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Summary

Are bowel disorders with diarrhoea really a separate entity from bile acid malabsorption?

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Neurogastroenterology & Motility | Primary Care

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The speaker argues that bile acid malabsorption is a distinct entity from IBS-D and functional diarrhoea, affecting approximately one in four IBS-D patients, with clear pathophysiology but variable diagnostic access and treatment options.

KEY POINTS

- The speaker stated that meta-analysis data show approximately 25% of patients with IBS-D have bile acid malabsorption, with severe forms in about 12% and all forms reaching 40% depending on classification.
- SeHCAT retention testing is the gold standard, with retention less than 5% over seven days indicating malabsorption; alternative serologic tests like C4 are available where SeHCAT is not accessible but have lower sensitivity.
- Bile acid sequestrants including cholestyramine and colesevelam showed positive effects on stool frequency and consistency in randomized controlled trials; the speaker noted colesevelam has higher binding capacity and better tolerability than cholestyramine.
- The speaker stated that liraglutide, a GLP-1 receptor agonist, showed good effects on stool consistency and frequency by slowing transit and allowing more bile acid reuptake.
- The speaker recommended empirical treatment with 4 grams cholestyramine once daily at bedtime only when testing is unavailable, waiting at least two weeks to assess response, but emphasized this approach is not first choice.
- The speaker concluded that whether to test for bile acid malabsorption depends on SeHCAT availability, costs, and access to serologic tests, which are not yet ready for widespread use.

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