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Summary

The α-Polymorph Advantage: Beyond Traditional Antibiotic Activity (ALFASIGMA) (Complete Session)

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UEG Week Barcelona 2026 | Presentation

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The symposium reviewed rifaximin alpha's multimodal mechanisms of action, clinical evidence across multiple gastrointestinal indications, and formulation-specific pharmacological properties that differentiate it from other rifaximin polymorphs.

KEY POINTS

- Rifaximin alpha is a poorly absorbed antibiotic (less than 0.4% systemic absorption) with pleiotropic effects including antibacterial activity, eubiotic modulation of gut microbiota, and anti-inflammatory action via pregnane X receptor agonism and cytokine reduction.
- The speaker stated that in the TARGET trials for IBS-D, rifaximin showed symptom relief and bloating reduction versus placebo with safety comparable to placebo, and the Rome V guidelines recognize rifaximin as an effective treatment option for IBS-D.
- The speaker reported that in a phase 3 trial in adults with hepatic cirrhosis, rifaximin reduced the relative risk for hepatic encephalopathy episodes by 58% versus placebo, and European recommendations support rifaximin as adjunct to lactulose for secondary prophylaxis.
- The speaker stated that for symptomatic uncomplicated diverticular disease, guidelines recommend rifaximin plus fibre at 800mg seven days monthly for up to 12 months, with safety demonstrated for up to eight years.
- The alpha polymorph has distinct chemical and physical properties compared to other rifaximin forms; the speaker stated that amorphous rifaximin had plasma concentrations over four times higher than rifaximin alpha, raising safety concerns with formulations containing mixed polymorphs.
- The speaker stated that clinical trials do not demonstrate persistent antimicrobial resistance during short-term, cyclic, or long-term rifaximin therapy, and a prospective cohort of almost 3000 patients with cirrhosis found no evidence that rifaximin increases the risk of antimicrobial resistance.

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