 21, 2009. From http://www.nlm.nih.gov/medlineplus/news/fullstory_72968.html.
8. Dalrymple J and Bullock L. Diagnosis and management of irritable bowel syndrome in adults in primary care: Summary of NICZE guidance. *British Medical Journal* 2008; 336: 556-558 (March 8). Available <http://www.bmj.com/cgi/content/extract/336/7643/556>.