

Practical Clinical pharmacy  
**Irritable Bowel Syndrome**  
**IBS Drugs in Practice**

Prepared by Clinical pharmacist Israa  
Al-Mitwali

# Irritable Bowel Syndrome IBS

- Is a functional bowel disorder, there is no organic cause for IBS.
- It is characterised by a range of symptoms, which may include abdominal pain, diarrhoea or constipation (or both alternately), abdominal distension and flatulence, together with non-intestinal symptoms such as headache and fatigue.
- Symptoms are often exacerbated by stress, anxiety or depression.
- As the cause cannot be determined, treatment is symptomatic.

# Aggravating factors

- Gastroenteritis
- Stress
- Anxiety`
- Depression
- Food intolerances
- Caffeine some sweeteners i.e sorbitol and fructose
- Other foods like: milk (there is no evidence of lactase deficiency in IBS) and dairy products
- Chocolate
- Onions, garlic
- leeks.

## When to refer

- Children
- Older person with no previous history of IBS
- Pregnant women
- Blood in stools
- Unexplained weight loss
- Caution in patients aged over 45 years with changed bowel habit
- Signs of bowel obstruction
- Unresponsive to appropriate treatment
- History of travel abroad
- History of gastroenteritis
- History of bowel surgery

# Treatment

- **Antispasmodics**
  - Alverine citrate
  - Mebeverine
  - Hyoscine butylbromide
  - Peppermint oil
  
- **Bulking agents**
  - Ispaghula
  
- **Antidiarrhoeals**
  - Loperamide

# Antispasmodics

- are the mainstay in treatment of IBS as they improve abdominal pain and have smooth muscle relaxation.
- The patient should see an improvement within a few days of starting treatment.
- It is advisable to try a different antispasmodic if the first has not worked.
- Side-effects from antispasmodics are rare.

# Antispasmodics

- All antispasmodics are **contraindicated** in paralytic ileus, a serious condition that occurs rarely after abdominal operations and in peritonitis).
- Here the gut is not functioning and is obstructed.
- The symptoms would be severe pain, no bowel movements and possibly vomiting of partly digested food.
- Immediate referral is needed.

# Alverine citrate

Is a non-antimuscarinic antispasmodic that acts directly on smooth muscle; it is used for the treatment of pain and smooth muscle spasm in IBS.

There were few side-effects reported during the 30 years (nausea, dizziness, pruritus, rash and headache).



# Alverine citrate

- The recommended dose for adults and children over 12 years is 60–120 mg up to three times daily.
- It is not contraindicated during pregnancy and breastfeeding, but caution is advised in the first trimester of pregnancy.

# Mebeverine hydrochloride

- Is a non-antimuscarinic antispasmodic that is claimed to act directly on the smooth muscle of the intestine without affecting normal gut motility.
- Like alverine, mebeverine has no antimuscarinic side-effects and no contraindications or interactions with other drugs.



# Mebeverine hydrochloride

- Mebeverine hydrochloride is licensed for use in adults and children over 10 years of age.
- It should be used in pregnancy only under medical supervision.
- The dosage is 135 mg up to three times daily, taken 20 minutes before meals.

# Hyoscine butylbromide

- Is an antimuscarinic antispasmodic.
- It is poorly absorbed from the gut and is claimed to act directly on the gut; any drug that is absorbed does not readily cross the blood–brain barrier.
- Antimuscarinic side-effects have been reported.
- hyoscine butylbromide is contraindicated in patients with **glaucoma**. Caution is also advised for men with **prostate problems**, **elderly** people and **pregnant women**.
- The recommended dosage is three to eight 10 mg tablets daily, in divided doses, for adults, and 30mg daily for children aged 6–12 years.



# Peppermint oil

- Menthol is the principal constituent of peppermint oil.
- It has been shown to have a relaxant action on smooth muscle, it acts directly on the colon.
- Peppermint oil is available as enteric-coated capsules containing 0.2mL oil.
- The recommended dosage for adults is one or two capsules three times a day, preferably **before** food; it may be taken **after** food, but not immediately after.



# Peppermint oil

- The capsules should not be chewed, as peppermint oil can cause **irritation** of the mouth and oesophagus; in addition, the drug would be **dispersed** before reaching the colon.
- People with heartburn may experience an exacerbation of symptoms even when the capsules are taken correctly.
- Peppermint oil capsules are not contraindicated in pregnancy or breastfeeding, although the usual precautions should be observed.

# Ispaghula husk

- Ispaghula husk is licensed for the treatment of IBS as well as for constipation and diarrhoea.
- One reviewer has stated that ispaghula can increase stool frequency and help pain but that it may aggravate bloating.
- Two double-blind, placebo-controlled trials found that that ispaghula husk significantly **improved overall wellbeing in patients with IBS**

# Antidiarrhoeals

- The use of antidiarrhoeals such as loperamide is appropriate only on short-term basis. They improve diarrhoea, frequency of bowel movements, but not abdominal pain