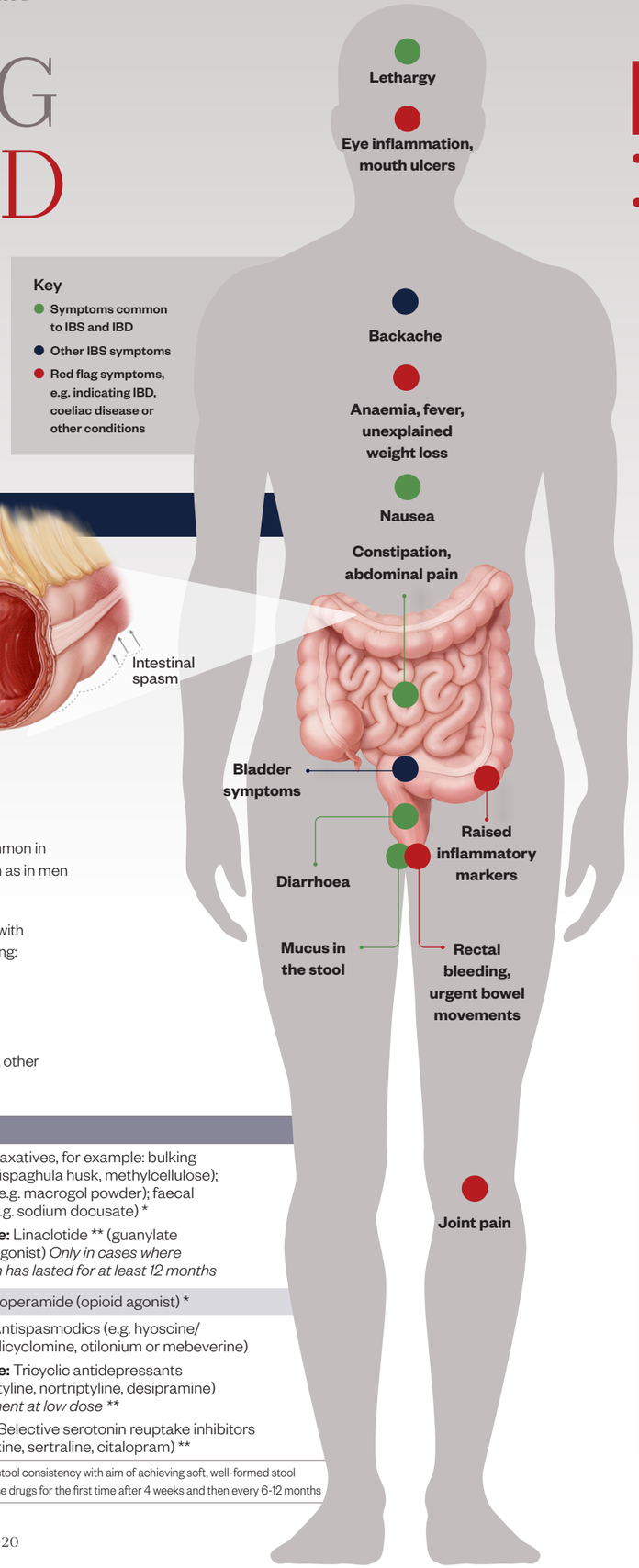
UNTANGLING IBS FROM IBD

Although they sound similar, share some symptoms and are not mutually exclusive, irritable bowel syndrome and inflammatory bowel disease are two distinct conditions that require different approaches.

JULIA ROBINSON



Irritable bowel syndrome (IBS)

- A disorder of gut–brain interaction whereby emotional centres of the brain influence intestinal function. There is also emerging evidence that the microbiota is involved.
- Characterised by ABC: **Abdominal pain** or discomfort caused by intestinal spasms (see image); **Bloating**; **Change** in bowel habit, for at least six months.
- Three main subtypes according to predominant symptom (IBS-C [constipation], IBS-D [diarrhoea] and IBS-M [mixed]).

Prevalence:

1 in 5 affected in the UK

2x as common in women as in men

Diagnosis:

- Abdominal pain or discomfort that is either relieved by defecation or associated with altered bowel frequency or stool form, accompanied by at least two of the following:
  - Altered stool passage;
  - Bloating;
  - Symptoms made worse by eating;
  - Passage of mucus.
- For those who meet the IBS criteria, further tests should be carried out to rule out other conditions such as coeliac disease.

Treatment:

Regular exercise/creating relaxation time to reduce stress.

Regular meals; restricting caffeine, alcohol and fizzy drinks, and limiting fibre intake. Consider prebiotics/probiotics. A low FODMAP diet may be advised but specialist advice is recommended.

Choice of medicines is determined by predominant symptom (see table).

Cognitive behavioural therapy, hypnotherapy and/or psychological therapy may be considered if medicines are not effective after 12 months.

Symptom	Medicines
Constipation	**First-line:** Laxatives, for example: bulking agents (e.g. ispaghula husk, methylcellulose); purgatives (e.g. macrogol powder); faecal softeners (e.g. sodium docusate) * **Second-line:** Linaclotide ** (guanylate cyclase-C agonist) *Only in cases where constipation has lasted for at least 12 months*
Diarrhoea	**First-line:** Loperamide (opioid agonist) *
Pain/ discomfort	**First-line:** Antispasmodics (e.g. hyoscine/ buscopan, dicyclomine, otilonium or mebeverine) **Second-line:** Tricyclic antidepressants (e.g. amitriptyline, nortriptyline, desipramine) *Start treatment at low dose* ** **Third-line:** Selective serotonin reuptake inhibitors (e.g. paroxetine, sertraline, citalopram) **

* Dose should be titrated according to stool consistency with aim of achieving soft, well-formed stool
** Follow up people taking either of these drugs for the first time after 4 weeks and then every 6-12 months

Inflammatory bowel disease (IBD)

includes Crohn's disease and ulcerative colitis

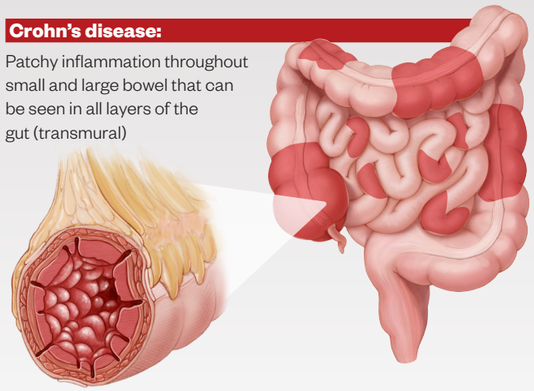
- A chronic inflammatory disease involving the gastrointestinal tract.
- Known to involve an interaction between genetic disposition, the immune system, the microbiota and environmental triggers.

Diagnosis:

- People with abdominal pain or discomfort, bloating, bleeding or change in bowel habit for at least six weeks should be seen by a GP to consider a referral for a specialist assessment by a consultant gastroenterologist or IBD service, including:
  - Stool tests to look for faecal biomarkers, such as faecal calprotectin;
  - Blood tests to look for raised inflammatory markers e.g. C-reactive protein, ferritin, erythrocyte sedimentation rate;
  - Endoscopy to look for inflammation;
  - External imaging procedures to look for inflammation.

Crohn's disease:

Patchy inflammation throughout small and large bowel that can be seen in all layers of the gut (transmural)



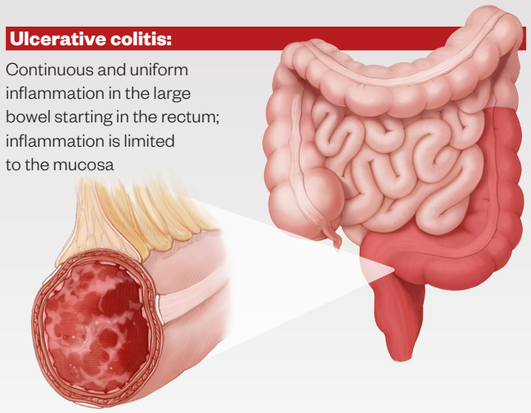
Prevalence:

1 in 588 people affected in the UK

15-20% of people are disabled by their disease to some degree

Ulcerative colitis:

Continuous and uniform inflammation in the large bowel starting in the rectum; inflammation is limited to the mucosa



Prevalence:

1 in 454 people affected in the UK

~50% will have at least one relapse per year

Treatment:

Treatment of Crohn's disease and ulcerative colitis (UC) is targeted towards reducing inflammation in the lining of the intestine, either directly or by dampening down the immune system.

The aim of treatment is to induce and maintain remission, avoid surgery, reduce colorectal cancer risk, and improve quality of life.

The following drugs can be used alongside symptomatic treatment and lifestyle measures (see other table):

Condition	Medicines
Mild-to-moderate UC	**First-line:** Topical aminosalicylate (sulfasalazine, mesalazine, balsalazide or olsalazine) **If no remission within 4 weeks:** add oral aminosalicylate or topical/oral corticosteroid (slow-release budesonide)
Moderate-to-severe UC	**If 2 courses of steroids in 12 months, step up to:** Immunomodulator (azathioprine; 6-mercaptopurine; or methotrexate) **If patient fails to respond to immunomodulator or if contradicated** escalate to targeted/biologic agents (infliximab, adalimumab, vedolizumab, ustekinumab or tofacitinib) **Acute severe UC:** add biologics (infliximab)
Mild-to-moderate Crohn's disease	**First-line:** Conventional glucocorticosteroid (prednisolone, methylprednisolone or intravenous hydrocortisone) **OR** slow release budesonide if conventional glucocorticosteroid not tolerated **Add-on treatment (if 2 course of steroids completed in 12 months):** Immunomodulator (azathioprine; 6-mercaptopurine; or methotrexate)
Moderate-to-severe Crohn's disease	Biologics/biosimilars (infliximab and adalimumab, vedolizumab, ustekinumab) as monotherapy or combined with an immunomodulator
For some people with IBD, medicines may not adequately control symptoms and they may develop complications that require surgery.	

Sources: National Institute for Health and Care Excellenoe; Crohn's and Colitis UK; IBS Network; *J Neurogastroenterol Motil* 2017;23(2): 151–163; *Gastroenterol Hepatol* (N Y) 2017;13(1): 36–45.
Editorial advisers: Anja St.Clair Jones, consultant gastroenterology pharmacist, Brighton & Sussex University Hospitals NHS Trust; Mikin Patel, lead gastroenterology pharmacist, Imperial College Healthcare NHS Trust
Illustration: Alex Webber