

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

### Irritable Bowel Syndrome with Constipation (IBS-C)

(Abdominal Pain / Bloating / Constipation)

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

- ✓ Hard, lumpy stools
- ✓ Sensation of incomplete evacuation
- ✓ Straining during defecation
- ✓ Self medications / prescribed on either a laxative or antispasmodic

### Exclude red flags:

- ✓ Unintentional and unexplained weight loss
- ✓ Rectal bleeding
- ✓ Anaemia
- ✓ Abdominal or rectal masses
- ✓ Change in bowel habit – looser / frequent stools
- ✓ >60y, persisting for >6 weeks
- ✓ Inflammatory markers for IBD-CRP and ESR

**Give advice: stress reduction, dietary advice, exercise**

**Treatment with macrogol or bulk forming laxative and / or antispasmodic eg mebeverine for 3-6 months**

**Response**

Continue with treatment and review in 6 months

**No response or less than 10% improvement**

Try second line laxative and / or antispasmodic – 6 months review

**Partial response**

Some improvement, but pain still present prescribe SNRI eg venlafaxine 37.5mg BD – review 1 month

**Symptoms still present** – prescribe SNRI eg venlafaxine 37.5mg BD review 1 month

Treatment success – review 6 months

Treatment response – continue with treatment and review 6 months

Symptoms remain – Refer to Community Gastro Clinic

Treatment success – review 6 months

Treatment success – review 6 months

Some improvement in overall symptoms, pain still present – review 2 months

Symptoms remain – Refer to Community Gastro Clinic

Symptoms remain – Refer to Community Gastro Clinic

Prescribe Linaclotide 290 mcg OD – review 1 month

Treatment success – review 6 months

Treatment success – review 6 months

Some improvement, but pain still present – prescribe Linaclotide 290 mcg OD – review 1 month

Treatment failure – refer to secondary care

The Linaclotide SPC defines treatment success as symptoms completely relieved for at least 50% of the treatment period; an abdominal pain/discomfort responder was a patient that had an improvement of 30% or more for at least 50% of the treatment period

## Additional Information

### What advice should I give regarding diet and lifestyle?

- **Encourage people with irritable bowel syndrome (IBS) to try to identify sources of stress, and discuss ways to create relaxation time.**
- **Give advice regarding diet.** Advise the person to:
  - Adjust their fibre intake according to their symptoms:
  - Fibre intake often needs to be reduced in people with IBS. Advise people to reduce their intake of insoluble fibre, such as wholemeal or high-fibre flour and breads, cereals high in bran, and whole grains such as brown rice.
  - If more fibre is needed, recommend soluble fibre supplements (for example Ispaghula) or foods high in soluble fibre (for example oats).
  - People with wind and bloating may find it helpful to eat oats and linseeds (up to one tablespoon per day).
  - Have regular meals and take time to eat.
  - Drink at least eight cups of fluid per day, especially water or other non-caffeinated drinks (for example herbal teas). Tea and coffee should be restricted to three cups per day, and the intake of alcohol and fizzy drinks should be reduced.
  - 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).
  - Avoid sorbitol (an artificial sweetener) if they have diarrhoea.
- If diet continues to be considered a major factor in the person's symptoms and they are following general diet and lifestyle advice, consider referring to a dietitian for advice and treatment, including a trial of wheat or lactose exclusion.
- **Give people with low physical activity levels brief advice and counselling on how to increase their activity levels.**
  - Adults should aim to do 30 minutes of moderate intensity physical activity on at least 5 days of the week.
  - This can be achieved either by doing all the daily activity in one session, or by doing several sessions of at least 10 minutes.
  - The activity can be lifestyle-based (for example climbing stairs, walking, or cycling), structured exercise (for example attending a dance class or fitness training session), outdoor sport, or a combination of these.
  - Increased physical activity may not be appropriate for people with diarrhoea-predominant IBS, and people with certain medical conditions.