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Summary

Which pharmacological treatment?

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IBD | Primary Care | Small Intestine & Nutrition

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The speaker discussed pharmacologic treatment of abdominal pain in IBS and IBD patients in remission, emphasizing the role of gut-brain neuromodulators (tricyclic antidepressants, SSRIs, SNRIs) over traditional analgesics.

KEY POINTS

- The speaker stated that up to 18% of ulcerative colitis patients in deep remission have IBS-compatible symptoms, and current IBD guidelines provide very little guidance on treating non-inflammatory pain.
- Prescription pain medications (including opioids) are commonly used in both IBD and IBS patients but are not effective for IBS-associated abdominal pain, according to the speaker.
- The speaker reported that in meta-analyses, tricyclic antidepressants are probably better for pain while SSRIs are better for holistic symptom improvement in IBS.
- For functional dyspepsia, the speaker stated that amitriptyline was superior to SSRIs and placebo for epigastric pain syndrome, while SSRIs did not affect pain particularly well.
- The speaker recommended introducing neuromodulators gradually with patient discussion, using the lowest effective dose, continuing for at least one year if effective, and tapering slowly when discontinuing.
- Main barriers to gastroenterologist prescribing are concerns about side effects and lack of confidence, though the speaker noted side effects are less prominent than in psychiatric use and confidence improves with experience.

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