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Summary

Treatment of IBS diarrhoea

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Hepatobiliary | Paediatrics | Primary Care

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The speaker presents a practical approach to managing IBS with diarrhoea, emphasizing dietary modification, strategic use of antidiarrheals and other medications, and behavioural therapies for patients not responding to first-line treatment.

KEY POINTS

- Diet is critically important in IBS; the speaker reported that 55% of patients were made worse by bran in his study, and recommends combining a low FODMAP diet with elimination of cereal fibre such as bran, Weetabix, and brown bread for better results.
- Loperamide can be dosed as a quarter or half capsule 3 to 4 times daily to avoid constipation and works better than a single full dose, though it does not help pain and can be combined with antispasmodics.
- Ondansetron is effective for IBS-D and can be used regularly or as needed; it has useful antiemetic activity since the speaker noted 70 to 80% of IBS patients report nausea.
- Eluxadoline improved both pain and bowel function and was described by the speaker as life-changing for some tertiary-care patients, but has been withdrawn in Europe and the UK due to pancreatitis concerns and is contraindicated in liver disease.
- Low-dose tricyclic antidepressants such as amitriptyline at 10 mg are very useful for IBS; the speaker emphasizes explaining to patients that the low dose is for gut effects, not depression.
- Gut-focused hypnotherapy and cognitive behavioural therapy have good evidence in IBS, and the speaker stated that hypnotherapy can change the physiology of the gut.

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