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Summary

The role of pharmacological and non-pharmacological treatment

Maura Corsetti

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Neurogastroenterology & Motility | Surgery | Primary Care | Small Intestine & Nutrition

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The speaker presented an updated treatment algorithm for chronic constipation and IBS with constipation, progressing from osmotic and stimulant laxatives through prokinetics and secretagogues to combination therapy and device-based options.

KEY POINTS

- Treatment trials should last at least 4 to 8 weeks to properly assess efficacy, with first-line therapy being osmotic laxatives like PEG or magnesium oxide, followed by stimulant laxatives such as bisacodyl or picosulfate when osmotic agents fail.
- Linaclotide is the only medication the speaker identified as effective for both constipation and pain in IBS with constipation, though patients may still experience persistent pain requiring additional pain-targeting medication.
- The speaker's high-resolution manometry study found that prucalopride and bisacodyl stimulate two different colonic motor patterns, leading to the speaker's practice of combining them in patients who tolerate but do not respond to prucalopride alone.
- MRI studies showed that bisacodyl at 5 mg increases both small and large bowel water content and prevents stool dehydration rather than directly increasing secretion.
- Transanal irrigation improved quality of life in chronic constipation studies, with patients maintaining treatment satisfaction over 24 months, though no placebo-controlled trials exist for this device.
- When all pharmacological options fail, the speaker considers functional evaluation and potentially surgical options.

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