

Irritable Bowel Syndrome (IBS) Interventions

Irritable bowel syndrome is a chronic gastrointestinal disorder characterized by severe abdominal pain and alternating episodes of diarrhea and constipation (refer to the Picmonic on "Irritable Bowel Syndrome (IBS) Assessment"). The goal of treatment includes decreasing symptoms by increasing dietary fiber and administering medications such as anticholinergics, loperamide, tricyclic antidepressants, and linaclotide. Medications specific to women include lubiprostone, tegaserod, and alosetron. Identifying and reducing risk factors that exacerbate IBS is critical to help avoid exacerbations of the condition.



PLAY PICMONIC

Interventions

Identify Triggers

[Magnifying-glass Identifies Triggers](#)

Identifying a patient's risk factors and triggers is critical for decreasing the symptoms of IBS. By reducing feelings of depression and anxiety, the patient may experience fewer or less severe symptoms. To identify factors triggering IBS symptoms, encourage the patient to keep a diary recording symptoms, diet, and feelings of stress. Determining a pattern will help the patient avoid triggers and decrease abdominal pain.

Increase Fiber Intake

[Up-arrow Fiber-box](#)

If the patient can tolerate it, gradually increase the intake dietary fiber to help facilitate the passage of stool. The addition of fiber should be done slowly to prevent gas buildup and abdominal discomfort. Although 30-40g of fiber daily is recommended, the patient should have at least 20g of fiber every day. If the patient experiences symptoms of abdominal distention and flatulence, teach the patient to avoid gas-producing foods such as broccoli.

Probiotics

[Pro-bacteria](#)

Probiotics may help alleviate symptoms of IBS by altering intestinal flora that may be exacerbating the condition. Yogurt contains probiotics may be a better tolerated source of calcium than milk. In some cases, antibiotics also help relieve symptoms by adjusting levels of intestinal bacteria.

Anticholinergics

[Ant-tie-cola](#)

Anticholinergics prevent acetylcholine from binding to parasympathetic nerves and cause smooth muscle to contract. The gastrointestinal tract is lined by smooth muscle. A common side effect of anticholinergic drugs is constipation, which can help relieve symptoms of diarrhea in patients with IBS.

Tricyclic Antidepressants (TCAs)

[Tricycle Ant-tie-depressed-emo](#)

Low doses of tricyclic antidepressants (TCA's) may help relieve symptoms of IBS by decreasing peripheral nerve sensitivity. Examples of TCA's include amitriptyline (Elavil) and desipramine (Norpramin).

Loperamide

[Lobster-wine](#)

Loperamide (Imodium) is a synthetic opioid that slows down the intestinal tract. The drug is used to treat episodes of diarrhea associated with rapid peristalsis.

Linaclotide

[Licorice](#)

Linaclotide (Linzess) is a medication used in patients over age 8 for idiopathic chronic constipation as well as a treatment for irritable bowel syndrome with constipation. It works as an agonist to guanylate cyclase-c in the intestinal lumen to increase cGMP (cyclic guanosine monophosphate). This increase in cGMP causes an increase in fluid in the intestinal lumen and works to decrease transit time of GI contents through increased motor activity.

Medications for Women

Tegaserod (Zelnorm)

[Tiger-quad](#)

Tegaserod (Zelnorm) increases the movement of stools in the bowels and helps relieve constipation. However, the drug has been withdrawn from the U.S. market and is only indicated for limited emergency situations. Men taking tegaserod did not experience symptom relief.

Lubiprostone (Amitiza)

[Lube-pro](#)

Lubiprostone (Amitiza) is a laxative indicated to relieve constipation in women diagnosed with IBS. The medication softens stool and increases motility of the GI tract.

Alosetron (Lotronex)

[A-lasso](#)

Alosetron (Lotronex) is a serotonergic antagonist used to help decrease pain and diarrhea. However, the drug has serious side effects such as severe constipation and ischemic colitis, which involves decreased blood flow to the intestines. The medication is used as a last resort treatment for women who have not responded to other IBS treatment options. If constipation occurs, the drug should be discontinued. Instruct the patient taking alosetron to report abdominal pain or bloody stools immediately to the health care provider.