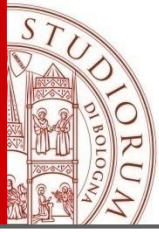


Sindrome dell'intestine irritabile (IBS):

Approccio terapeutico

Dott. Andrea Lisotti
UOC Gastroenterologia - Ospedale di Imola
DIMEC - Università di Bologna





Agenda

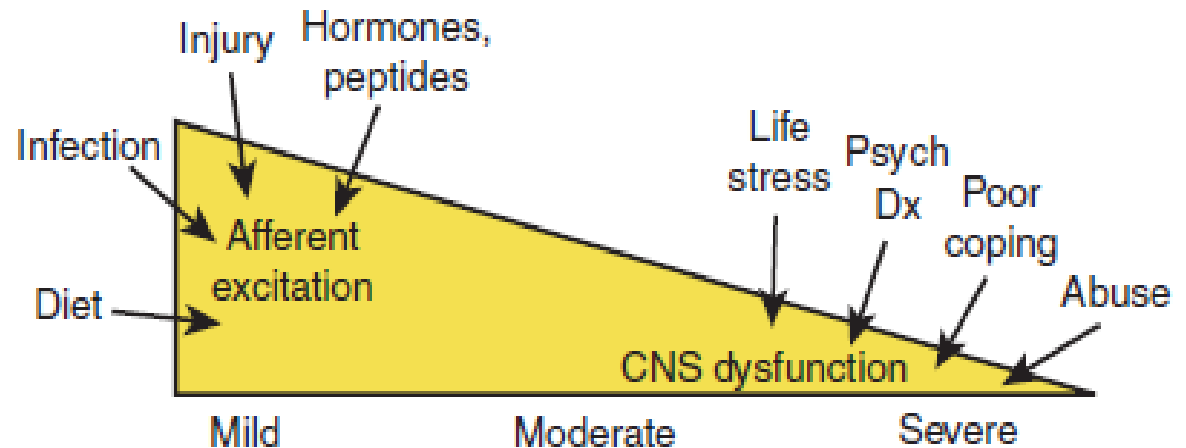
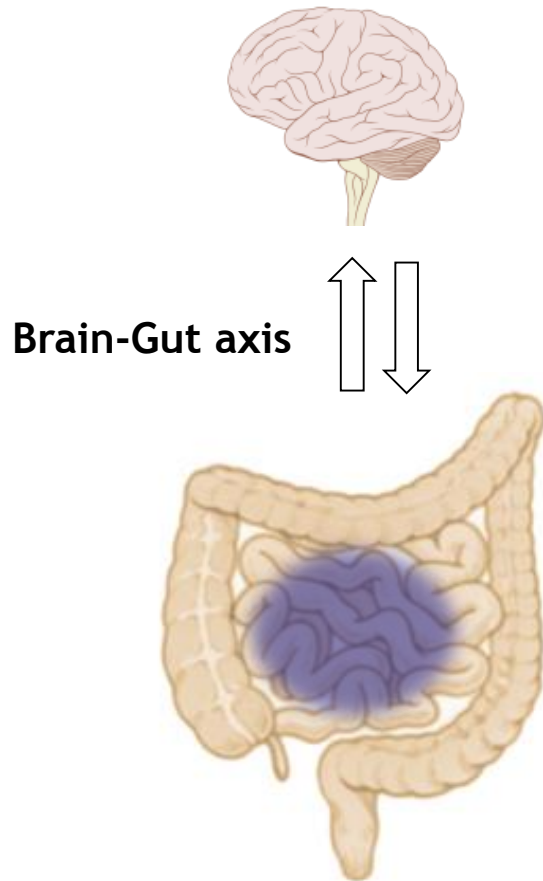
Background

Presentazione clinica

Approccio terapeutico

Severity in Irritable Bowel Syndrome: A Rome Foundation Working Team Report

Percezione del dolore

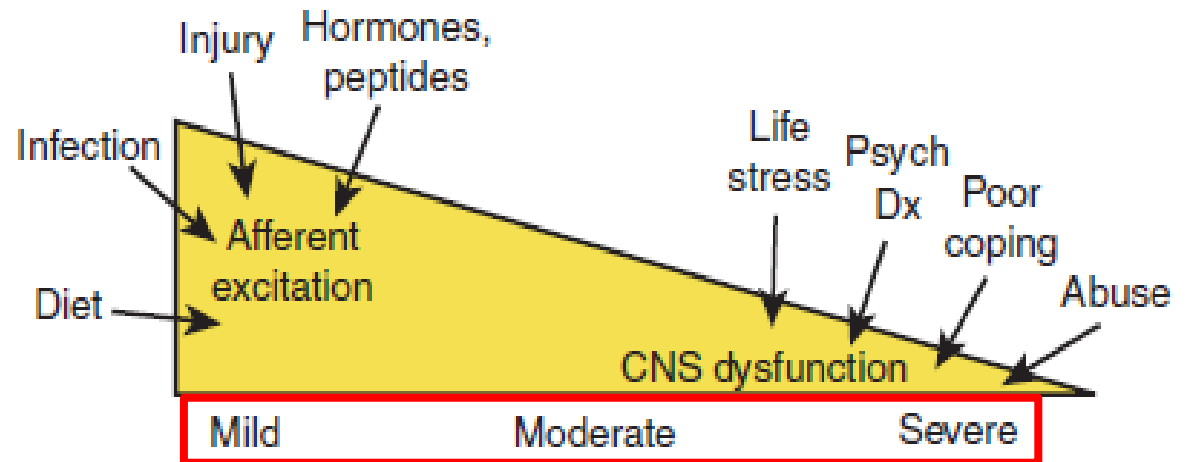
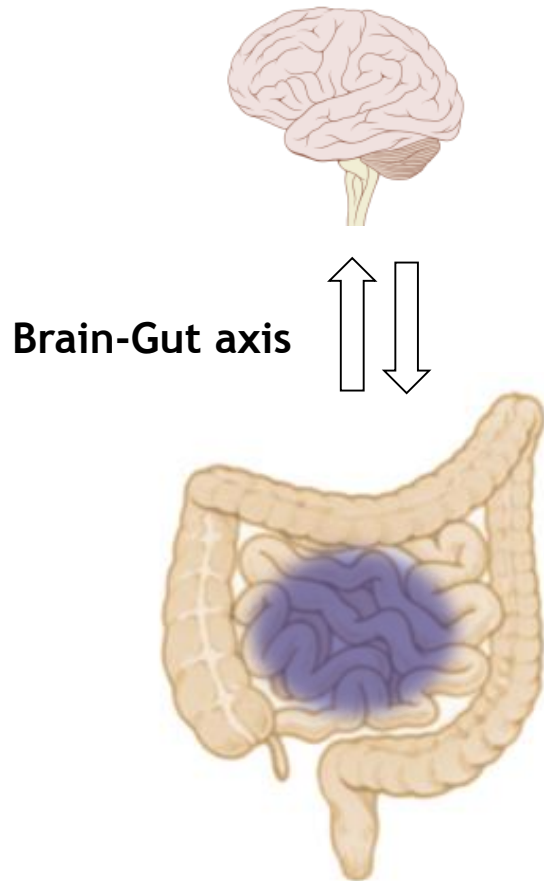


Turbe dell'alvo

The American Journal of GASTROENTEROLOGY

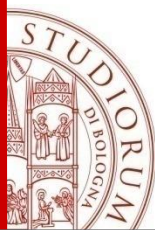
Severity in Irritable Bowel Syndrome: A Rome Foundation Working Team Report

Percezione del dolore



Turbe dell'alvo

The American Journal of GASTROENTEROLOGY



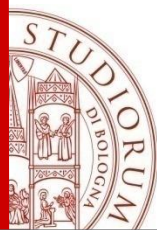
Severity in Irritable Bowel Syndrome: A Rome Foundation Working Team Report

Variable	Mild: < 36	Moderate:	Severe: ≥ 111
	(N = 617)	36–110 (N = 949)	(N = 400)

The American Journal of GASTROENTEROLOGY

ALMA MATER STUDIORUM - UNIVERSITÀ DI BOLOGNA

IL PRESENTE MATERIALE È RISERVATO AL PERSONALE DELL'UNIVERSITÀ DI BOLOGNA E NON PUÒ ESSERE UTILIZZATO AI TERMINI DI LEGGE DA ALTRE PERSONE O PER FINI NON ISTITUZIONALI



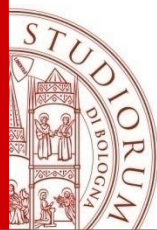
Severity in Irritable Bowel Syndrome: A Rome Foundation Working Team Report

Variable	Mild: <36 (N=617)	Moderate: 36–110 (N=949)	Severe: ≥111 (N=400)
% Out of work from IBS	5.3%	10.3%	30.3%
# Days activity restriction	44±80	63±86	139±118
# Times seen MD past 6 months	1.0+1.5	2.3+1.8	6.6+8.2

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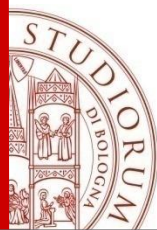
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IBSQOL (higher=better QOL)	59.8+21.8	51.0+20.1	38.1+19.7
% Clinical anxiety (HADS)	35.2	48.8	61.3
% Clinical depression (HADS)	10.2	10.6	26.5

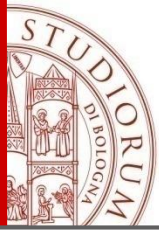
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% Clinical anxiety (HADS)	35.2	48.8	61.3
% Clinical depression (HADS)	10.2	10.6	26.5
Abdominal pain (VAS 0–100)	13.0±13.7	44.2±21.6	59.2±26.0
# Providers consulted in life	3.4±3.0	4.4±5.9	6.6±9.7

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IBS Severità e terapia

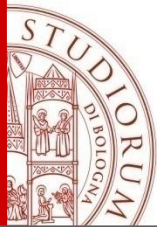
Para-fisiologia



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IBS Severità e terapia

Para-fisiologia

Lieve

50%

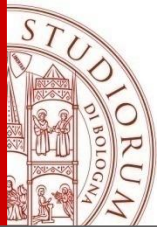
M=F; > 65aa



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IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

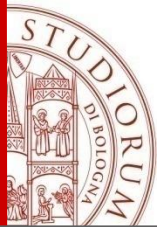
F>M



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IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

15%

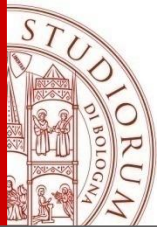
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IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

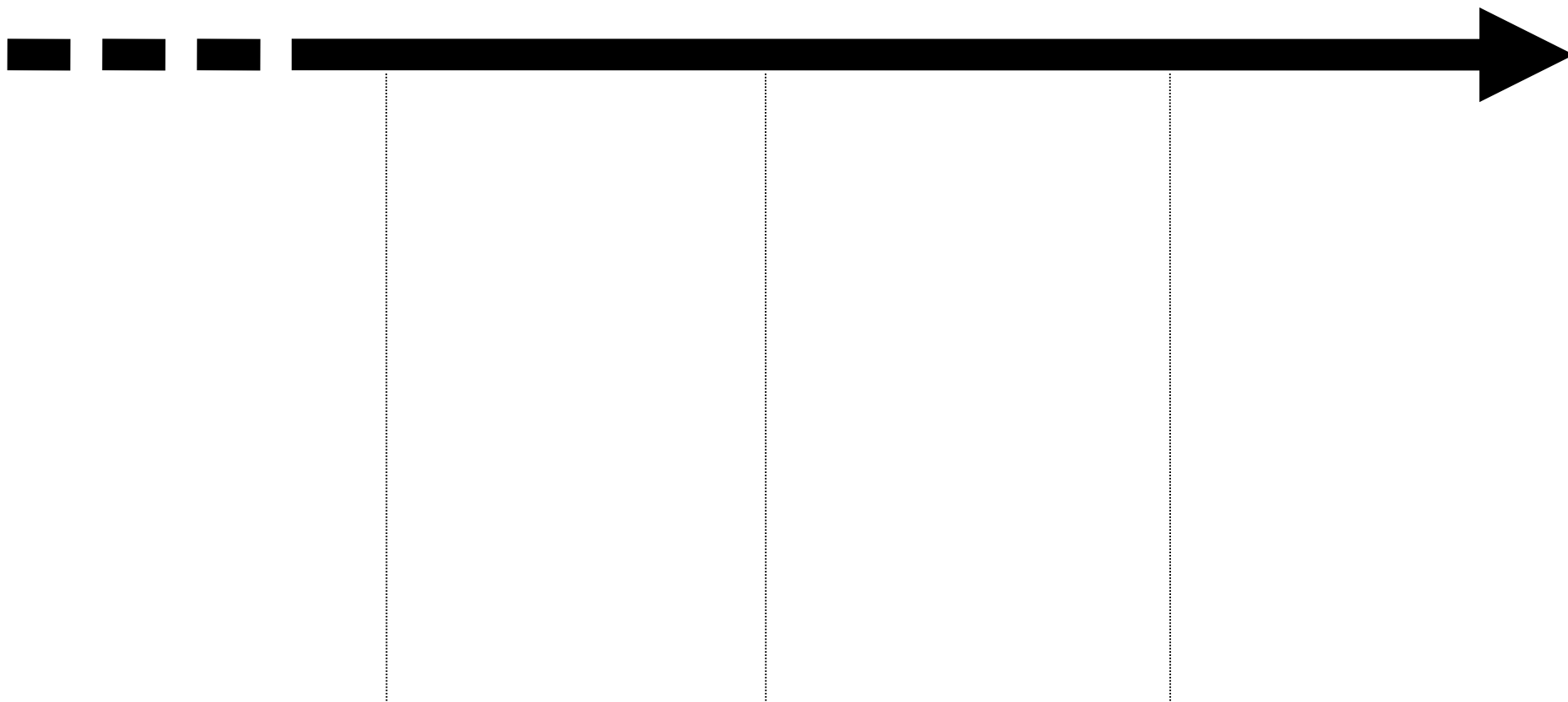
35%

F>M

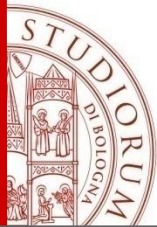
Severa

15%

F>>M, < 50aa



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IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

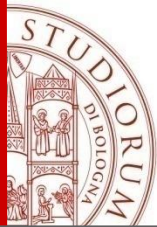
Severa

15%

F>>M, < 50aa

Stile di vita

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IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

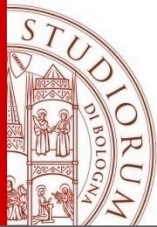
15%

F>>M, < 50aa

Stile di vita

Dieta

The American Journal of GASTROENTEROLOGY



IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

15%

F>>M, < 50aa

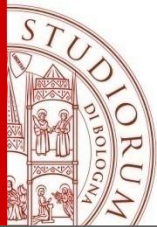
Stile di vita

Dieta

OTC

Farmaci

The American Journal of GASTROENTEROLOGY



IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

15%

F>>M, < 50aa

Stile di vita

Dieta

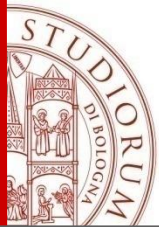
OTC

Farmaci

Psicoterapia

Anti-depressivi

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Gestione terapeutica

Gestione terapeutica

IBS - Patient's Agenda



23

Gestione terapeutica

IBS - Patient's Agenda

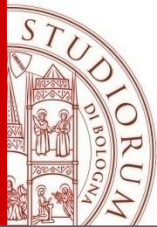


25

IBS - Doctor's Agenda



26



IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

15%

F>>M, < 50aa

Stile di vita

Dieta

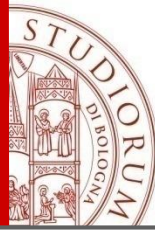
OTC

Farmaci

Psicoterapia

Anti-depressivi

The American Journal of GASTROENTEROLOGY



Physical Activity Improves Symptoms in Irritable Bowel Syndrome: A Randomized Controlled Trial

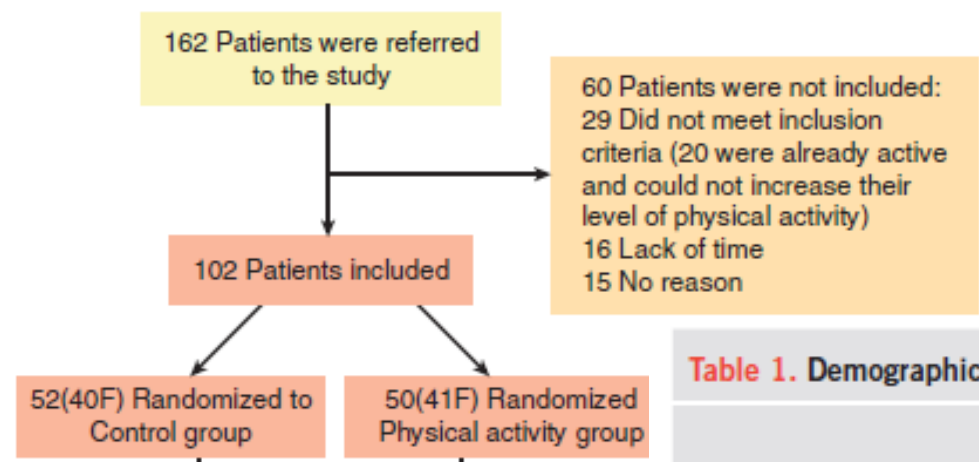
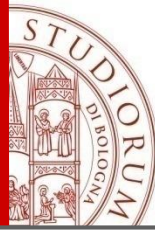


Table 1. Demographic data

	Control group (n=38)	Physical activity group (n=37)
<i>Marital status</i>		
Cohabitant/single	25/13	26/11
<i>Educational level</i>		
Primary school	7	5
High school	22	19
University studies	9	13
<i>Physically demanding work</i>		
Yes/no	17/21	20/17

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Physical Activity Improves Symptoms in Irritable Bowel Syndrome: A Randomized Controlled Trial

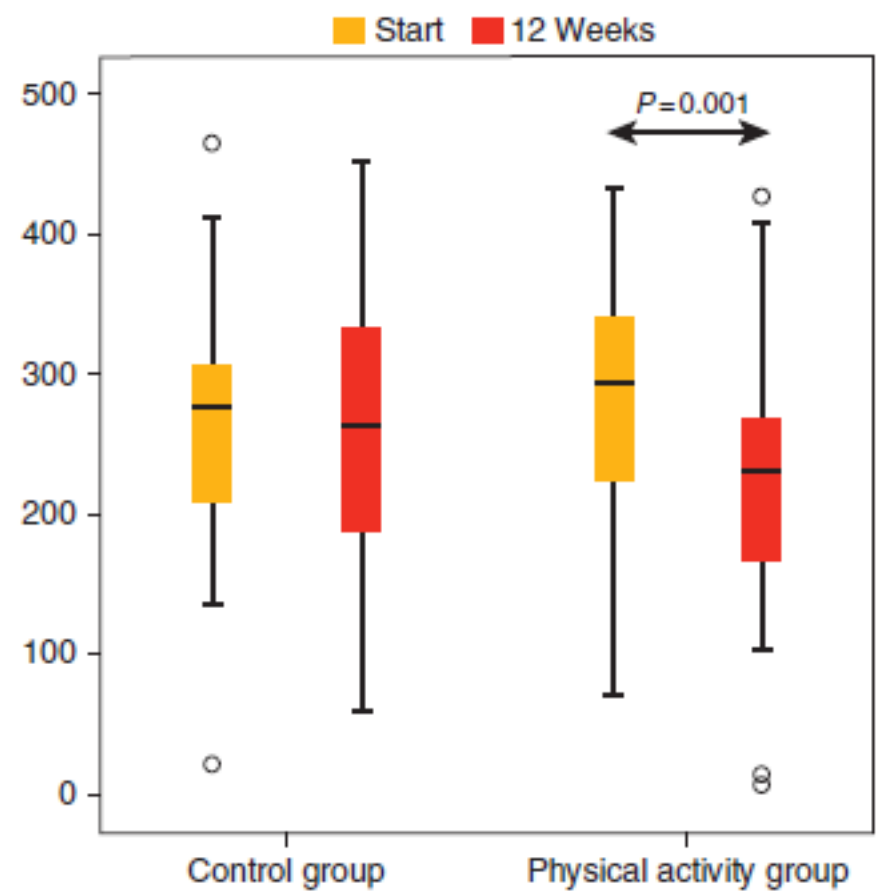
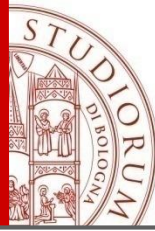


Table 4. IBS Quality of Life at baseline and after 12 weeks

Dimension	Control group	Physical activity group
Emotional	47 (25–76) –56 (31–88), $P=0.021$	56 (31–90) –66 (40–100), $P=0.002$
Mental health	72 (49–90) –80 (45–96)	82 (50–100) –85 (60–100)
Sleep	62 (25–92) –71 (33–94)	75 (31–100) –79 (39–100), $P=0.031$
Energy	50 (12–78) –56 (9–88)	50 (25–90) –75 (25–100), $P=0.006$
Physical function	58 (32–92) –58 (22–100)	67 (40–100) –92 (50–100), $P=0.001$

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Physical Activity Improves Symptoms in Irritable Bowel Syndrome: A Randomized Controlled Trial

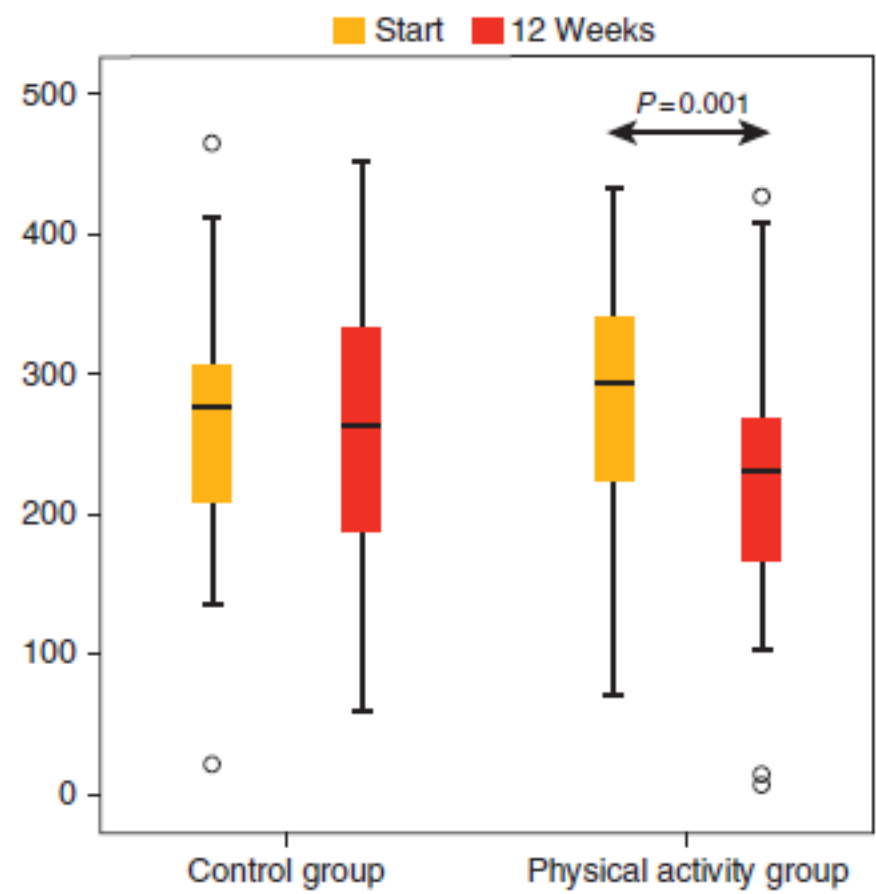
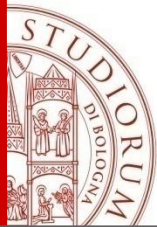


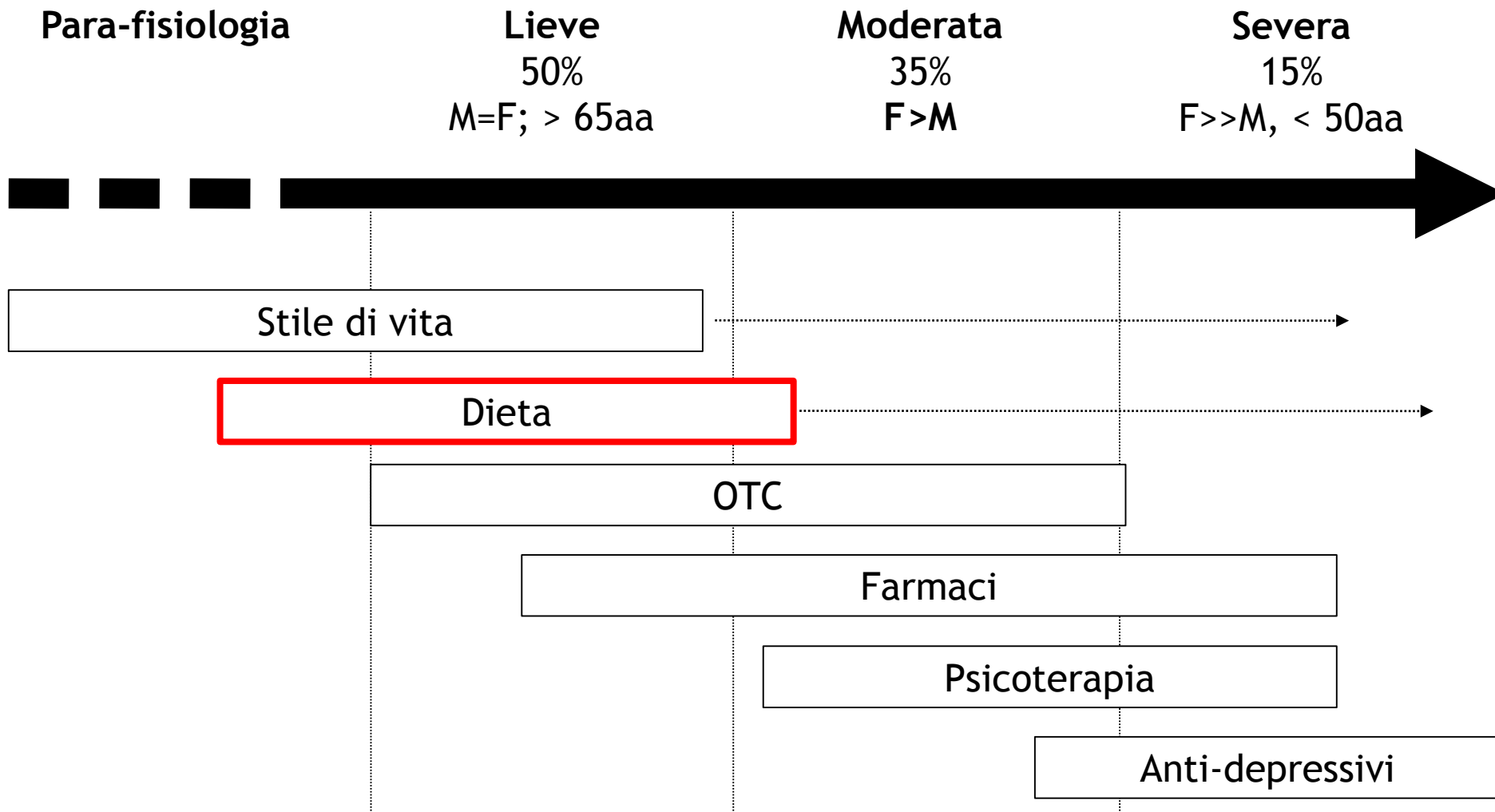
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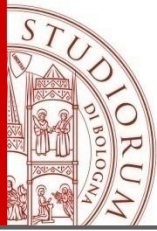
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IBS Severità e terapia



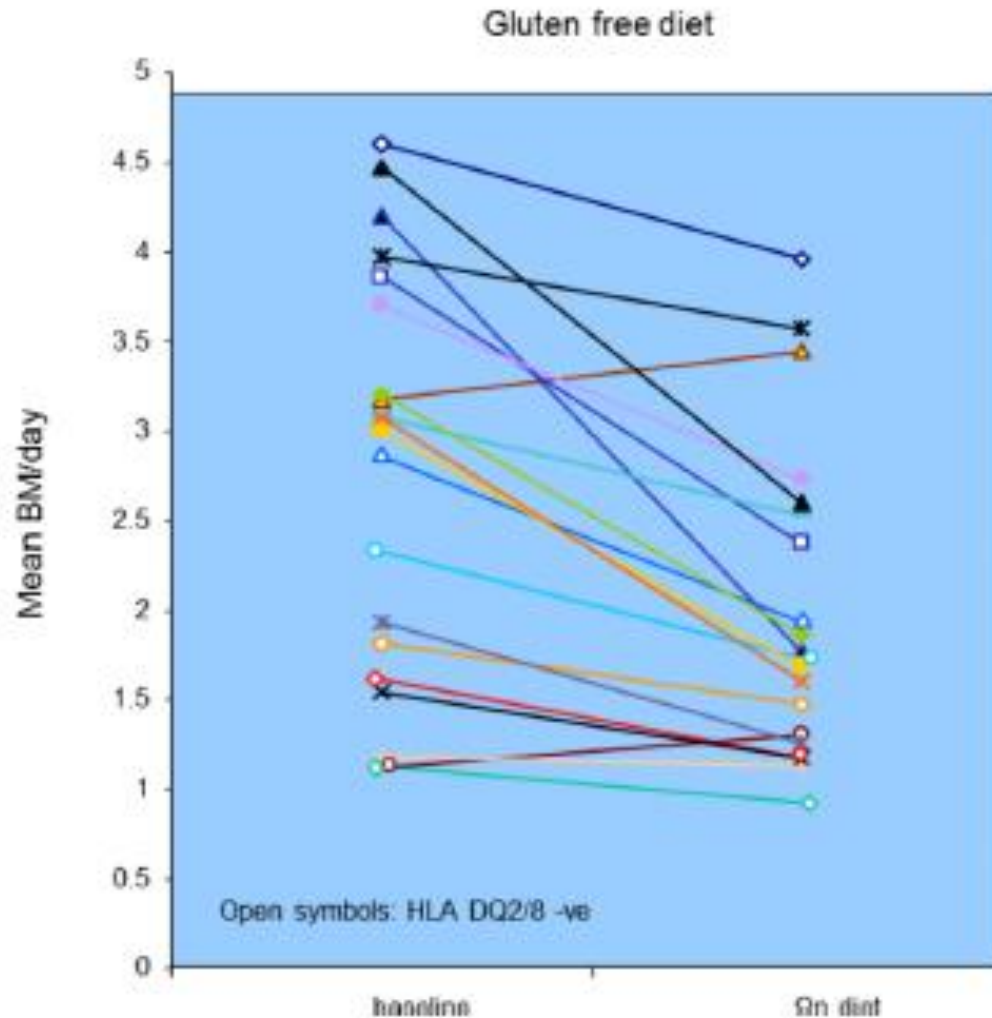
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A Controlled Trial of Gluten-Free Diet in Patients with Irritable Bowel Syndrome-Diarrhea: Effects on Bowel Frequency and Intestinal Function

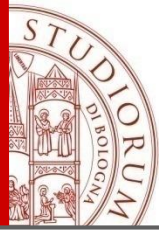
Gastroenterology 2013

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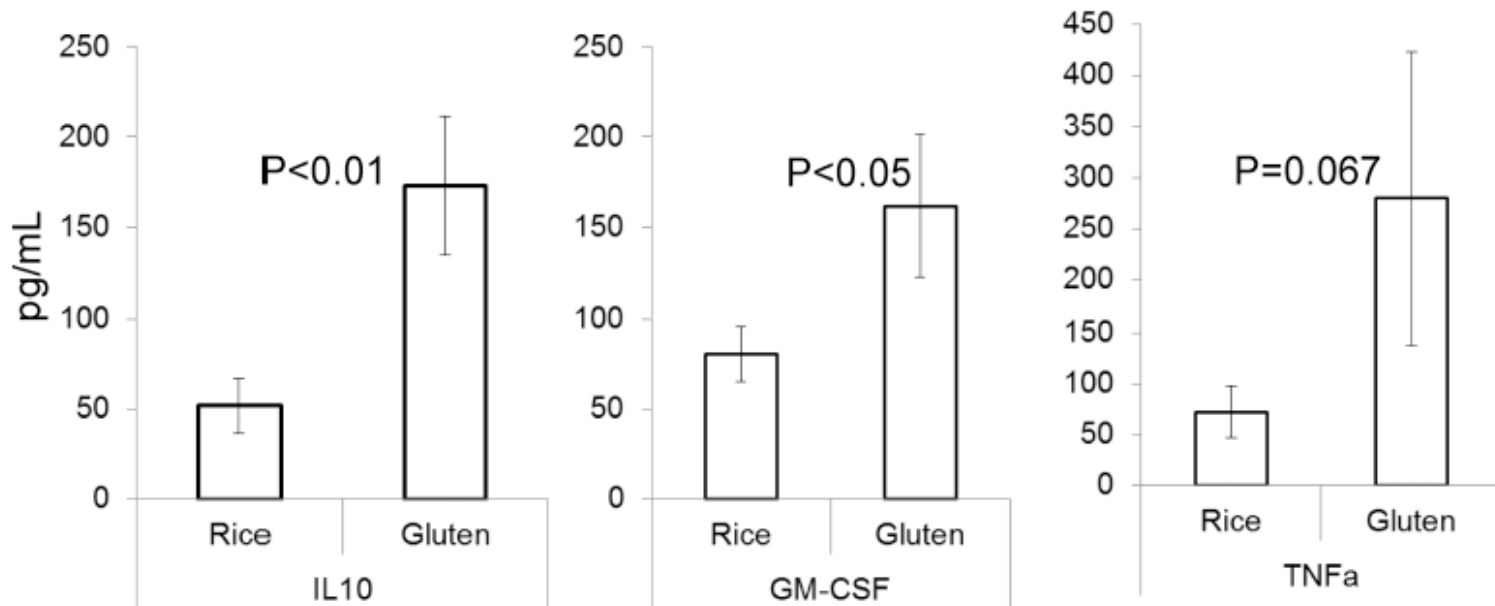


Riduzione numero di evacuazioni
Miglioramento sintomi globali IBS

Gastroenterology 2013

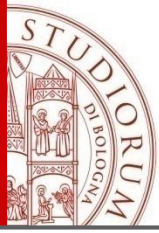


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Riduzione markers sierologici di
infiammazione sistemica

Gastroenterology 2013



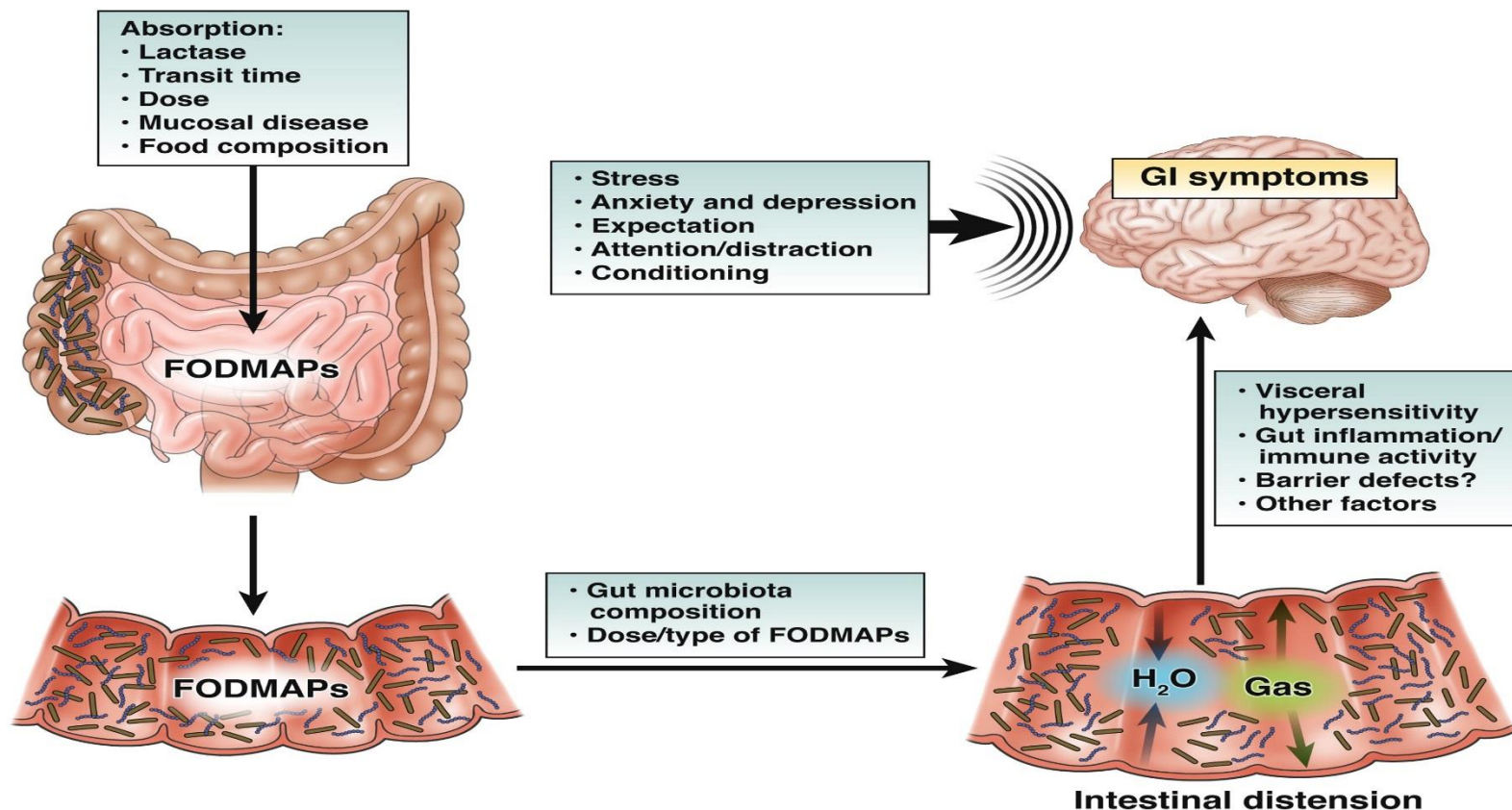
Dieta

FODMAPS

Fermentable **o**ligo-, **d**i-, **m**ono-**s**accharides and **p**olyols (short chain carbohydrates)

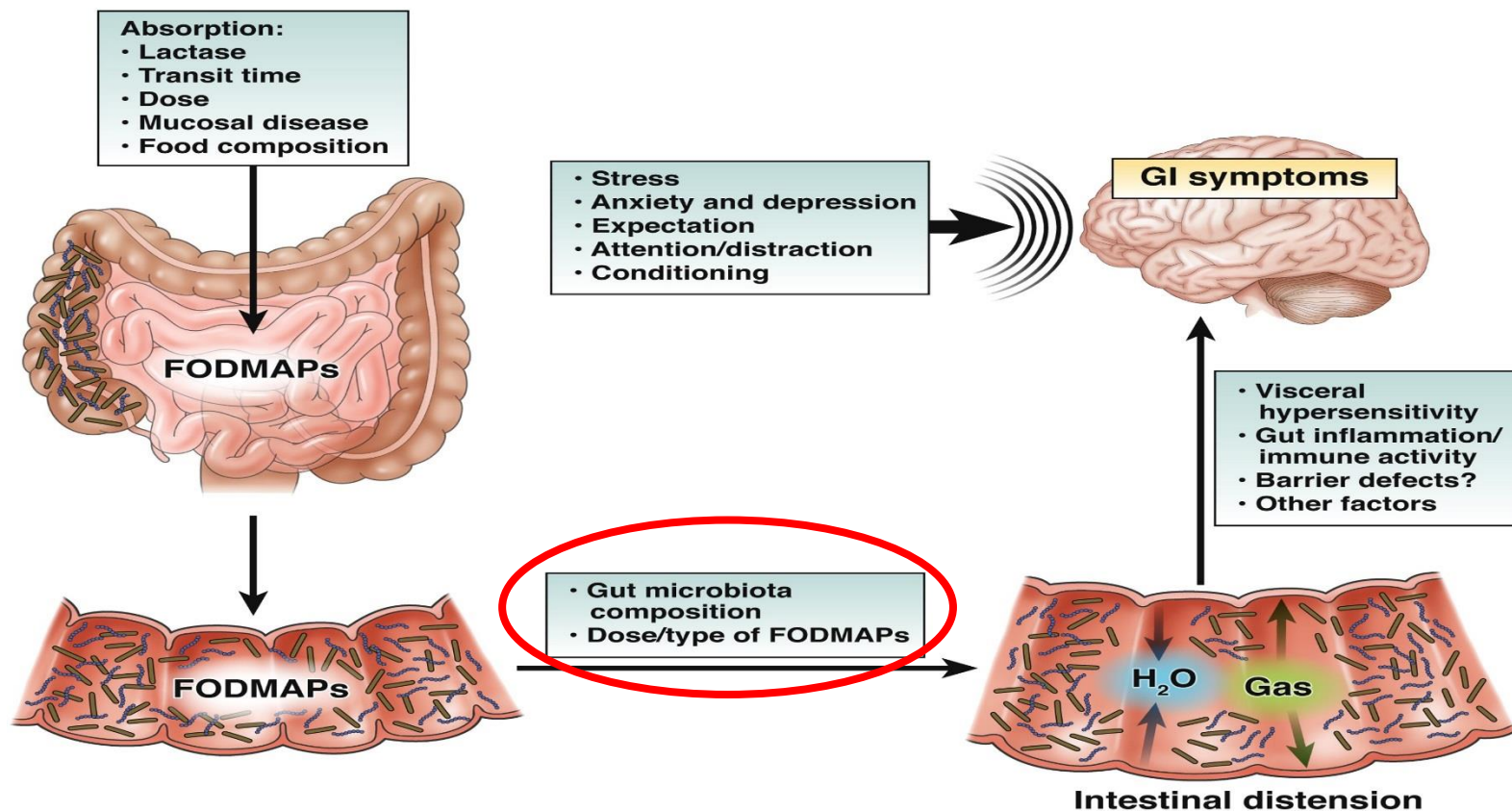
FODMAPS

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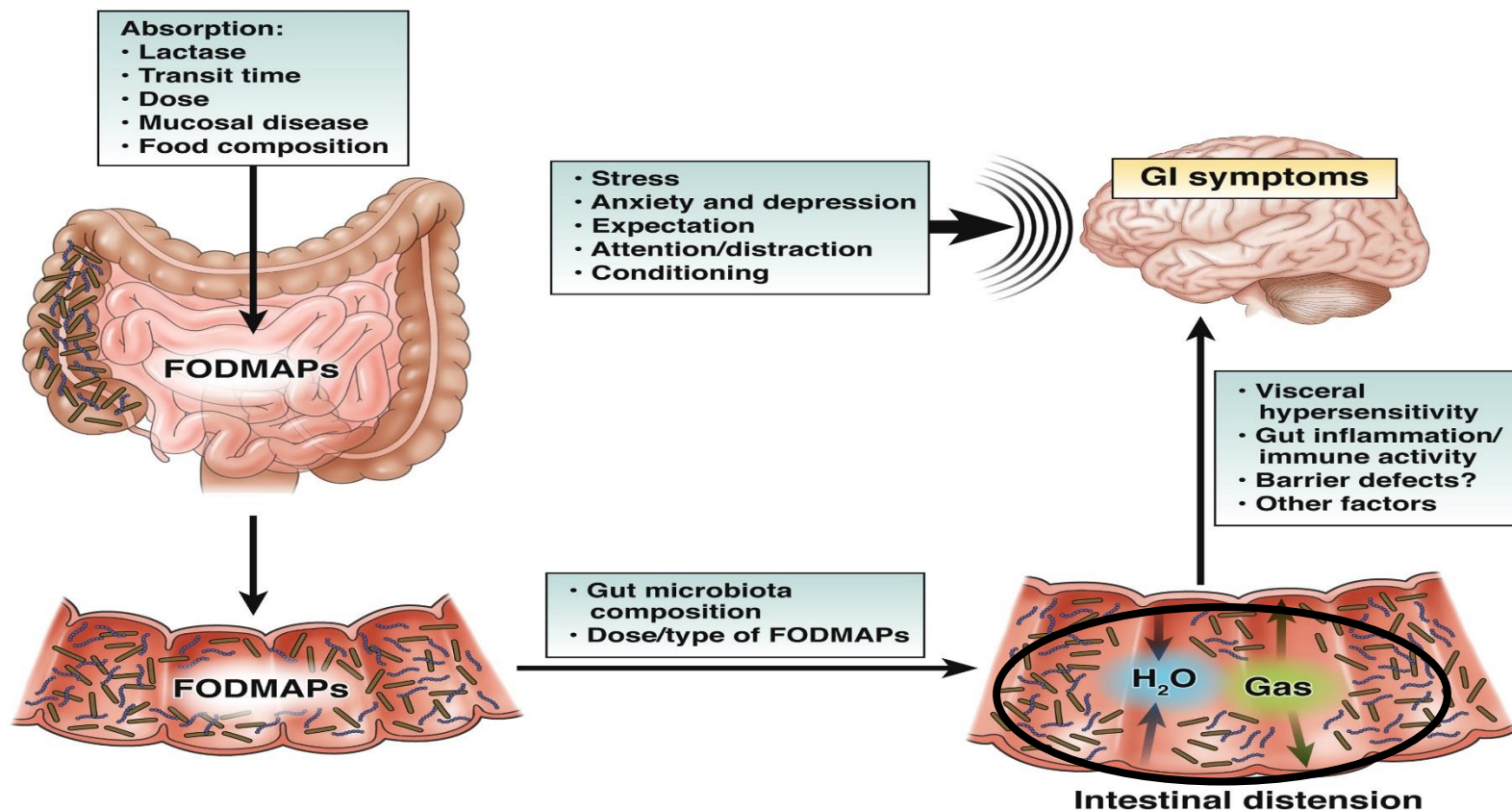
FODMAPS

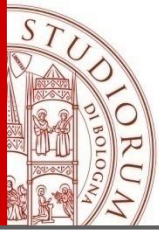
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FODMAPS

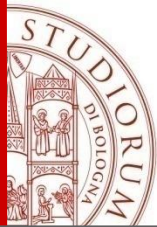
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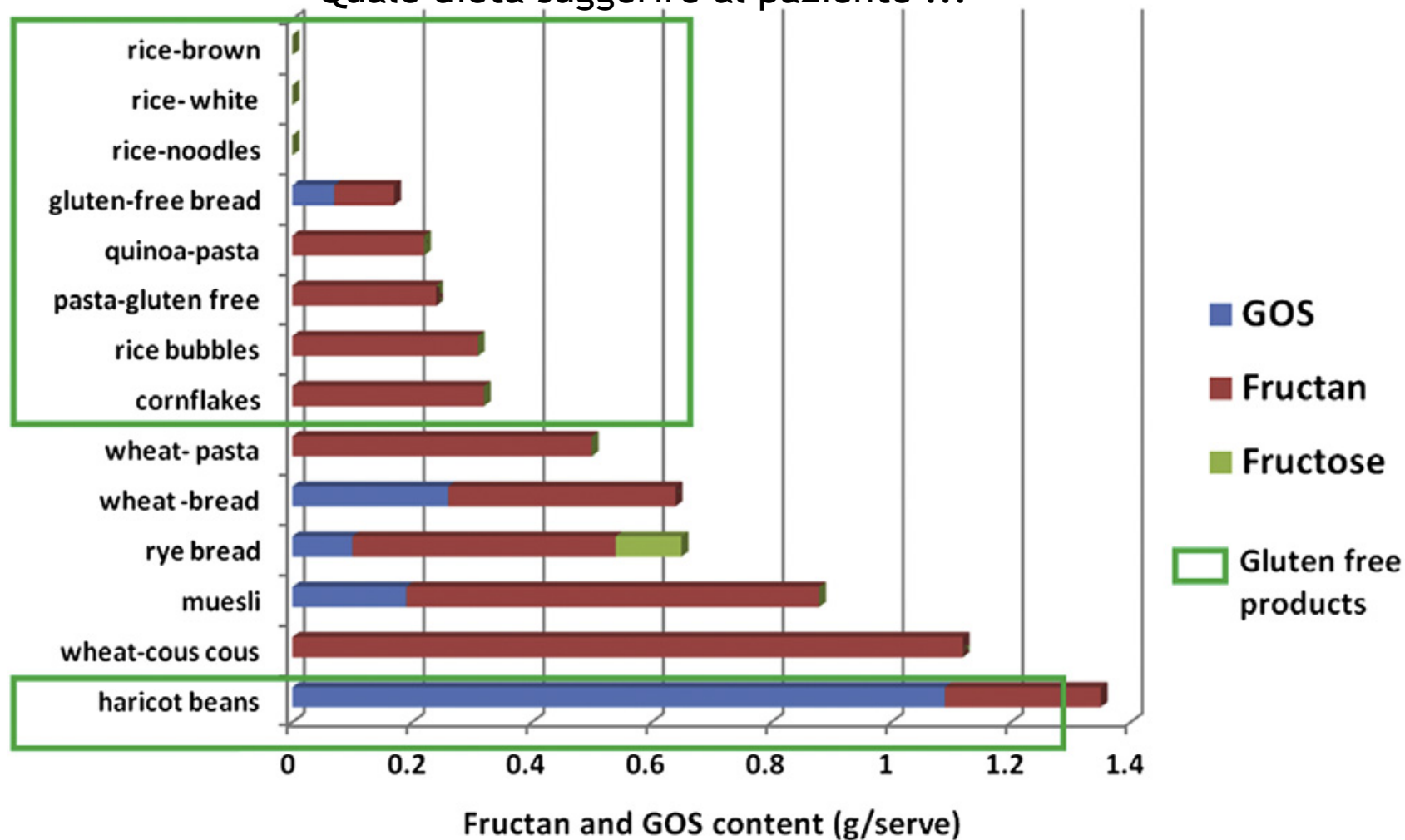
Dieta

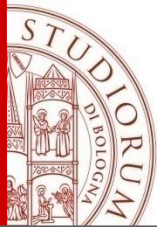
Quale dieta suggerire al paziente ???



Dieta

Quale dieta suggerire al paziente ???



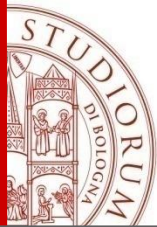


Dieta

Using cereal to increase dietary fiber intake to the recommended level and the effect of fiber on bowel function in healthy persons consuming North American diets¹⁻³

FIBER AND BOWEL FUNCTION

Am J Clin Nutr 2008;88:1256–62.



Dieta

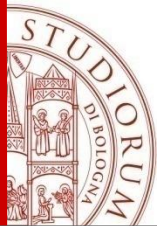
Using cereal to increase dietary fiber intake to the recommended level and the effect of fiber on bowel function in healthy persons consuming North American diets¹⁻³

Studio randomizzato controllato

Dieta «Nord-Americana» (12g/die fibre) vs. integratori e/o supplementi (25 g/die)

FIBER AND BOWEL FUNCTION

Am J Clin Nutr 2008;88:1256–62.



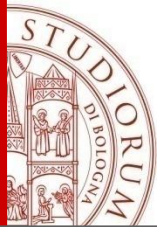
Dieta

Using cereal to increase dietary fiber intake to the recommended level and the effect of fiber on bowel function in healthy persons consuming North American diets¹⁻³

Variable	Baseline ²	BBP
Bowel habits		
Fecal wet weight (g/d)	127 ± 57.5 ³	247 ± 87.0 ^c
Fecal wet weight (g/g fiber/d)	—	4.77 ± 2.7 ^b
Fecal dry weight (g/d)	28.3 ± 12.3	50.4 ± 14.9 ^b
Dry matter (%)	23.0 ± 4.46	20.9 ± 2.22 ^b
Adjusted fecal wet weight (g/100 kcal/d)	4.75 ± 2.05	9.21 ± 3.04 ^c
Adjusted fecal dry weight (g/100 kcal/d)	1.05 ± 0.40	1.88 ± 0.47 ^b

FIBER AND BOWEL FUNCTION

Am J Clin Nutr 2008;88:1256–62.



Dieta

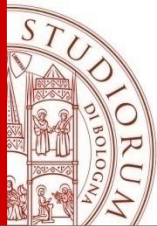
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Fecal wet weight (g/g fiber/d)	—	4.77 ± 2.7 ^b
Fecal dry weight (g/d)	28.3 ± 12.3	50.4 ± 14.9 ^b
Dry matter (%)	23.0 ± 4.46	20.9 ± 2.22 ^b
Adjusted fecal wet weight (g/100 kcal/d)	4.75 ± 2.05	9.21 ± 3.04 ^c
Adjusted fecal dry weight (g/100 kcal/d)	1.05 ± 0.40	1.88 ± 0.47 ^b
Breath gases		
Breath H ₂ (ppm)	5.3 (1.0–13.5) ⁴	6.8 (3.2–14.5)
Breath CH ₄ (ppm)	2.8 (1.9–5.6)	3.7 (1.8–5.5)

BBP: Bran Buds with Psyllium

FIBER AND BOWEL FUNCTION

Am J Clin Nutr 2008;88:1256–62.



Dieta

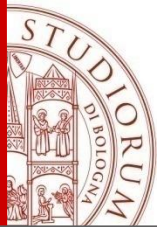
Using cereal to increase dietary fiber intake to the recommended level and the effect of fiber on bowel function in healthy persons consuming North American diets¹⁻³

Characteristic	Control	BBP
Bowel habits		
Intestinal transit time (h)	41.0 ± 18.9 ²	30.9 ± 17.9
Median (h)	32.3 (29.7–45.8) ²	24.9 (16.0–37.0)
Frequency (stools/d)	0.97 ± 0.25 ^a	1.27 ± 0.53 ^b
Symptoms ⁵		
Ease of movement	2.0 ± 0.8	1.6 ± 0.9

BBP: Bran Buds with Psyllium

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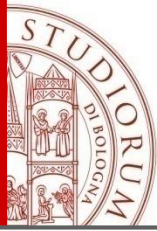
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BBP: Bran Buds with Psyllium

Conclusioni: La supplementazione con fibre solubili (psillio) è ben tollerata, e porta a miglioramento sintomatologico, del transito intestinale e della consistenza fecale.

FIBER AND BOWEL FUNCTION

Am J Clin Nutr 2008;88:1256–62.



Dieta

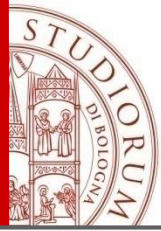
Psyllium Supplementation in Adolescents Improves Fat Distribution & Lipid Profile: A Randomized, Participant-Blinded, Placebo-Controlled, Crossover Trial

July 2012 | Volume 7

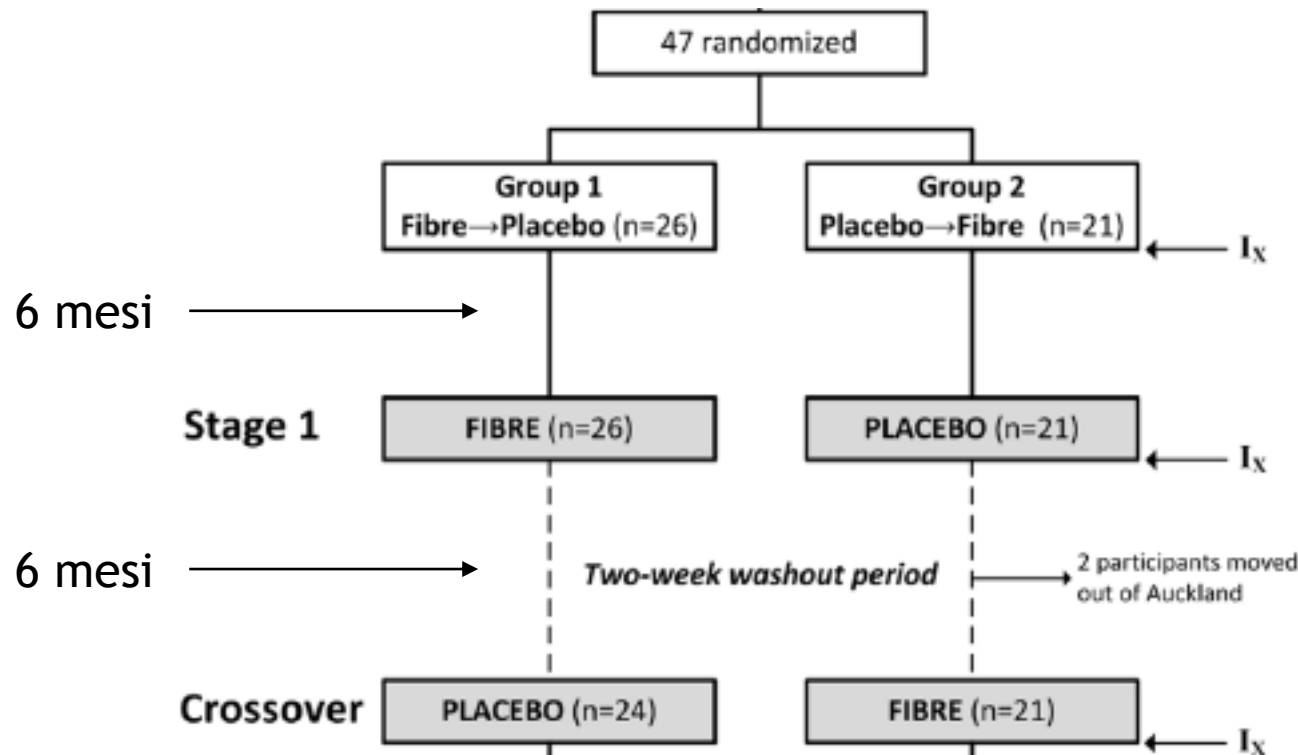


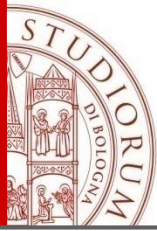
ALMA MATER STUDIORUM - UNIVERSITÀ DI BOLOGNA

IL PRESENTE MATERIALE È RISERVATO AL PERSONALE DELL'UNIVERSITÀ DI BOLOGNA E NON PUÒ ESSERE UTILIZZATO AI TERMINI DI LEGGE DA ALTRE PERSONE O PER FINI NON ISTITUZIONALI



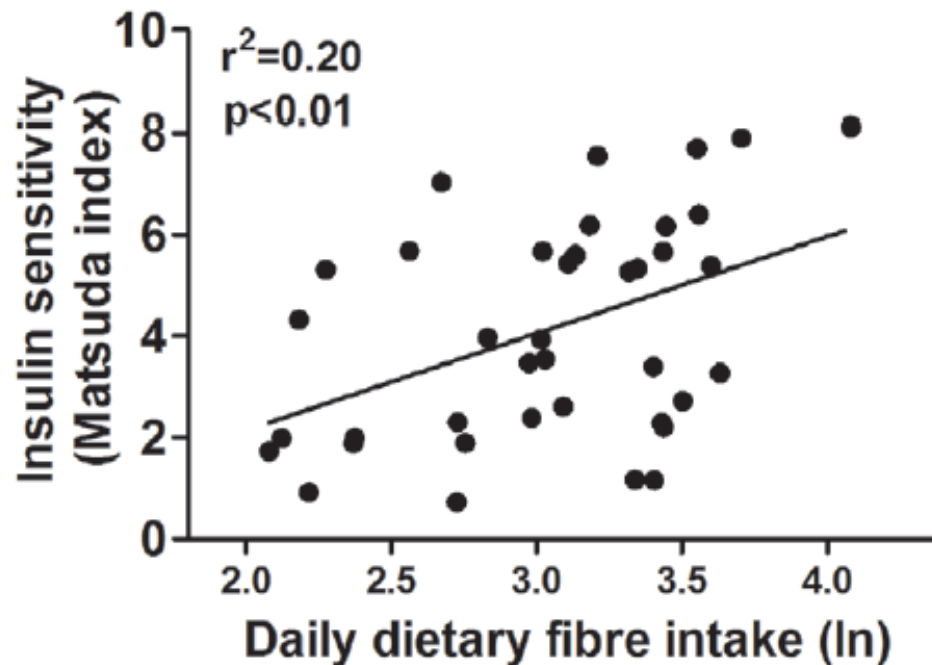
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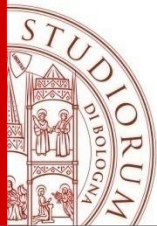




Dieta

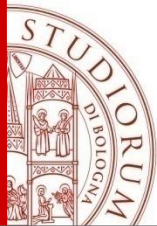
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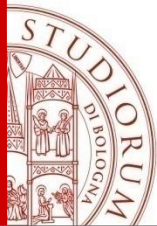
Psyllium Supplementation in Adolescents Improves Fat Distribution & Lipid Profile: A Randomized, Participant-Blinded, Placebo-Controlled, Crossover Trial

Variable	Placebo	Fibre	p-value
Anthropometry			
Weight (kg)	83.4±3.1	83.0±3.0	0.65
BMI (kg/m ²)	26.2±1.0	26.0±0.9	0.92
% body fat	23.8±1.7	23.4±1.7	0.95
Android fat to gynoid fat ratio	0.99±0.04	0.95±0.04	0.019



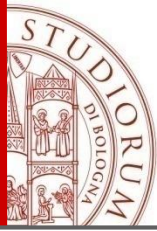
Psyllium Supplementation in Adolescents Improves Fat Distribution & Lipid Profile: A Randomized, Participant-Blinded, Placebo-Controlled, Crossover Trial

Variable	Placebo	Fibre	p-value
Ambulatory blood pressure			
Daytime diastolic (mmHg)	69.8±0.9	69.8±0.9	0.86
Daytime systolic (mmHg)	123.9±1.5	122.6±1.3	0.44
Nighttime diastolic (mmHg)	56.2±1.1	55.1±0.8	0.57
Nighttime systolic (mmHg)	109.4±1.7	106.3±1.3	0.073



Psyllium Supplementation in Adolescents Improves Fat Distribution & Lipid Profile: A Randomized, Participant-Blinded, Placebo-Controlled, Crossover Trial

Variable	Placebo	Fibre	p-value
Plasma			
Glucose (mmol/l)	5.20±0.07	5.11±0.06	0.19
LDL (mmol/l)	2.46±0.09	2.32±0.09	0.042
HDL (mmol/l)	1.19±0.04	1.17±0.04	0.40
HDL to LDL ratio	0.53±0.03	0.54±0.03	0.59
Triglycerides (mmol/l)	0.95±0.06	0.94±0.06	0.99
Hormones			
Insulin (μU/l)	14.8±1.5	15.3±1.5	0.51
Insulin sensitivity (Matsuda index)	3.88±0.3	3.85±0.3	0.90



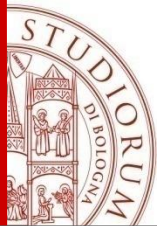
Dieta

Viscosity rather than quantity of dietary fibre predicts cholesterol-lowering effect in healthy individuals

British Journal of Nutrition (2011), **106**, 1349–1352

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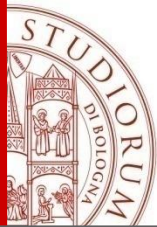
Dieta

Viscosity rather than quantity of dietary fibre predicts cholesterol-lowering effect in healthy individuals

Conclusion

The present study demonstrated that the addition of the recommended level of fibre to a high-fat diet provides lipid-lowering benefits only when high-viscosity fibre was included in the total amount.

British Journal of Nutrition (2011), **106**, 1349–1352



IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

15%

F>>M, < 50aa

Stile di vita

Dieta

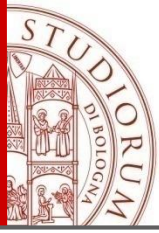
OTC

Farmaci

Psicoterapia

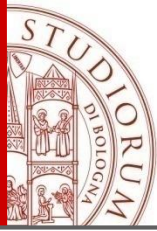
Anti-depressivi

The American Journal of GASTROENTEROLOGY



Medical Treatments for IBS-D

JAMA March 3, 2015



Medical Treatments for IBS-D

Loperamide

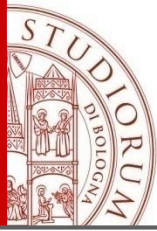
Qualità dell'evidenza: molto bassa

Effetto: riduce il numero delle evacuazioni

Nessun effetto sui sintomi (Overall IBS symptoms)

Antidiarrheals: loperamide	Very low	Beneficial for diarrhea but not global symptoms or pain in IBS-D
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Medical Treatments for IBS-D

Rifaximina

Qualità dell'evidenza: moderata (3 trial randomizzati)

Effetto: riduce il numero delle evacuazioni; migliora i sintomi (a lungo termine)

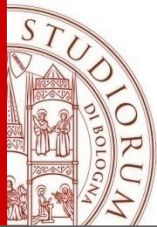
Eventi avversi simili al placebo

Antibiotics: rifaximin	Moderate	Improves global symptoms, pain, and bloating in nonconstipated IBS patients
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Probiotici



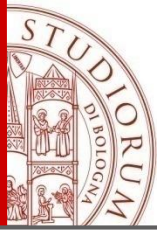


Definizioni

Probiotics

Live microorganisms that confer a health benefit on the host when administered in adequate amounts

Guarner F, WGO Guidelines 2011



Definizioni

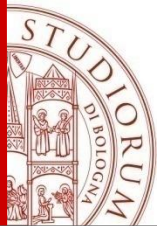
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Prebiotic

Dietary substances that nurture specific changes in the composition and/or activity of the GI microbiota (favoring beneficial bacteria), thus conferring benefit(s) upon host health

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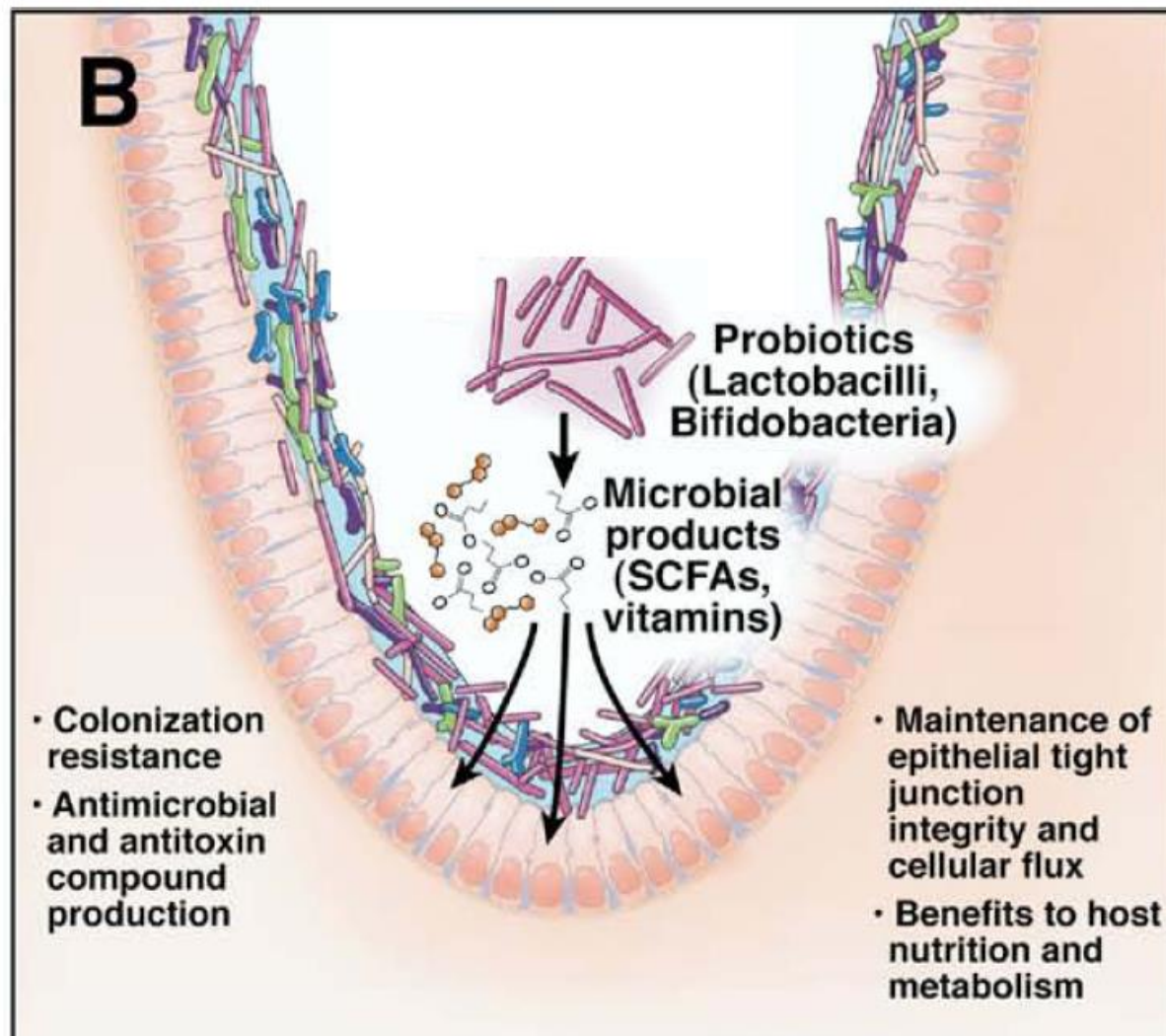


Definizioni

Probiotics	Live microorganisms that confer a health benefit on the host when administered in adequate amounts
Prebiotic	Dietary substances that nurture specific changes in the composition and/or activity of the GI microbiota (favoring beneficial bacteria), thus conferring benefit(s) upon host health
Synbiotics	Products that contain both probiotics and prebiotics

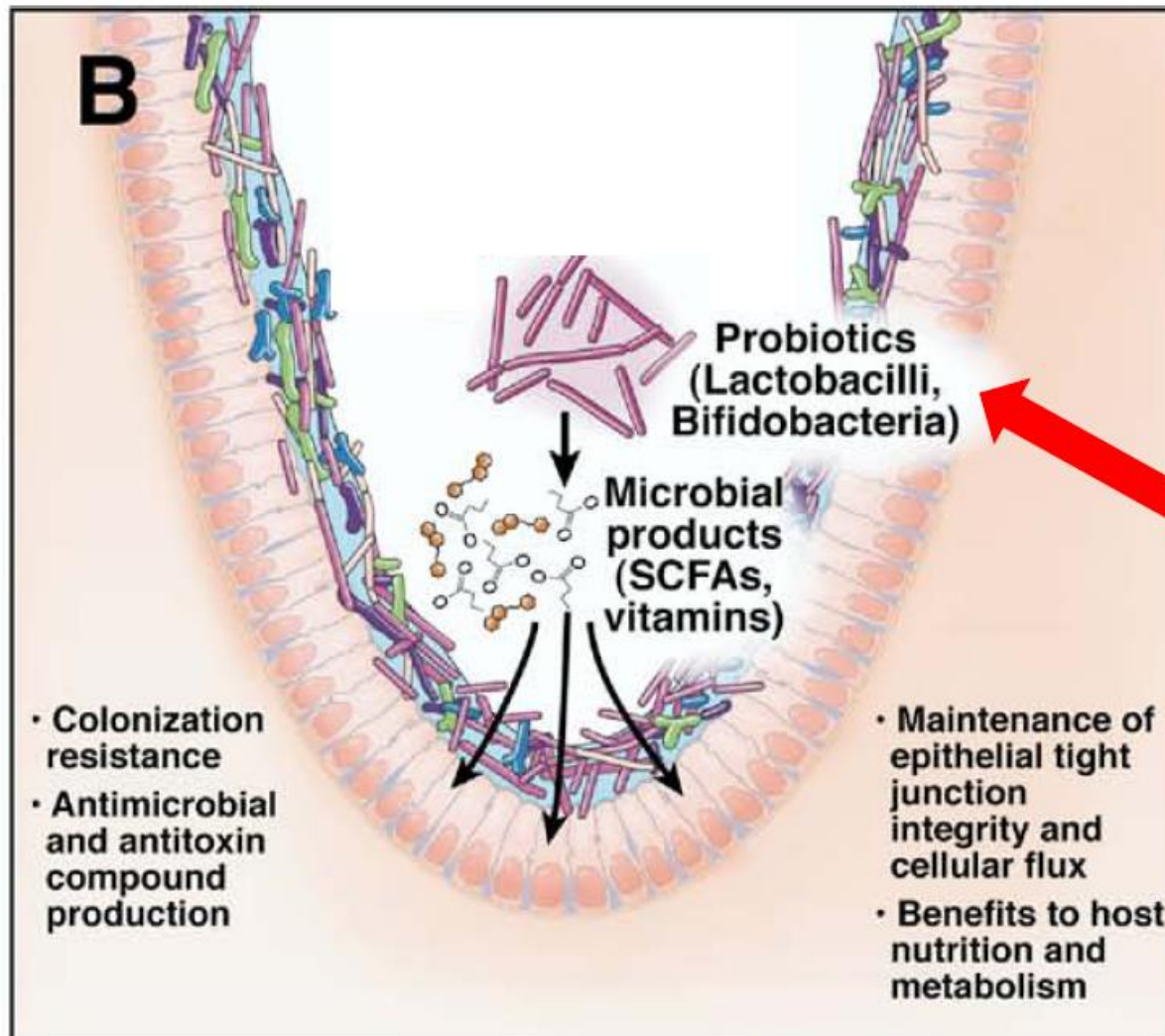
Guarner F, WGO Guidelines 2011

Mechanism of action



Preidis GA, Gastro 2009

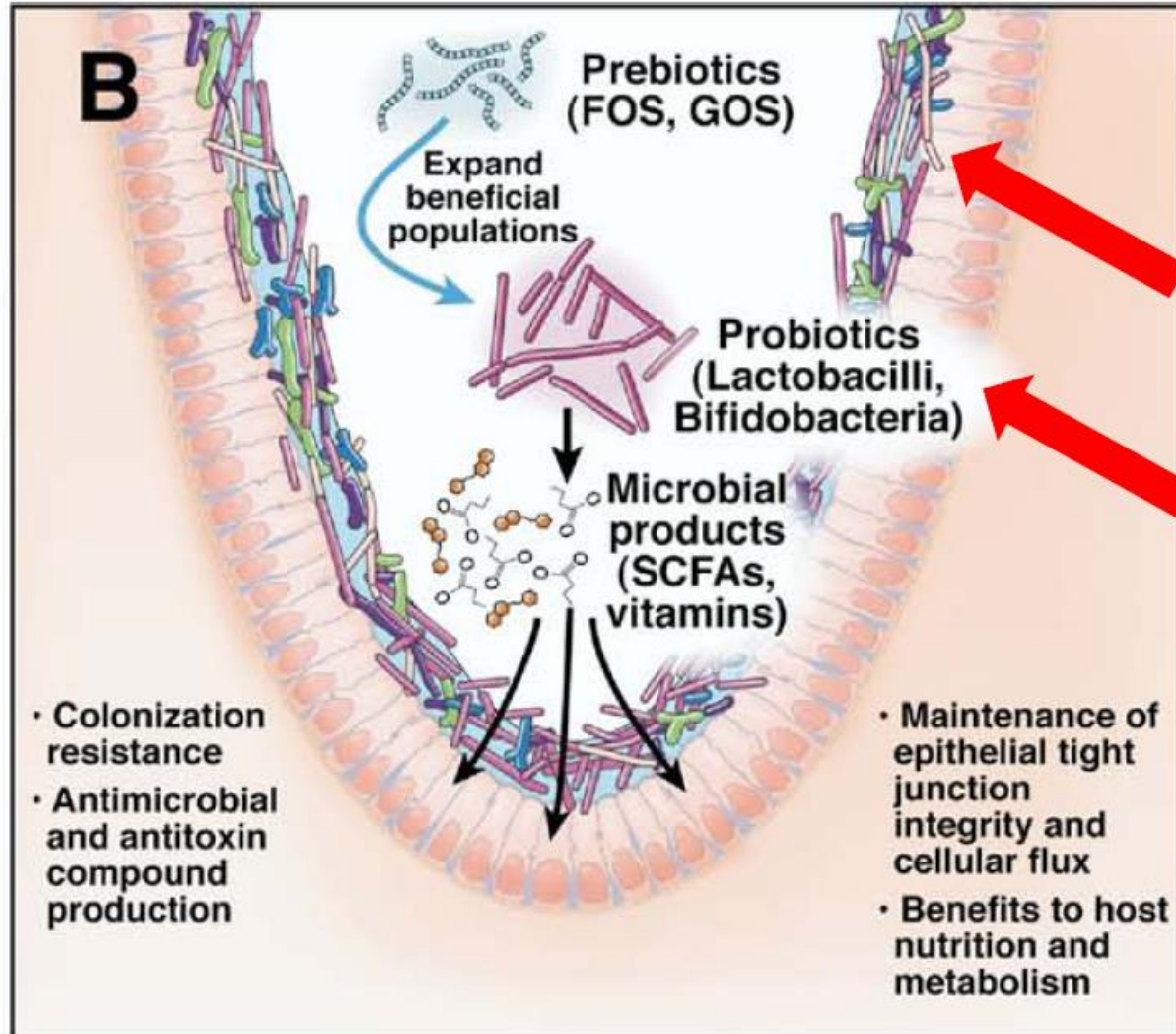
Mechanism of action



Probiotics mimic the commensal microbiota

Preidis GA, Gastro 2009

Mechanism of action

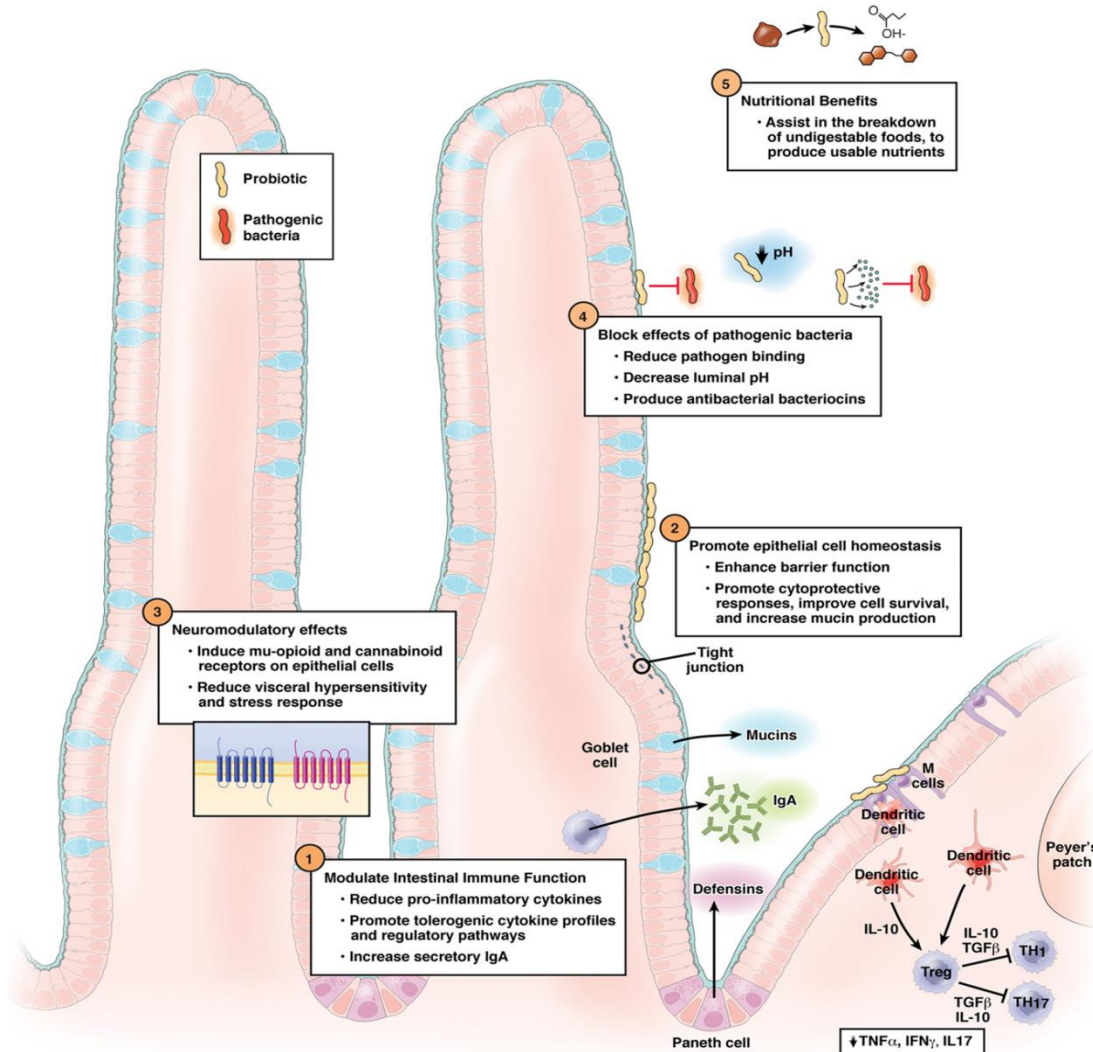


Prebiotics enhance colonization, survival and function of reident microbes

Probiotics mimic the commensal microbiota

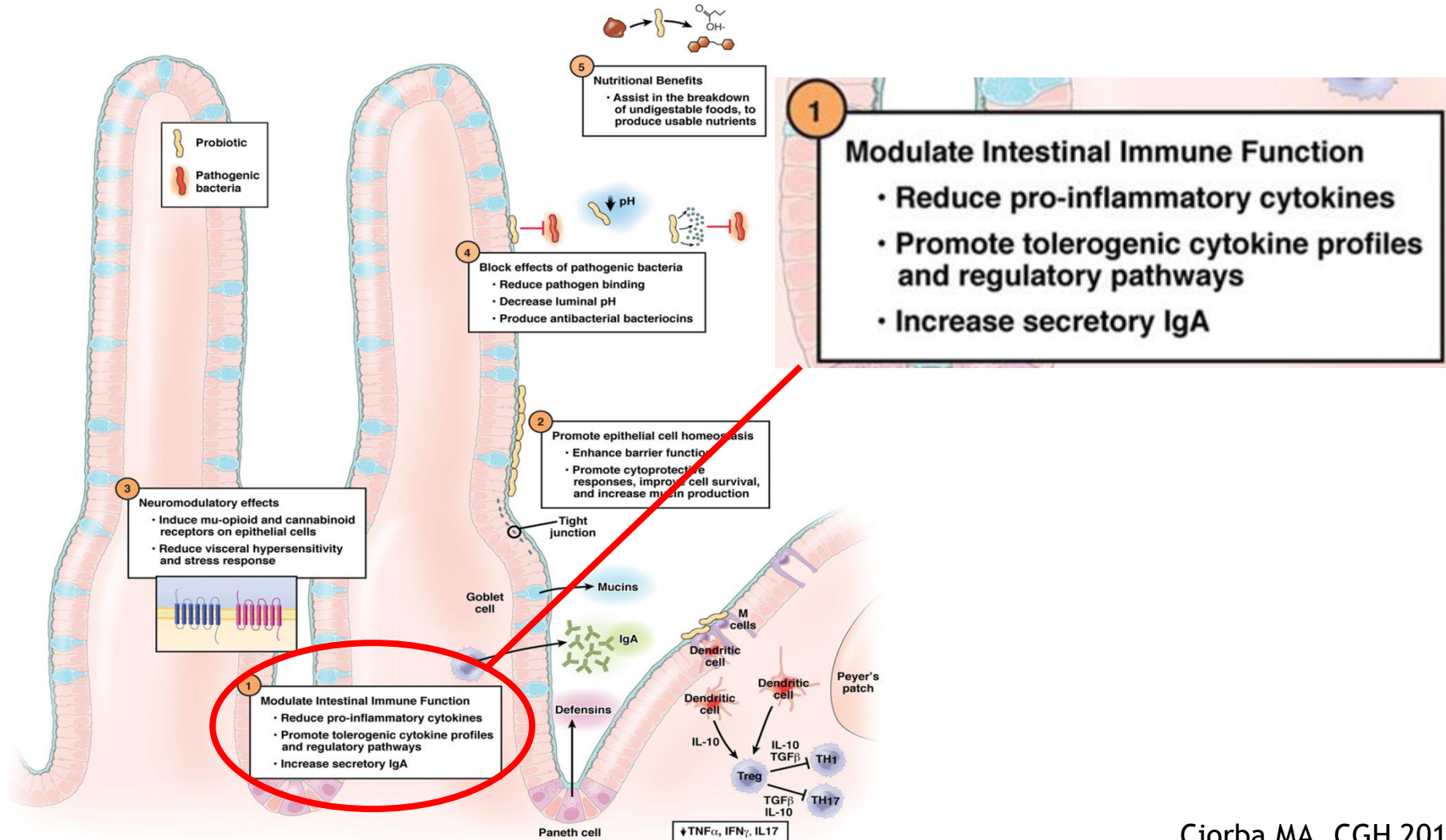
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Mechanism of action



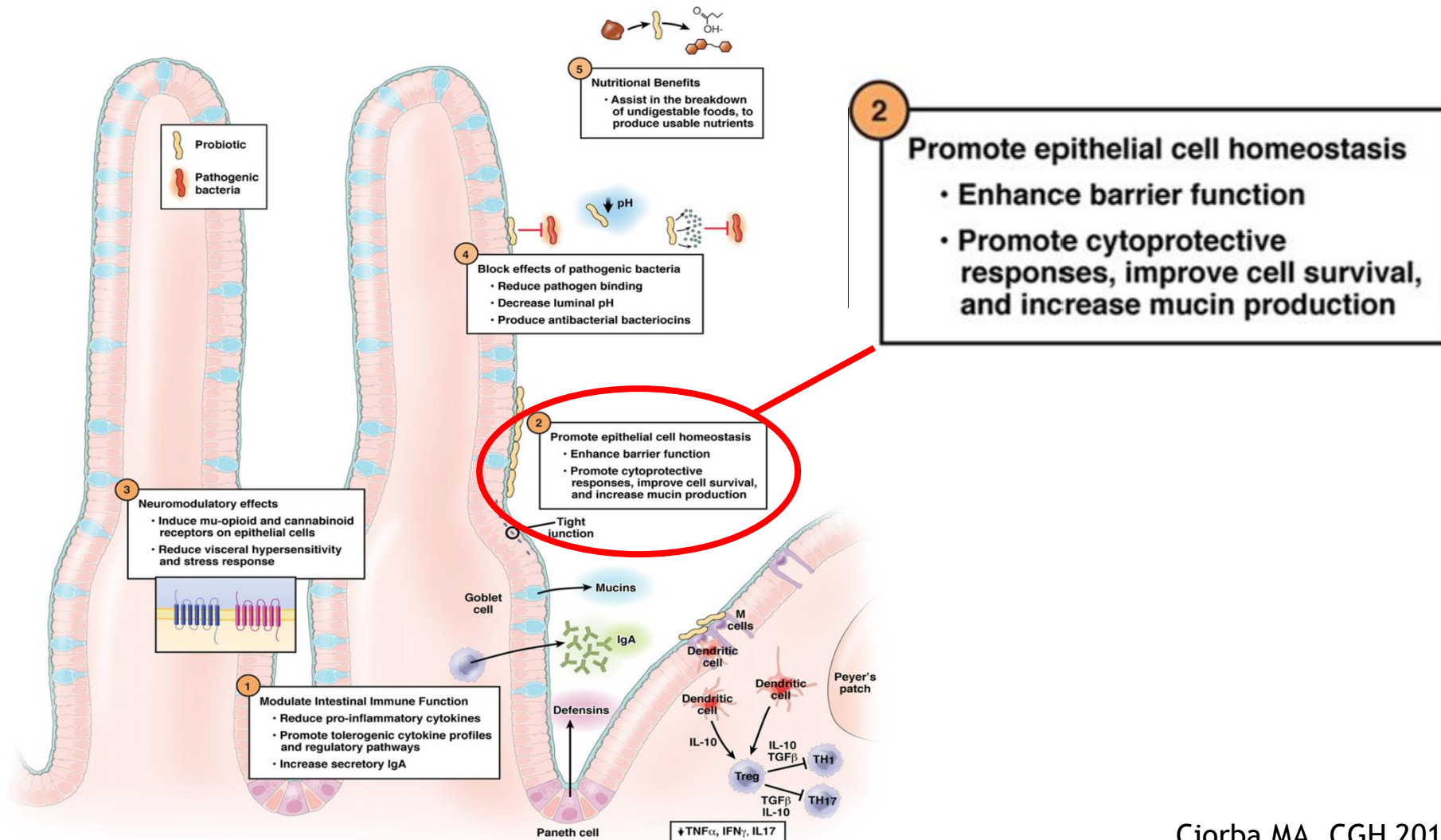
Ciorba MA, CGH 2012

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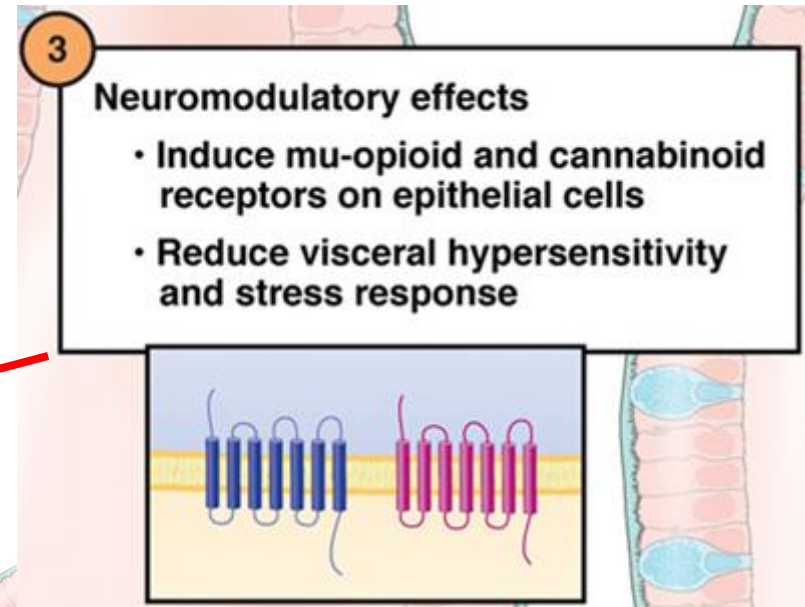
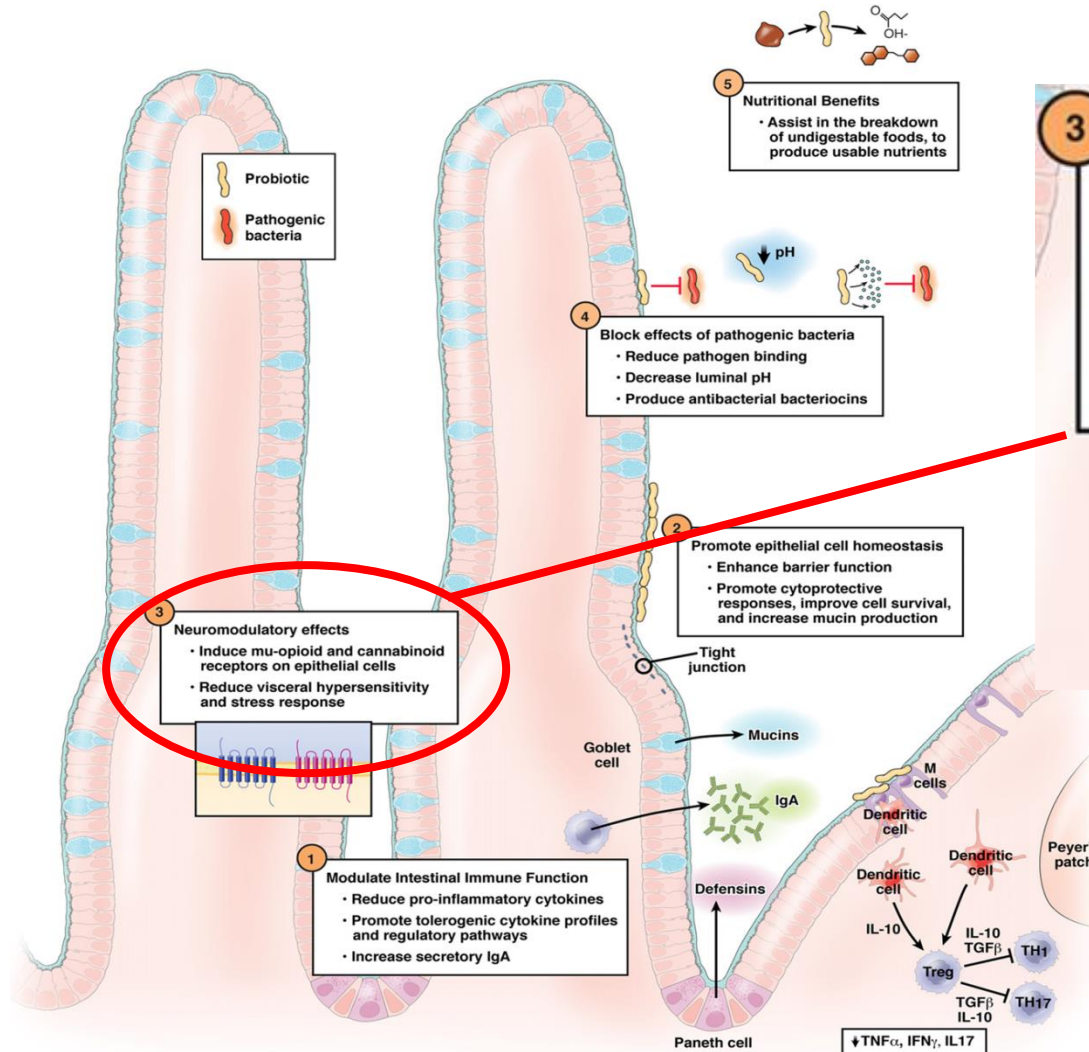
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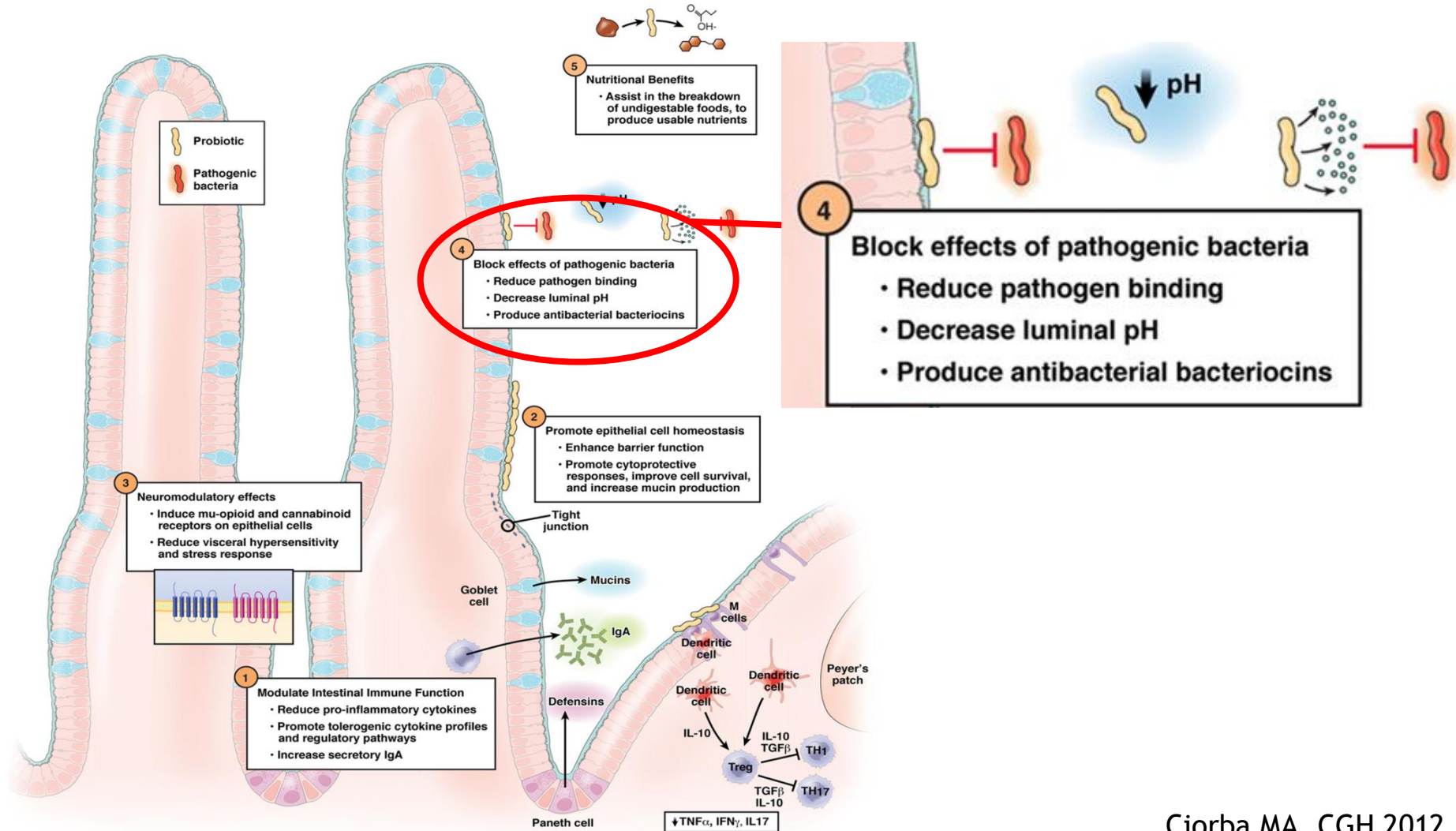
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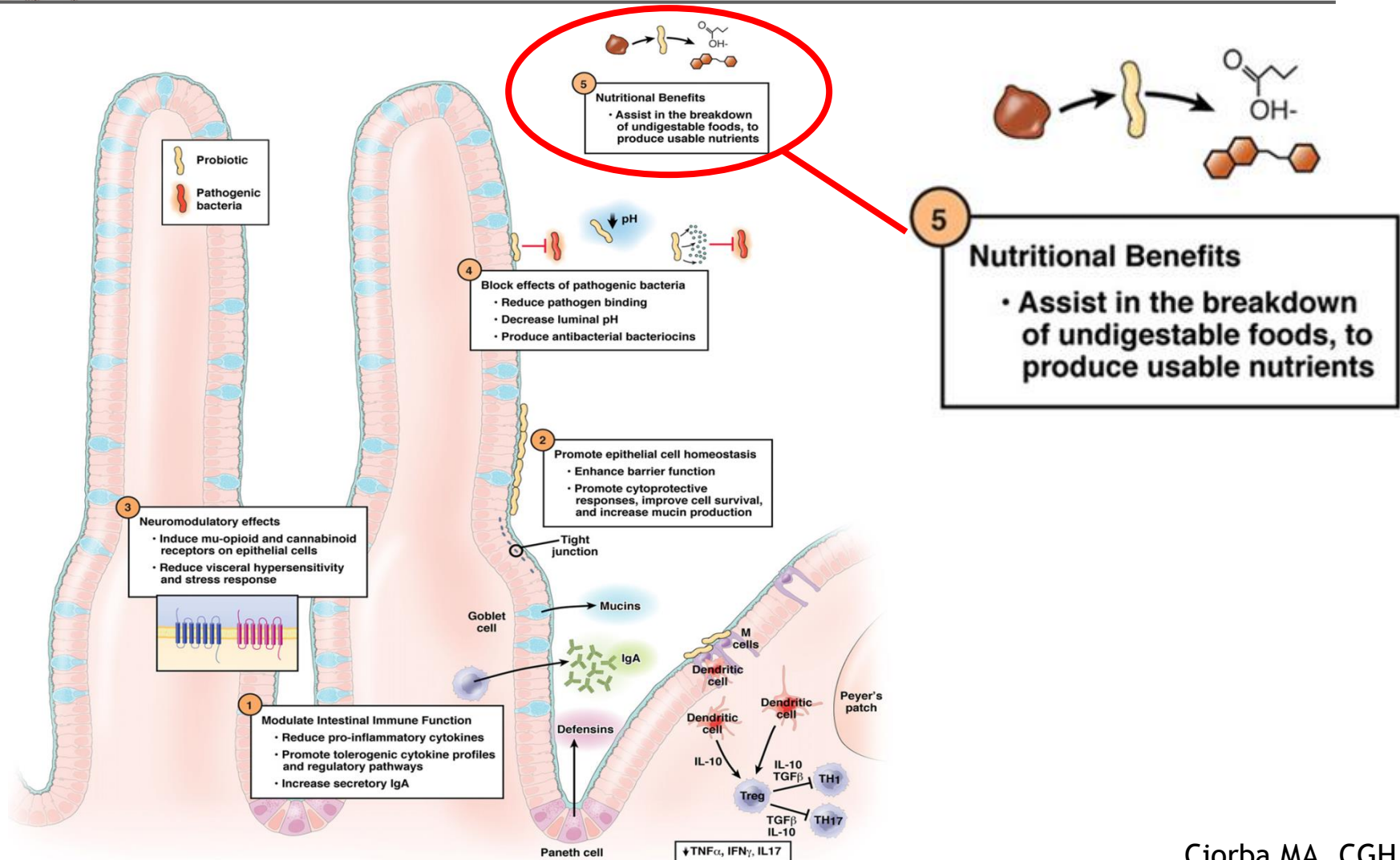
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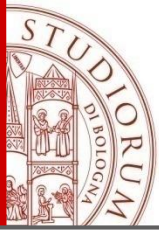


Ciorba MA, CGH 2012

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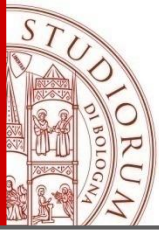
Ciorba MA, CGH 2012



Clinical Efficacy

Common side effects of probiotics are typically transient but include gas and bloating

Ciorba MA, CGH 2012

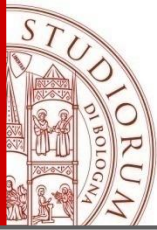


Clinical Efficacy

Common side effects of probiotics are typically transient but include gas and bloating

Different probiotic strains possess unique properties for benefiting host physiology

Ciorba MA, CGH 2012



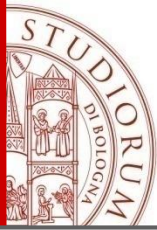
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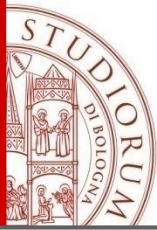
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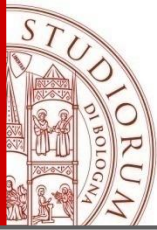
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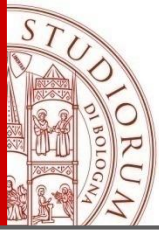
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 - Symptomatic benefits offered by probiotics are likely to be modest; thus, probiotic therapies may best be used to supplement rather than replace conventional therapies
 - Continuous consumption throughout the period of desired effect appears required for probiotics
 - Avoid probiotics in the critically ill and those with severe immune compromise
-

Ciorba MA, CGH 2012

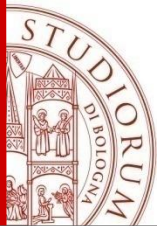


Medical Treatments for IBS

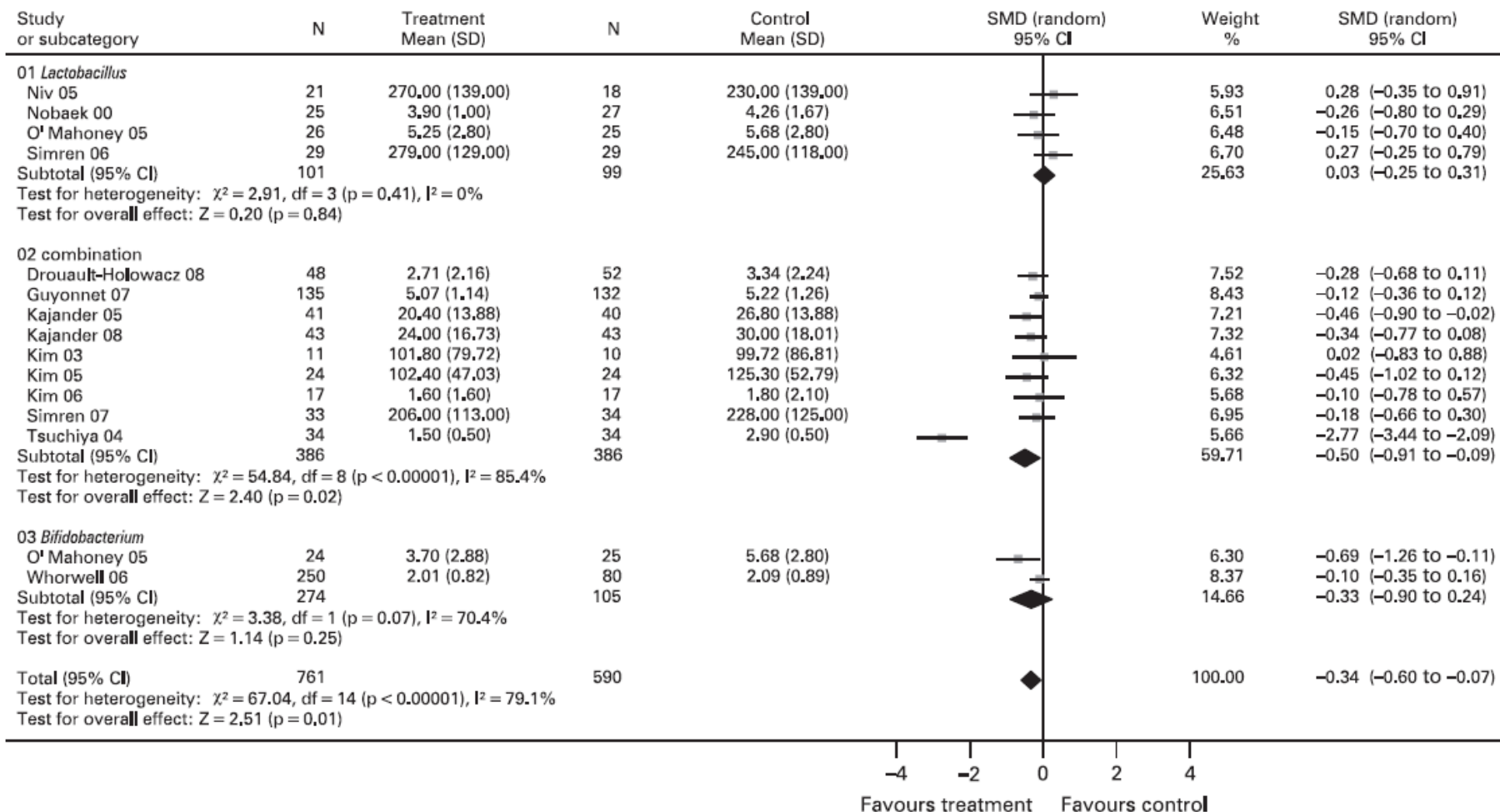
Probiotici

Qualità dell'evidenza: alta ???

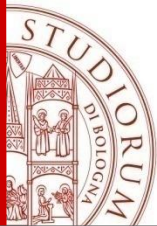
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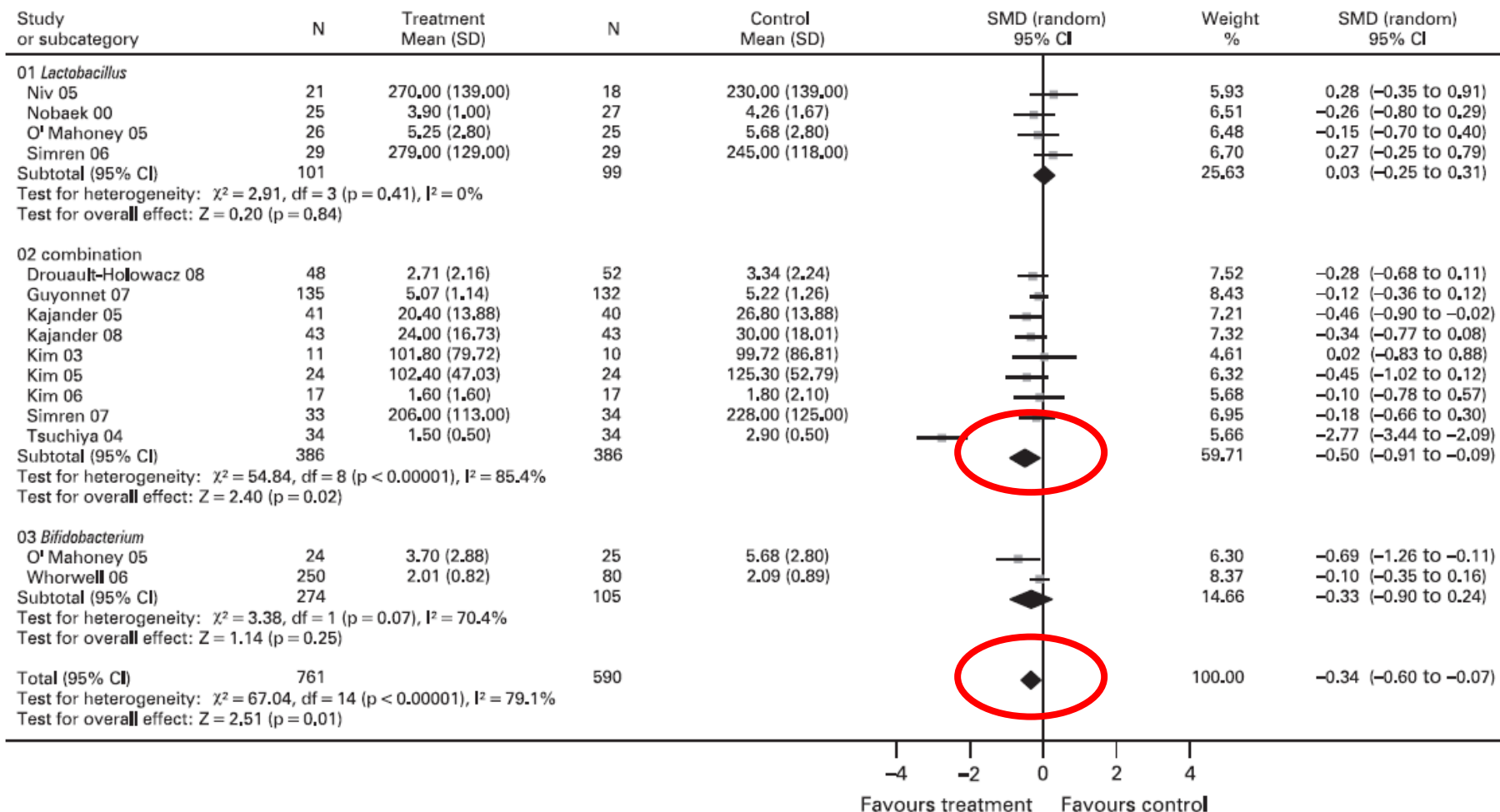
Probiotici e IBS



Moayed P, Gut 2010



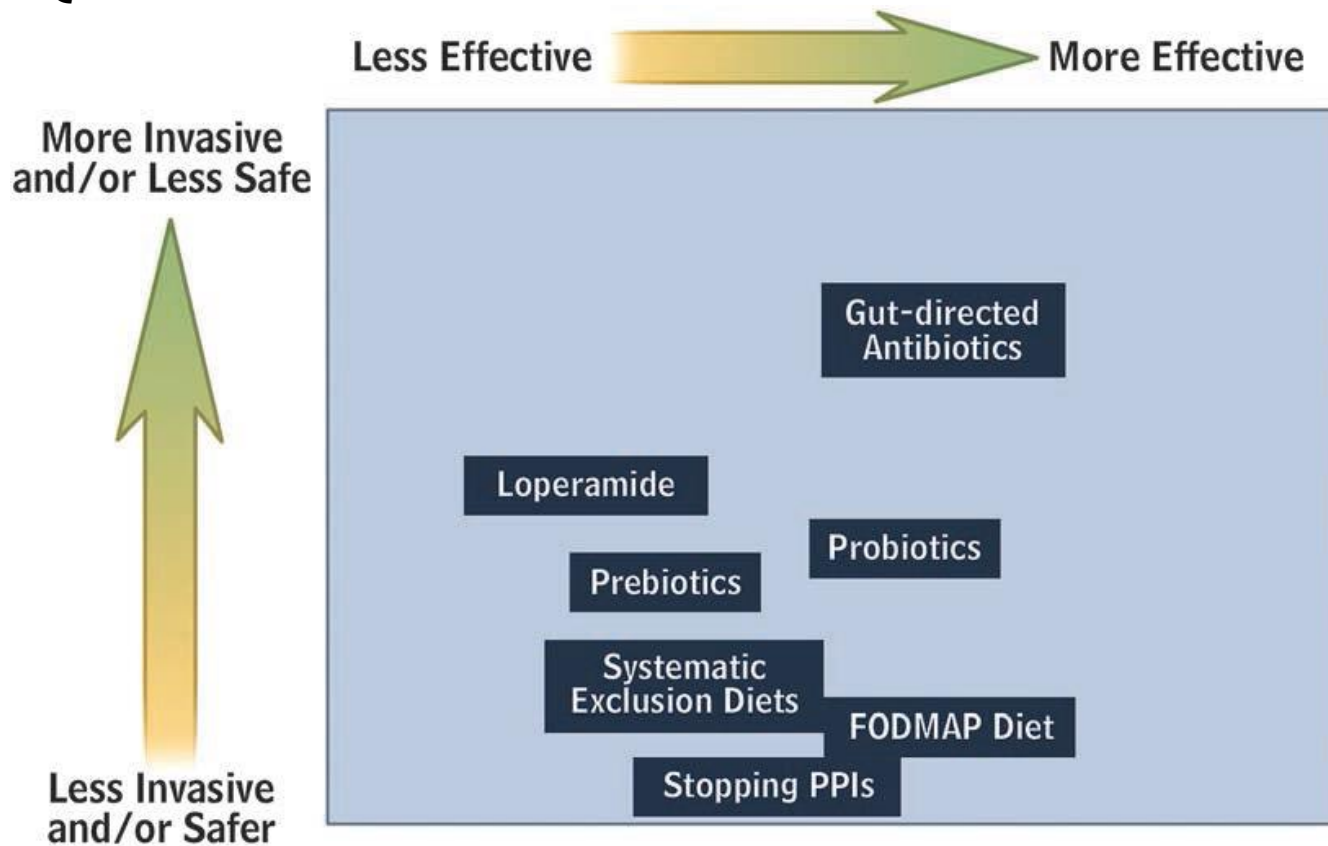
Probiotici e IBS



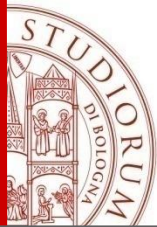
Moayed P, Gut 2010

Probiotici

Qualità dell'evidenza: **alta ma con le debite considerazioni**



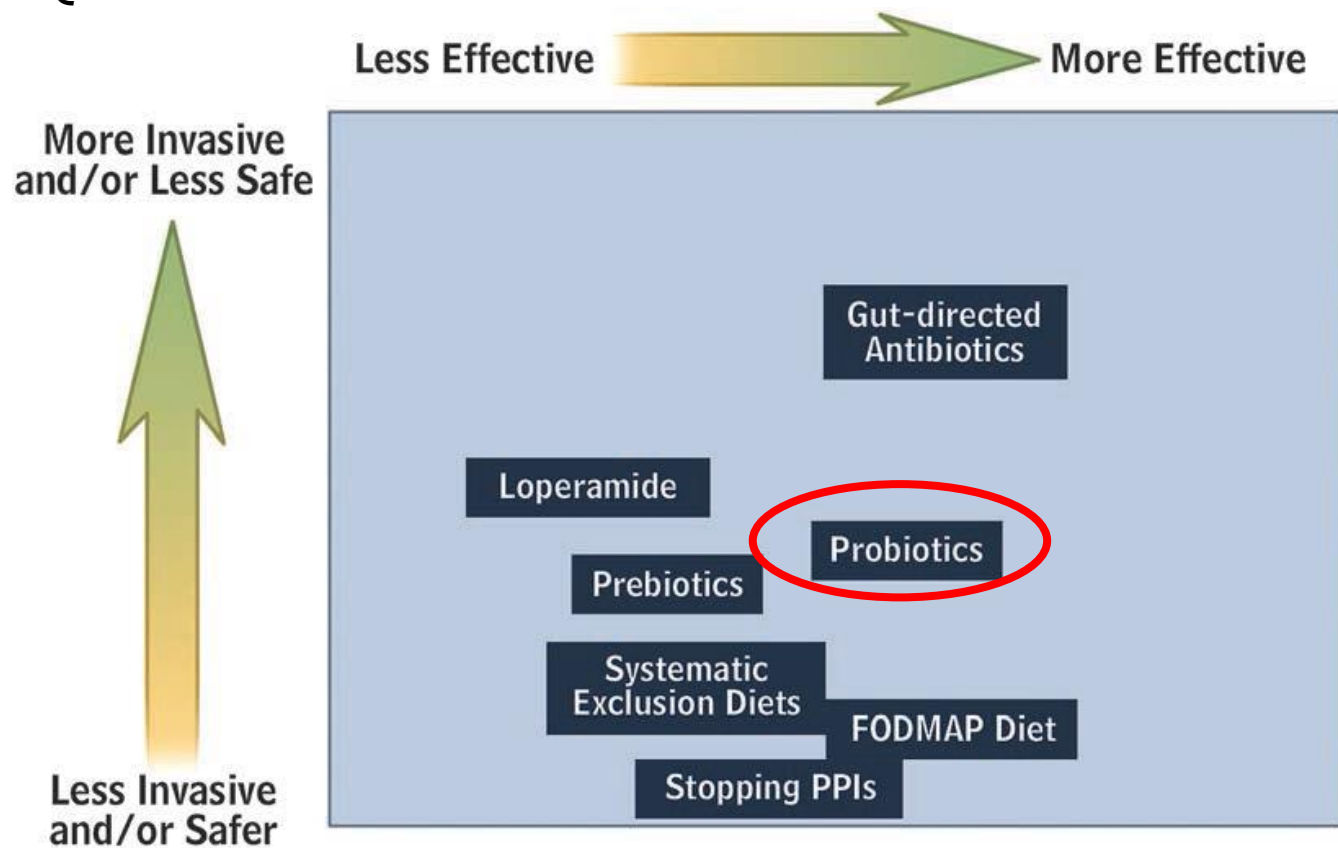
Gut 2013;



Medical Treatments for IBS

Probiotici

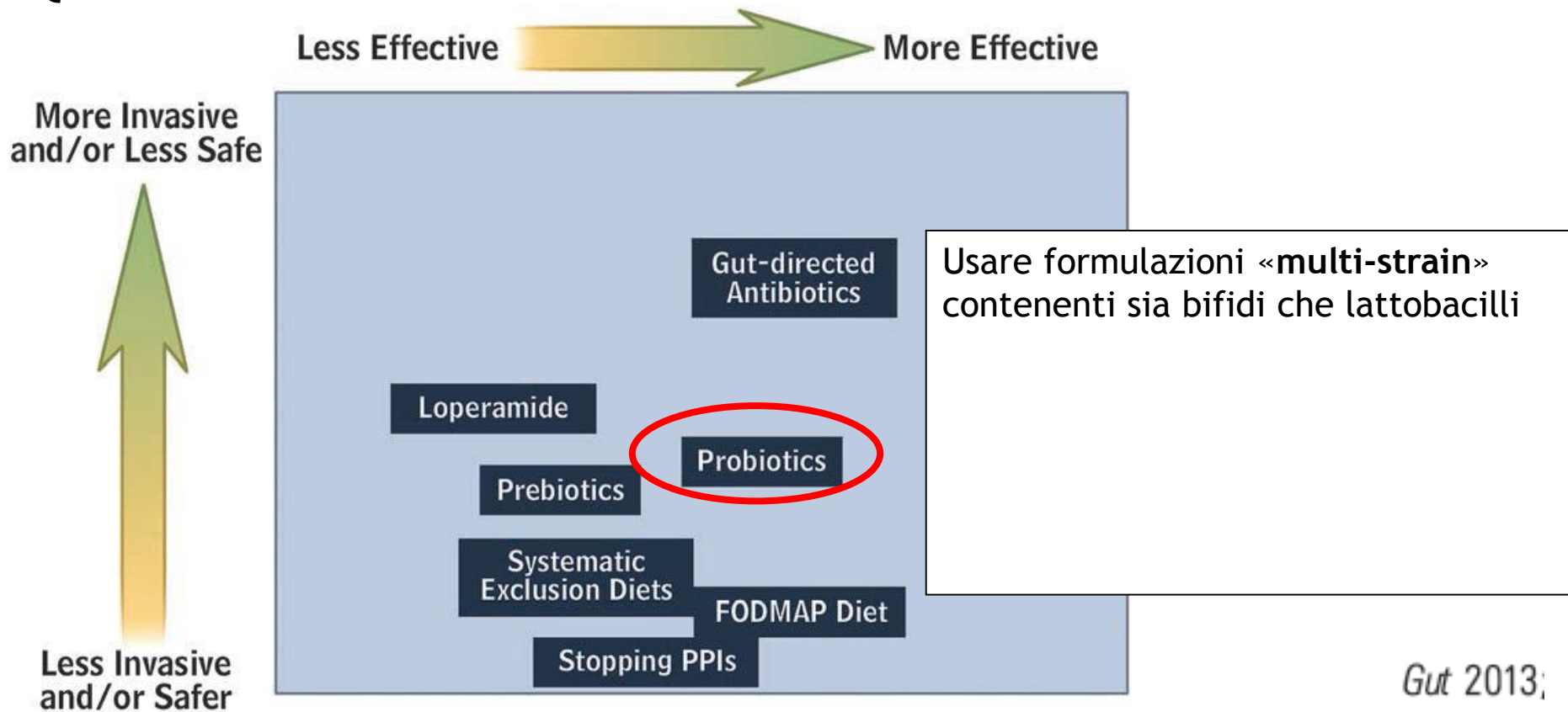
Qualità dell'evidenza: **alta**



Gut 2013;

Probiotici

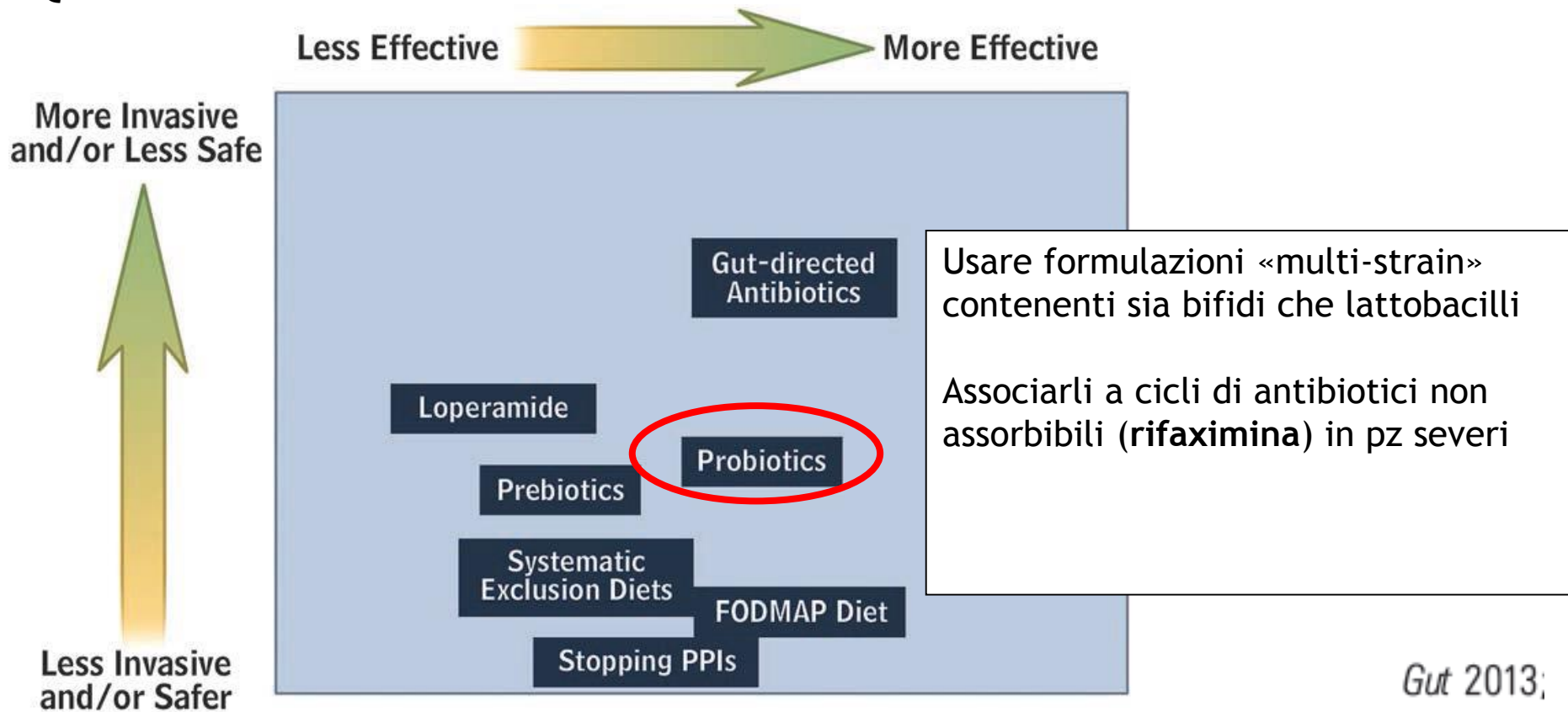
Qualità dell'evidenza: **alta**



Gut 2013;

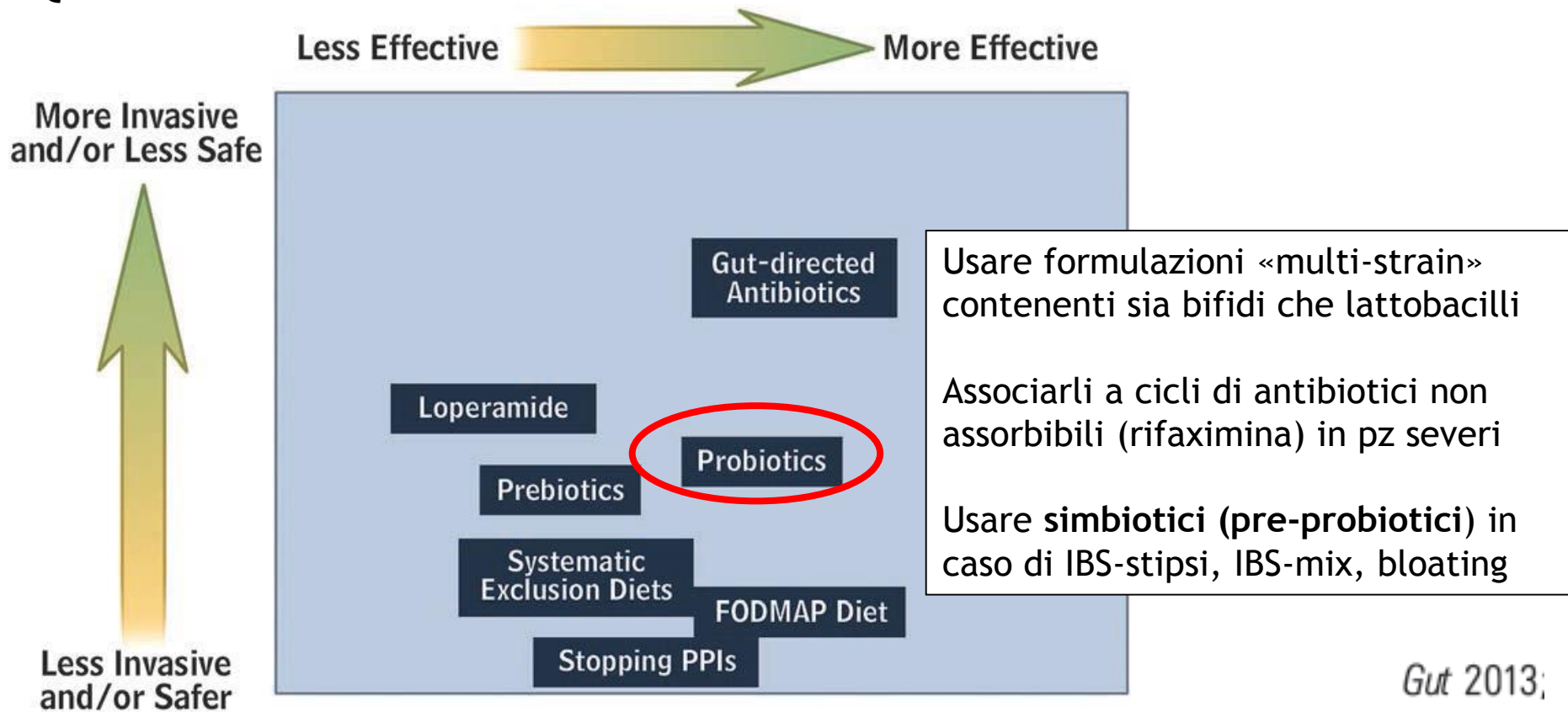
Probiotici

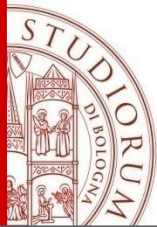
Qualità dell'evidenza: **alta**



Probiotici

Qualità dell'evidenza: **alta**





Medical Treatments for IBS-D

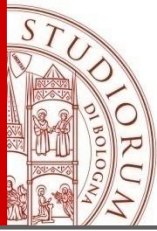
Antispastici (betilbromuro di ioscina)

Qualità dell'evidenza: bassa

Effetto: alcuni effetti sui sintomi globali e sul dolore (crampiforme)

Antispasmodics	Low	Some drugs offer benefits for global symptoms and pain
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Medical Treatments for IBS-D

Antispastici: olio di menta piperita

Qualità dell'evidenza: moderata

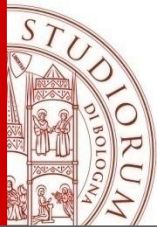
Effetto: miglioramento sui sintomi globali e sul dolore (crampiforme)

Antispasmodics:
peppermint oil

Moderate

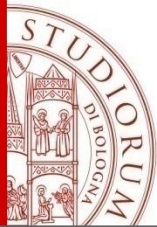
Benefits for global symptoms and cramping

JAMA March 3, 2015



Medical Treatments for IBS-C

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Medical Treatments for IBS-C

Fibre alimentari

Qualità dell'evidenza: moderata

Fiber: psyllium

Moderate

Best suited for IBS-C

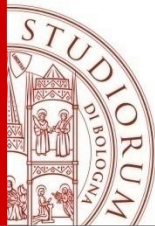
Meta-analisi

14 trial randomizzati

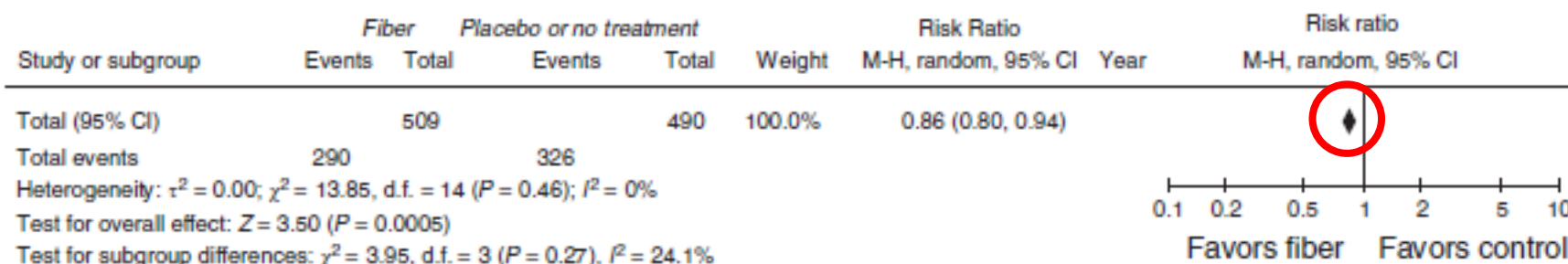
> 1000 pazienti

IBS-stipsi

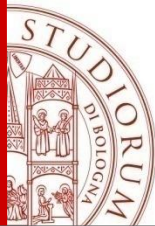
JAMA March 3, 2015



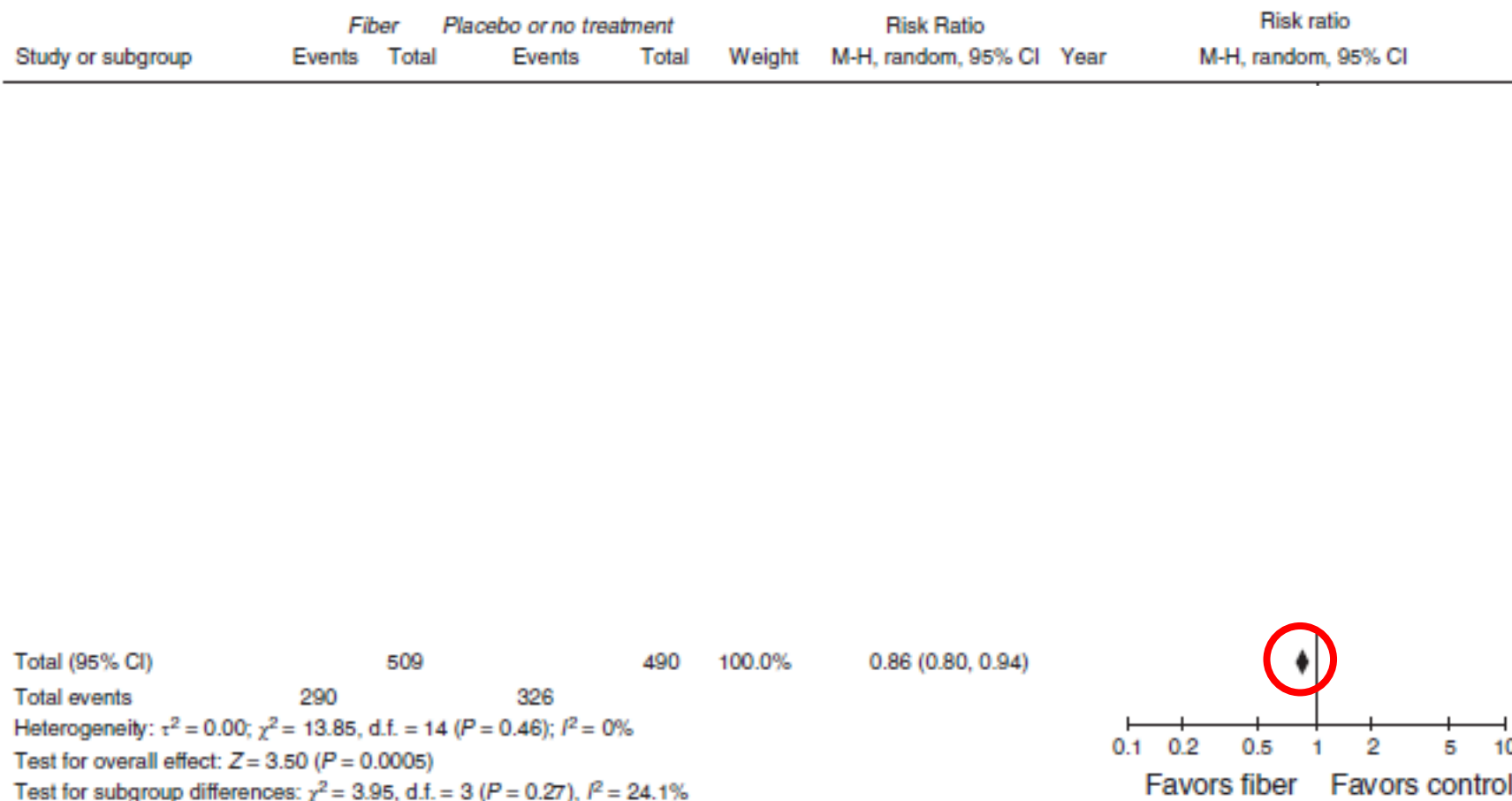
Medical Treatments for IBS-C



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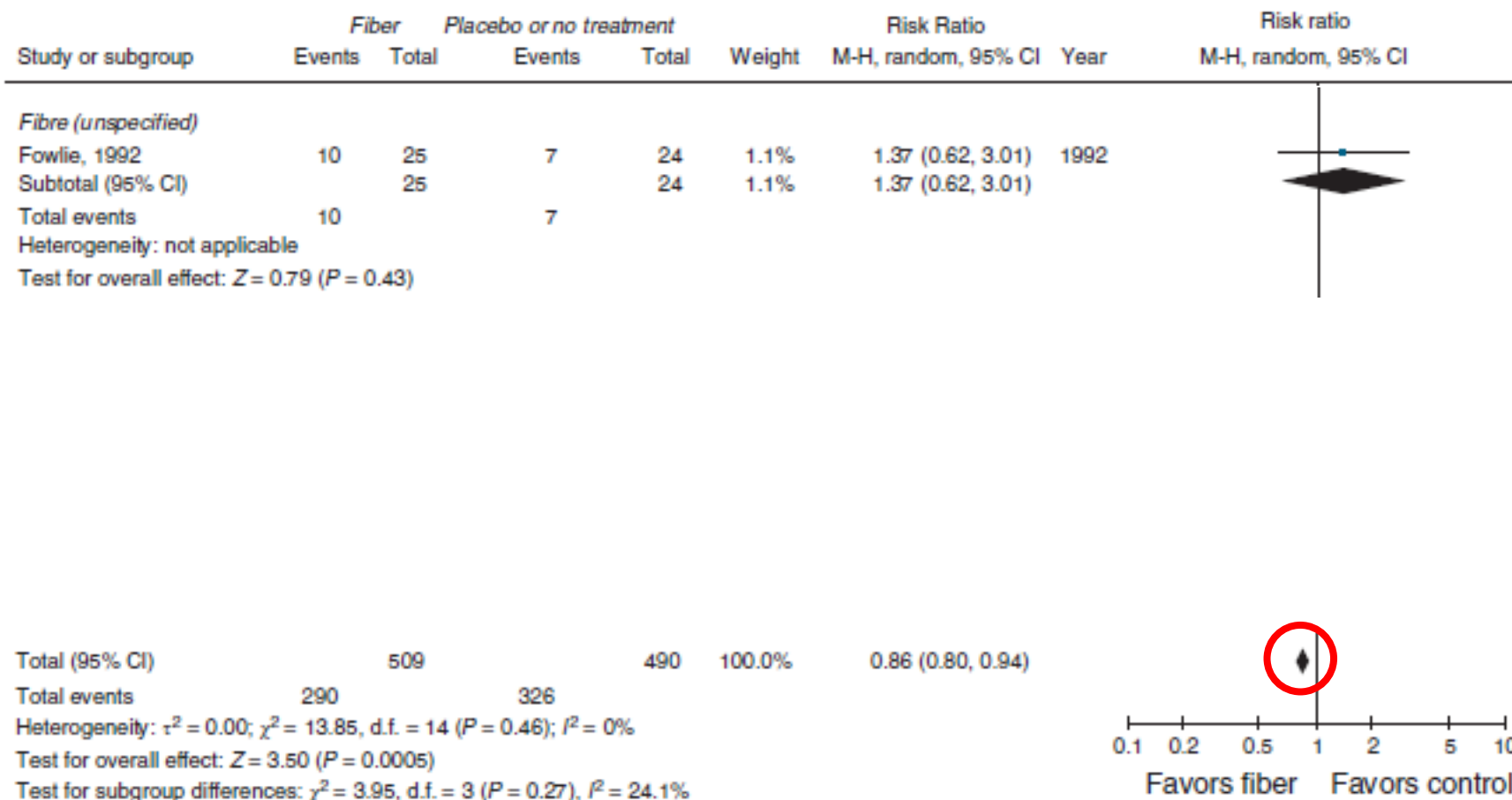


Medical Treatments for IBS-C



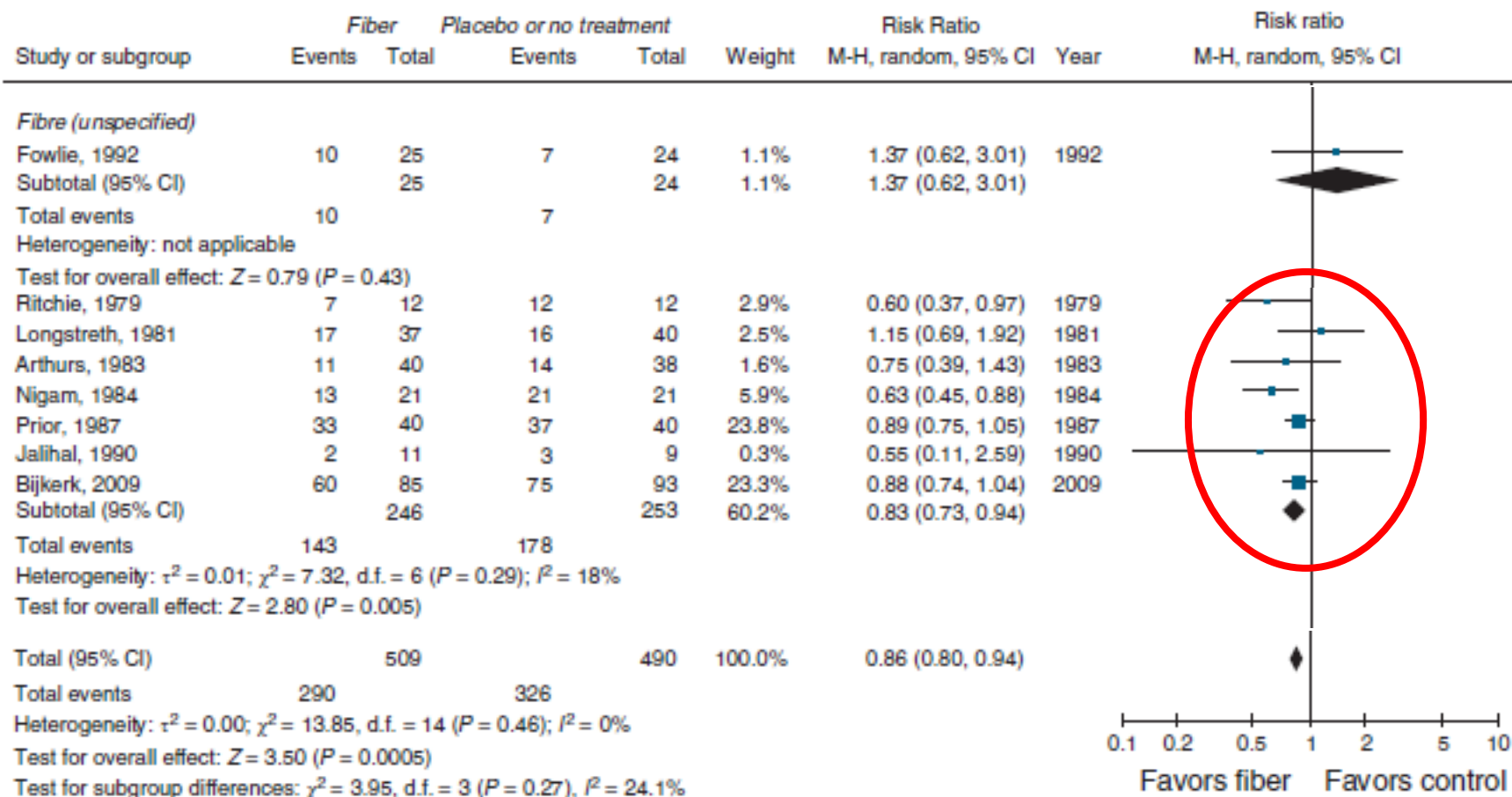
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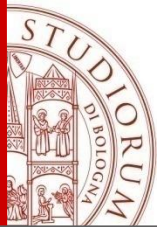


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Medical Treatments for IBS-C

Polietilenglicole (PEG)

Qualità dell'evidenza: molto bassa

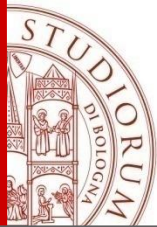
Effetto: aumento delle evacuazioni; nessun beneficio su sintomi e/o dolore

Laxatives: polyethylene glycol

Very low

Beneficial for constipation but not global symptoms or pain in IBS-C

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IBS Severità e terapia

Para-fisiologia

Lieve

50%

M=F; > 65aa

Moderata

35%

F>M

Severa

15%

F>>M, < 50aa

Stile di vita

Dieta

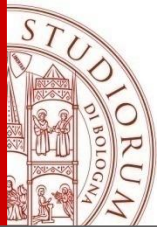
OTC

Farmaci

Psicoterapia

Anti-depressivi

The American Journal of GASTROENTEROLOGY



Trattamento forme severe

Antidepressivi (triciclici: amitriptillina, nortriptillina) - IBS-diarrea

Qualità dell'evidenza: alta

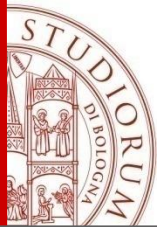
Effetto: riduzione evacuazioni e miglioramento sintomi

Antidepressants: TCAs, SSRIs, SNRIs

High

TCAs and SSRIs improve global symptoms and pain; leverage adverse effects to choose TCAs for IBS-D patients and SSRIs for IBS-C patients

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Trattamento forme severe

Antidepressivi (SSRI: citalopram, etc) - IBS-stipsi

Qualità dell'evidenza: alta

Effetto: aumento evacuazioni e miglioramento sintomi

Antidepressants: TCAs,
SSRIs, SNRIs

High

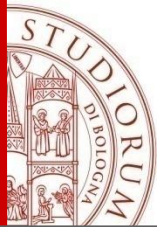
TCAs and SSRIs improve global symptoms and pain; leverage adverse effects to choose TCAs for IBS-D patients and SSRIs for IBS-C patients

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Grazie dell'attenzione



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Gestione terapeutica

Rapporto operatore-paziente:

- Ascolto (senza interruzioni!);
- Prospettare obiettivi realizzabili (migliorare vs. curare);
- Usare linguaggio extra-verbale;
- Capire gli obiettivi del paziente.

GASTROENTEROLOGY 2013;144:211-217