Eluxadoline for treating irritable bowel syndrome with diarrhoea [ID870]

Record Status
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Citation
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Authors’ objectives
Irritable bowel syndrome is a common, life-long condition affecting digestion. The most common symptoms are stomach pain and bloating; a change in bowel habits such as diarrhoea, constipation, or both; and an urgent need to go to the toilet. Its course may be unpredictable, with flare-ups and remissions. Most people have occasional flare-ups of symptoms that last a few days, usually triggered by certain foods, drinks, or stress. Irritable bowel syndrome is classified according to the symptom pattern: irritable bowel syndrome with diarrhoea, irritable bowel syndrome with constipation, or irritable bowel syndrome with mixed bowel patterns. Irritable bowel syndrome is usually diagnosed when a person is between 20 and 30 years of age and could be twice as common in women as in men. Irritable bowel syndrome with diarrhoea accounts for approximately one third of diagnoses. Based on 2013 population data, it is estimated that between 1.8 and 3.6 million people in England have irritable bowel syndrome with diarrhoea. Management of irritable bowel syndrome is individualised depending on the type and severity of symptoms and includes evaluating factors that trigger symptoms and providing support and self-help advice covering lifestyle, physical activity and diet. Psychological and complementary therapies may also be used to manage irritable bowel syndrome. NICE’s clinical guideline for irritable bowel syndrome in adults recommends antimitoty agents such as loperamide are recommended for diarrhoea, with the addition of antispasmodics for stomach pain if required. If symptoms persist, off label use of low dose tricyclic antidepressants or selective serotonin reuptake inhibitors (if tricyclic antidepressants are ineffective) may be considered. Currently, no tricyclic antidepressants or selective serotonin reuptake inhibitors have a marketing authorisation for irritable bowel syndrome in the UK.

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