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Summary

Panel discussion: Easily overlooked cases of chronic diarrhoea

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Primary Care

October 4, 2025

This Q&A panel discussion addressed the diagnostic and management challenges of functional diarrhoea, emphasising that patients can have overlapping conditions and that most rare causes should not be routinely sought in typical IBS presentations.

KEY POINTS

- The speaker stated that patients can have both IBS and bile acid diarrhoea simultaneously, particularly those with SeHCAT retention 10-15 percent who don't respond to bile acid sequestrants, and recommended managing both conditions including considering amitriptyline starting at 10mg at night and titrating to around 30mg for pain.
- For SIBO testing in IBS, the speaker's recommendation was never to test, stating that SIBO tests are flawed with inaccuracies and that the lactulose hydrogen breath test has poor specificity and sensitivity with roughly 50 percent of healthy people testing positive; the British Society of Gastroenterology guidelines also recommend against routine SIBO testing in IBS.
- For microscopic colitis, the speaker stated that budesonide and budesonide MMX are both effective with no comparative data between them, and if a patient is in remission on budesonide maintenance, nothing else is needed.
- The speaker recommended that for bloating in IBS, antispasmodics, low FODMAP diet, and probiotics should be tried first, with rifaximin reserved as a last resort for very refractory cases; rifaximin is approved in the US for IBS without constipation with a 9 percent benefit over placebo.
- For coeliac disease, the speaker stated that endoscopy with biopsies should be performed despite negative serology if there is strong family history or malabsorptive symptoms, and emphasised checking total IgA levels since 2 percent of coeliac patients have IgA deficiency causing false negative tissue transglutaminase results.

– The speaker stated that faecal elastase testing for pancreatic insufficiency gives false positives if stool is watery and should be reserved for patients with high pre-test probability such as those with diabetes, pancreatic disease, high alcohol use, or smoking history.

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