

Gastro Summit 2023 Marzo 31, abril 1
Medicamenta Ecuador

Síndrome de Intestino Irritable

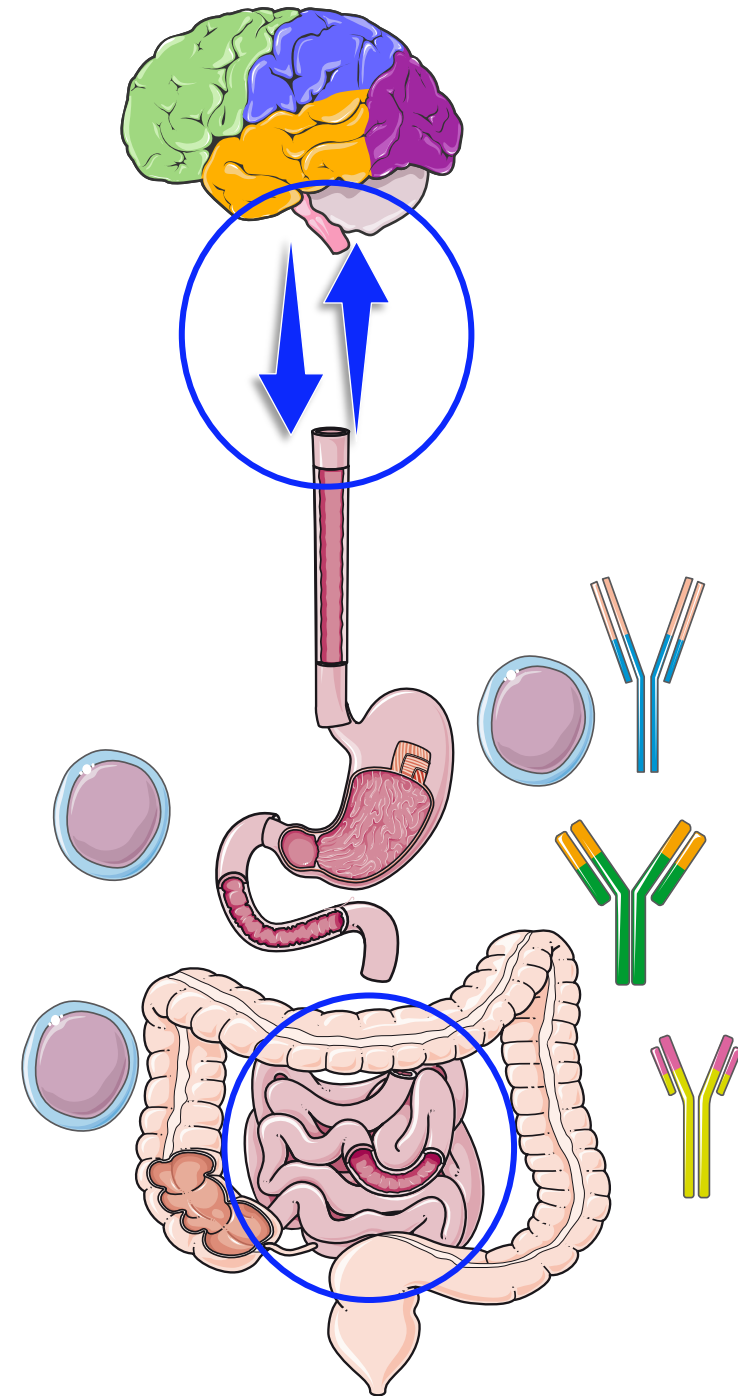
Opciones terapéuticas 2023



William Otero MD FAGA, FACP
Profesor Titular de Medicina
Unidad de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



Youtube “William otero gastroenterólogo”



Conflicto de intereses

Conferencista

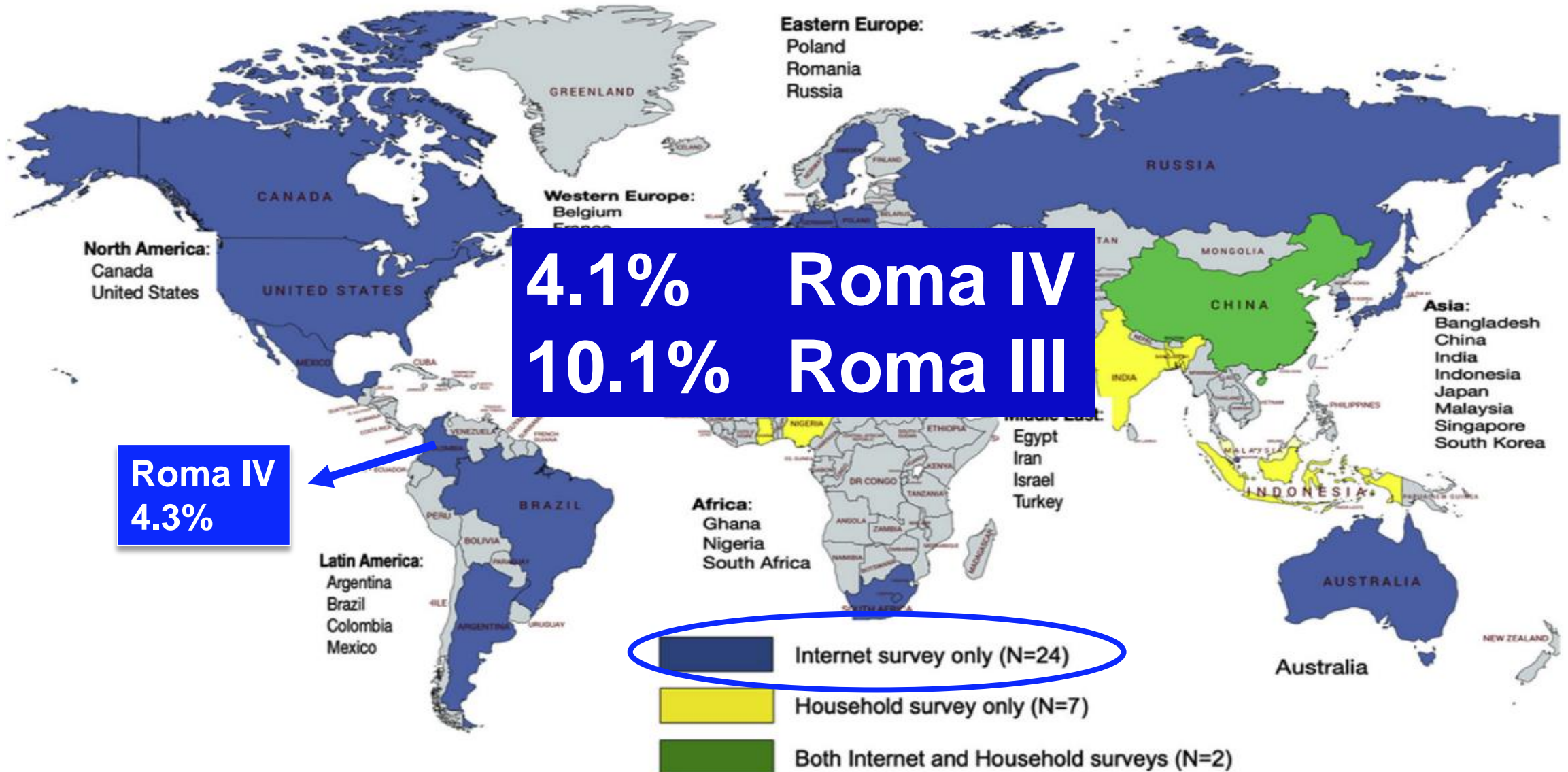
Takeda, Abbott, Tecnoquimica

Tecnofarma, Menarini, Procaps

Esta actividad es asuspiciada por

Medicamenta sin injerencia en su contenido

Worldwide Prevalence and Burden of Functional Gastrointestinal Disorders, Results of Rome Foundation Global Study



ROME IV

The
Functional
Gastrointestinal
Disorders

FOURTH EDITION

Douglas A. Drossman, MD, Senior Editor

with Editors

Lin Chang, MD

William D. Chey, MD

John Kellow, MD

Jan Tack, MD, PhD

William E. Whitehead, PhD

and the Rome IV Committees

Trastorno funcional

Término obsoleto

Estigmatiza
Al paciente

Enfermedad
No orgánica

Síntomas
por "estrés"

Sano:
"Enfermedad
imaginaria"

Principal Diagnóstico Gastroenterología 28%





Developing Valid and Reliable Health Utilities in Irritable Bowel Syndrome: Results From the IBS PROOF Cohort

Brennan Spiegel, MD, MSHS¹⁻⁵, Lucinda Harris, MD⁶, Susan Lucak, MD⁶, Emeran Mayer, MD^{2,3}, Bruce Naliboff, PhD¹⁻³, Roger Bolus, PhD^{2,3,5}, Eric Esrailian, MD, MPH^{2,5}, William D. Chey, MD⁷, Anthony Lembo, MD⁸, Hetal Karsan, MD^{9,10}, Kirsten Tillisch, MD^{2,3}, Gareth Dulai, MD, MSHS¹¹, Jennifer Talley, MSPH^{1,5} and Lin Chang, MD^{2,3,5}

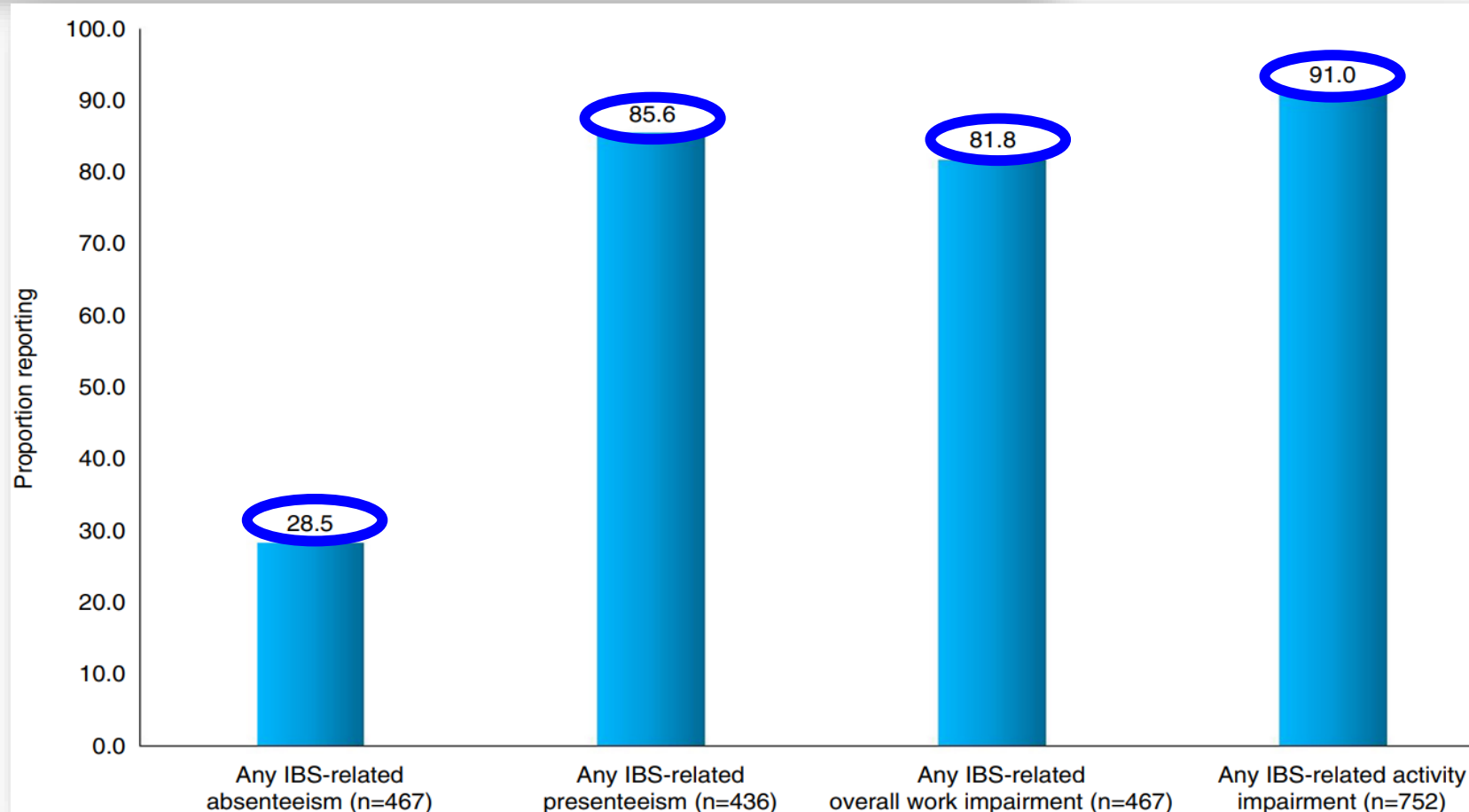
**Pacientes cambiarían
10 -15 años de su vida**

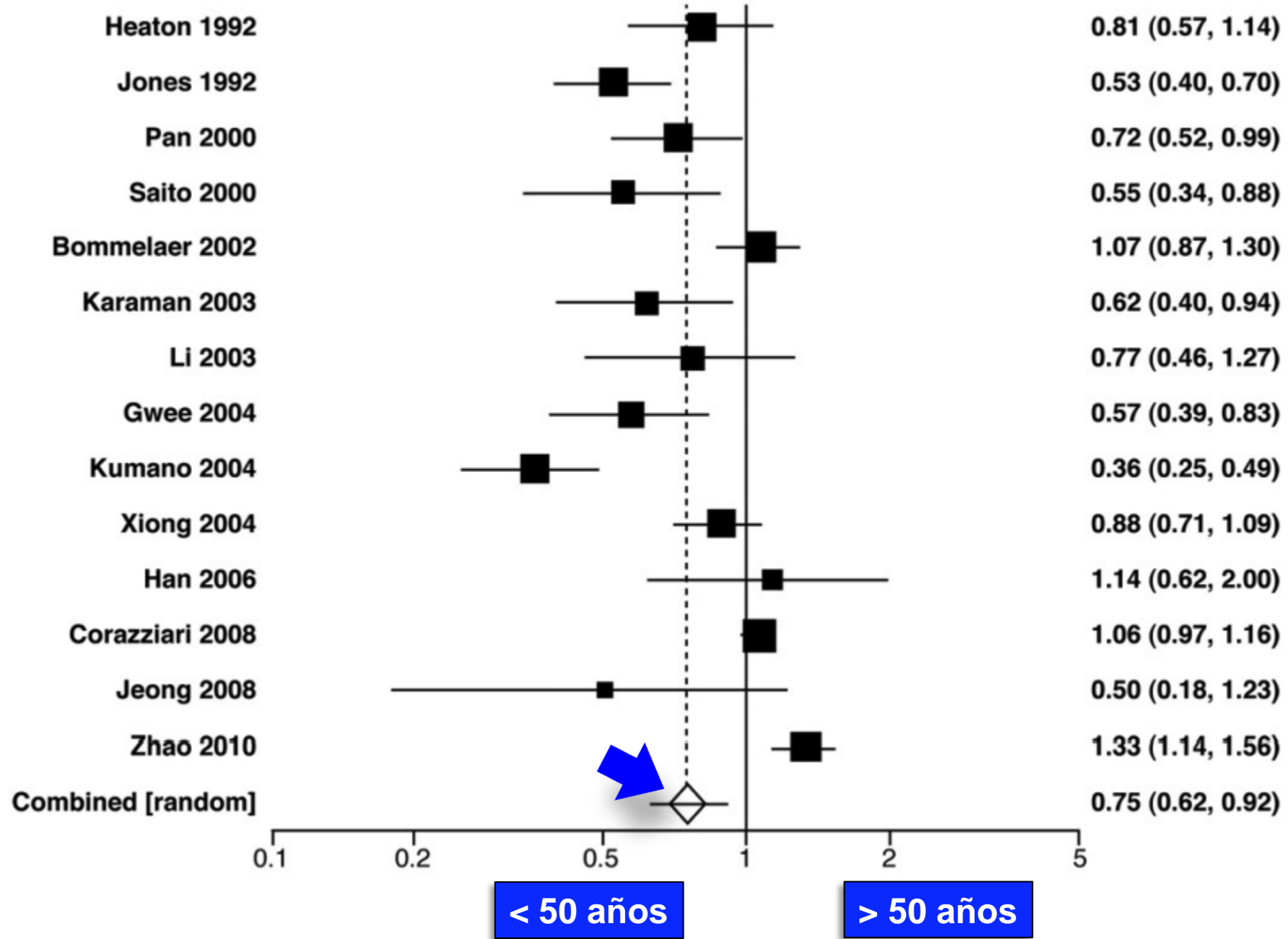


**Por un tratamiento
eficaz !!**

Impact of Rome IV Irritable Bowel Syndrome on Work and Activities of Daily Living

Vivek C. Goodoory^{1,2}  | Cho Ee Ng³ | Christopher J. Black^{1,2,*}  |
Alexander C. Ford^{1,2,*} 





SII: Diagnóstico

Enfermedad orgánica
“Mientras se validan y llegan”
Marcadores Biológicos

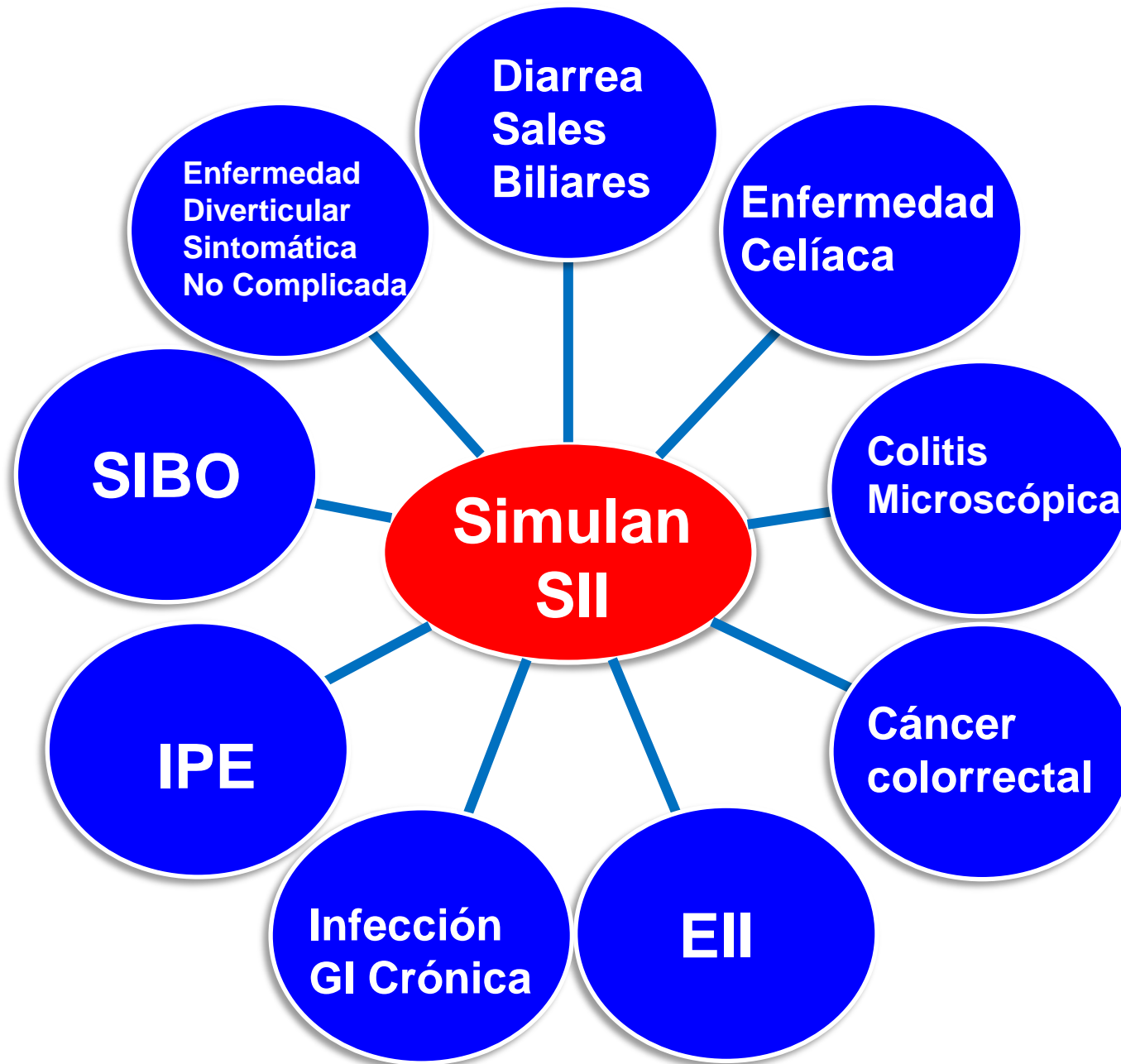


Se hace con los “Criterios clínicos”
No es un diagnóstico de exclusión!

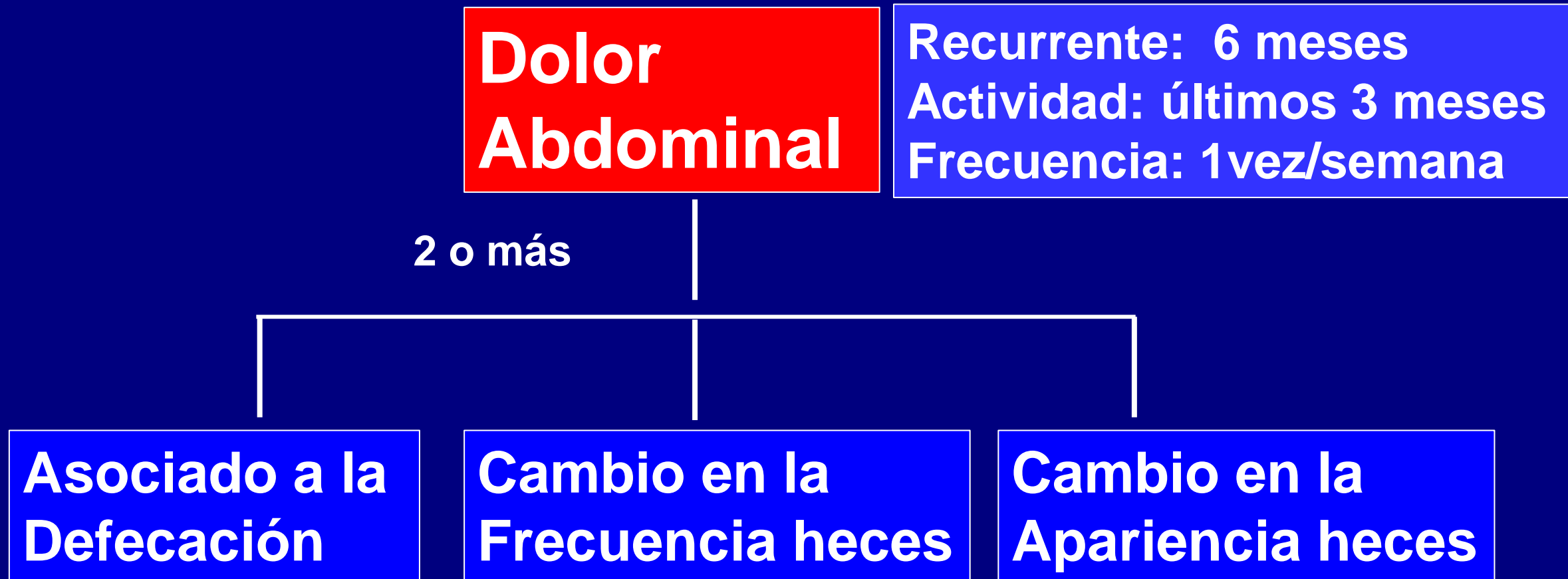
SII, Criterios diagnósticos, Roma IV 2016

**En ausencia de síntomas, o
signos de alarma o Patologías
que expliquen los síntomas**

Lacy BE, Gastroenterology 2016;150:1393-407



SII, Criterios diagnósticos, Roma IV 2016



Síndrome de Intestino Irritable

SII con Diarrea
30%
Heces acuosas
>25% B/6-7
Duras <25% B1,2



SII con Estreñimiento
Heces duras
>25% B/1,2
Heces acuosas
<25%



SII Mixto
Heces duras
>25%
Heces acuosas
>25%

SII
Inclasificable
Cumple
criterios SII
heces
inclasificables

ORIGINAL RESEARCH

Comparison of the Rome IV criteria with the Rome III criteria for the diagnosis of irritable bowel syndrome in secondary care



Christopher J Black ,^{1,2} Orla Craig,¹ David J Gracie ,¹ Alexander C Ford  ^{1,2}

Roma IV versus Roma II

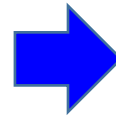
	Specificity (95% CI)	Positive likelihood ratio (95% CI)	Positive predictive value (95% CI)
Rome IV criteria for IBS	82.9% (74.8% to 89.2%)	4.82 (3.30 to 7.28)	94.9% (92.3% to 96.9%)
Rome IV criteria for IBS with constipation	97.0% (84.2% to 99.9%)	25.7 (5.07 to 145)	98.9% (93.9% to 99.9%)
Rome IV criteria for IBS with diarrhoea	60.5% (44.4% to 75.0%)	2.07 (1.48 to 3.12)	88.4% (82.0% to 93.1%)
Rome IV criteria for IBS with mixed bowel habits	92.0% (74.0% to 99.0%)	10.6 (3.39 to 38.2)	98.6% (95.2% to 99.8%)
Rome III criteria for IBS	65.0% (54.6% to 74.4%)	2.45 (1.90 to 3.27)	90.4% (86.9% to 93.3%)

ORIGINAL RESEARCH

Compari... the III
criteria f...
in second...
Roma IV
“Gold standard”

Christopher J E... , David J Gracie , Alexander C Ford  ^{1,2}

**Valor
Predictivo
Positivo**



SII estreñimiento	99%
SII mixto	98%
SII diarrea	88%

SII -Diarrea

Enfermedad
Celíaca

Diarrea Que
No mejora
Serología
EVDA
Otro DX

Colitis
Microscópica

SII

Mala-absorción
Sales biliares

E. celíaca
Dolor,
distensión
Bloating
Diarrea

Enfermedad
Inflamatoria
Intestinal

Roma IV

RESEARCH

Evaluation of the clinical and cost-effectiveness of the York Faecal Calprotectin Care Pathway

James Turvill,¹ Daniel Turnock,² Hayden Holmes,³ Alison Jones,² Eleanor Mclaughlan,⁴ Victoria Hilton,⁵ Stacey Marriott⁶

< 100 mcg/gr

No alarma, Q.sanguínea

SII 98% Certeza

≥ 250 mcg/gr

Colonoscopia

Falsos (+): AINES, Obesidad, tumores

Turvill J,Frontline Gastroenterol. 2018;9:285-294

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG¹, Mark Pimentel, MD, FACG², Darren M. Brenner, MD, FACG³, William D. Chey, MD, FACG⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACG (GRADE Methodologist)⁶ and Baha Moshiree, MD, MSc, FACG⁷

Recommendation

We suggest that either fecal calprotectin¹ or fecal lactoferrin² and C-reactive protein¹ be checked in patients without alarm features and with suspected IBS and diarrhea symptoms to rule out inflammatory bowel disease.

¹Strong recommendation; moderate quality of evidence (CRP, fecal calprotectin).

²Strong recommendation; very low quality of evidence (fecal lactoferrin).

Colonoscopia: indicaciones

Edad > 45 años

Diarrea persistente: colitis microscópica

Rectorragia, anemia, masa, Pérdida de peso

Ascitis, hepato esplenomegalia, fiebre

Masa Rectal, HF Ca de colon, EII

Adultos mayores

Roma IV

Lacy BE, Am J Gastroenterol 2021;116:17-44

Adultos mayores

Cáncer de colon

Isquemia colónica

E. Inflamatoria Intestinal

Colitis microscópica

Diverticulitis

Clostridioides difficile

Enf diverticular sintomática no complicada

Diagnóstico positivo no de exclusión

*Laboratorios
Colonoscopia
Caso por caso*

*Examen
Físico*

*Historia
Clínica*

Roma IV

A Positive Diagnostic Strategy Is Noninferior to a Strategy of Exclusion for Patients With Irritable Bowel Syndrome

LUISE M. BEGTRUP,^{*,‡} ANNE LINE ENGSBRO,[§] JENS KJELDSSEN,^{*} PIA V. LARSEN,[‡]
OVE SCHAFFALITZKY DE MUCKADELL,^{*} PETER BYTZER,[§] and DORTE E. JARBØL[‡]

Aleatorizado, Cabeza a cabeza, Seguimiento un año




Costo anual US\$

40% más costoso

Positivo
3.160
C. Hemático
PCR

Exclusión
5.075
Múltiples
Exámenes

A positive diagnostic strategy is safe and saves endoscopies in patients with irritable bowel syndrome: A five-year follow-up of a randomized controlled trial

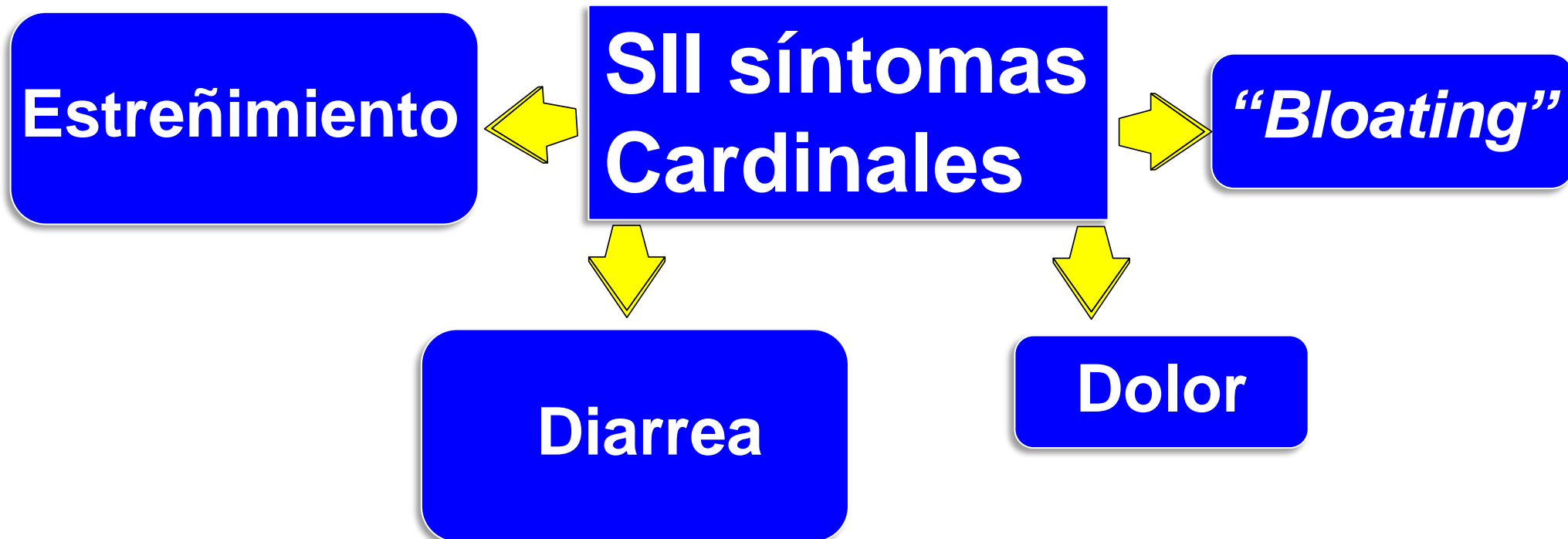
Anne Line Engsbro^{1,2}  | Luise M. Begtrup^{3,4} | Peter Haastrup⁴ | Maria Munch Storsveen⁴ | Peter Bytzer¹ | Jens Kjeldsen⁵ | Ove Schaffalitzky De Muckadell⁵ | Dorte Ejg Jarbøl⁴

13 vs 23

Engsbro AL, Neurogastroenterol Motil. 2021;33:e14004

Tratamiento está dirigido a los síntomas

Múltiples alteraciones orgánicas
Autoinmunidad, eje intestino cerebro



**Mejor tratamiento
No farmacológico**

Piedra angular

**Excelente relación
Médico-Paciente**

SII

Tratamiento farmacológico

Respuesta placebo 37%

Ford AC, Aliment Pharmacol Ther 2010;32:144-58

Dieta

CLINICAL PRACTICE UPDATE

AGA Clinical Practice Update on the Role of Diet in Irritable Bowel Syndrome: Expert Review



William D. Chey,¹ Jana G. Hashash,^{2,3} Laura Manning,⁴ and Lin Chang⁵

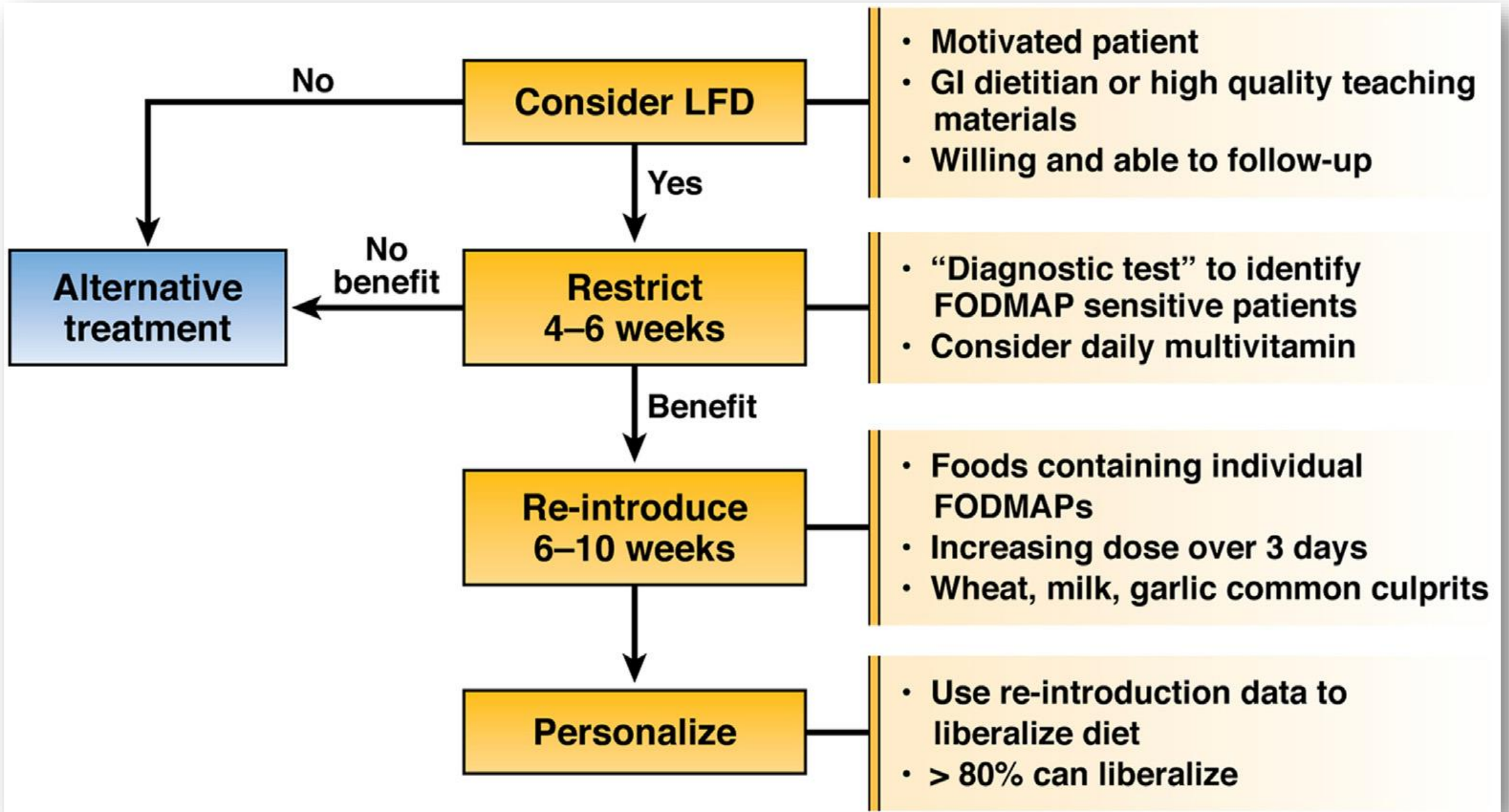
Gluten

Best Practice Advice 8: Although observational studies found that most patients with IBS improve with a gluten-free diet, randomized controlled trials have yielded mixed results.

Dieta baja en
FODMAP

Best Practice Advice 6: The LFD is currently the most evidence-based diet intervention for IBS. Healthy eating advice as described by the National Institute of Health and Care Excellence Guidelines, among others, also offers benefit to a subset of patients with IBS.

Best Practice Advice 7: The LFD consists of 3 phases: 1) restriction (lasting no more than 4–6 weeks), 2) reintroduction of FODMAP foods, and 3) personalization based on results from reintroduction.



ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG¹, Mark Pimentel, MD, FACG², Darren M. Brenner, MD, FACG³, William D. Chey, MD, FACG⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACG (GRADE Methodologist)⁶ and Baha Moshiree, MD, MSc, FACG⁷

Recommendation

We recommend a limited trial of a low FODMAP diet in patients with IBS to improve global symptoms.

Conditional recommendation; very low quality of evidence.

Systematic review: quality of trials on the symptomatic effects of the low FODMAP diet for irritable bowel syndrome

L. R. Krogsgaard^{1,2} | M. Lyngesen¹ | P. Bytzer^{1,2}

	Random sequence generation ^a (Selection bias)	Allocation concealment ^a (Selection bias)	Blinding of participants and personnel ^b (Performance bias)	Blinding of outcome assessment ^b (Detection bias)	Incomplete outcome data ^c (Attrition bias)	Selective reporting ^c (Reporting bias)	Choice of control group ^d (Bias in design)	Objective evaluation of data ^d (Interpretive bias)
Esweran ¹⁴	Unclear risk	Unclear risk	High risk	Low risk	High risk	Low risk	High risk	High risk
Peters ¹⁰	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
McIntosh ¹⁵	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Böhn ¹⁶	Low risk	Low risk	High risk	High risk	High risk	High risk	High risk	High risk
Chumpitazi ¹⁷	Low risk	Low risk	High risk	High risk	High risk	High risk	High risk	High risk
Pedersen ¹⁸	Low risk	Low risk	High risk	High risk	High risk	High risk	High risk	Low risk
Halmos ⁹	Low risk	Unclear risk	High risk	High risk	Low risk	Low risk	High risk	High risk
Staudacher ¹⁹	Low risk	Low risk	High risk	High risk	Low risk	High risk	High risk	High risk
Ong ²⁰	Low risk	Unclear risk	High risk	High risk	High risk	High risk	High risk	High risk

**Seis semanas
Fase de reintroducción ?
Todo parece un efecto placebo**

Dieta <<< FODMAP Inconvenientes

Difícil de seguir

Qué componentes de la dieta?

Restrictiva

Modifica microbiota

Modifica el metaboloma

Acidos grasos de cadena corta

Cambios no saludables en la microbiota

Prevotella, Clostridium

<<<<Bifidobacterium

Holvoet T, Gut 2017;66: 980-982

Mcintosh K, Gut 2016; on line Nov

Camilleri M Gut 2017, On line Sept 28

Dieta

**Suspender lo
que haga daño**

SII Estreñimiento

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACP¹, Mark Pimentel, MD, FACP², Darren M. Brenner, MD, FACP³, William D. Chey, MD, FACP⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACP (GRADE Methodologist)⁶ and Baha Moshiree, MD, MSc, FACP⁷

We recommend the use of chloride channel activators to treat global IBS-C symptoms.

Strong recommendation; moderate quality of evidence.

We recommend the use of guanylate cyclase activators to treat global IBS-C symptoms.

Strong recommendation; high quality of evidence.

We suggest that the 5-HT₄ agonist tegaserod be used to treat IBS-C symptoms in women younger than 65 years with ≤ 1 cardiovascular risk factors who have not adequately responded to secretagogues.

Conditional recommendation; low quality of evidence.

We suggest against the use of PEG products to relieve global IBS symptoms in those with IBS-C.

Conditional recommendation; low quality of evidence

Lubiprostone
8mcg 2v/d
Plecanatide 3mg

Linacotide 290 mcg
Plecanatide 3mg

Tegaserod
6 mg 2v/día

**Insuficiente
Evidencia**

PEG Nosotros Si

GUIDELINES

AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Constipation



Lin Chang,^{1,*} Shahnaz Sultan,^{2,3,*} Anthony Lembo,⁴ G. Nicholas Verne,⁵ Walter Smalley,⁶ and Joel J. Heidelbaugh⁷

6. Should Polyethylene Glycol Laxatives Be Used in Patients With Irritable Bowel Syndrome With Constipation?

The AGA suggests using PEG laxatives in patients with IBS-C.
(Conditional recommendation, low certainty in the evidence of effects)

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACP¹, Mark Pimentel, MD, FACP², Darren M. Brenner, MD, FACP³, William D. Chey, MD, FACP⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACP (GRADE Methodologist)⁶ and Baha Moshiree, MD, MSc, FACP⁷

Recommendation

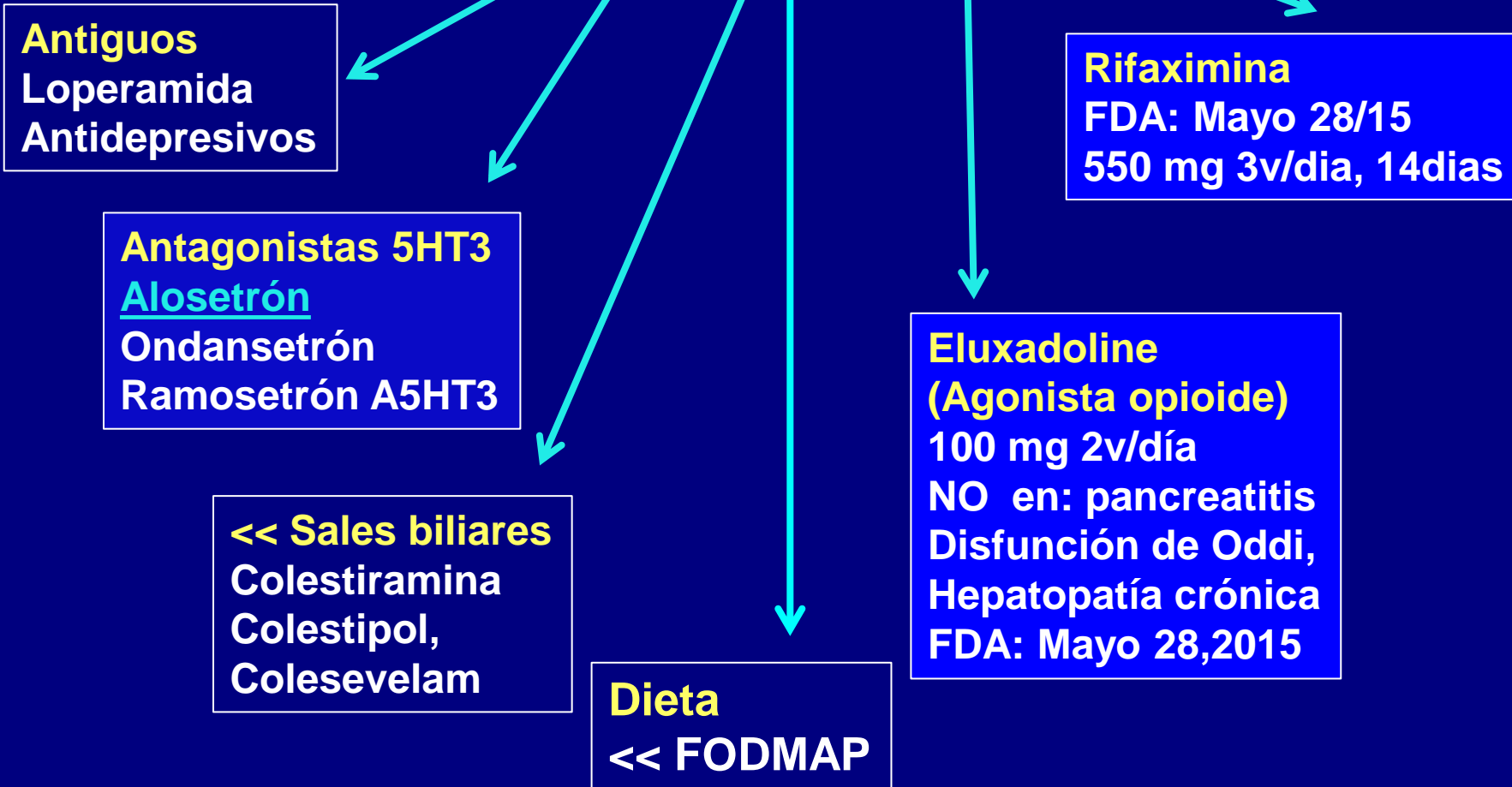
Estreñimiento refractario

We suggest that anorectal physiology testing be performed in patients with IBS and symptoms suggestive of a pelvic floor disorder and/or refractory constipation not responsive to standard medical therapy.

Consensus recommendation; unable to assess using GRADE methodology

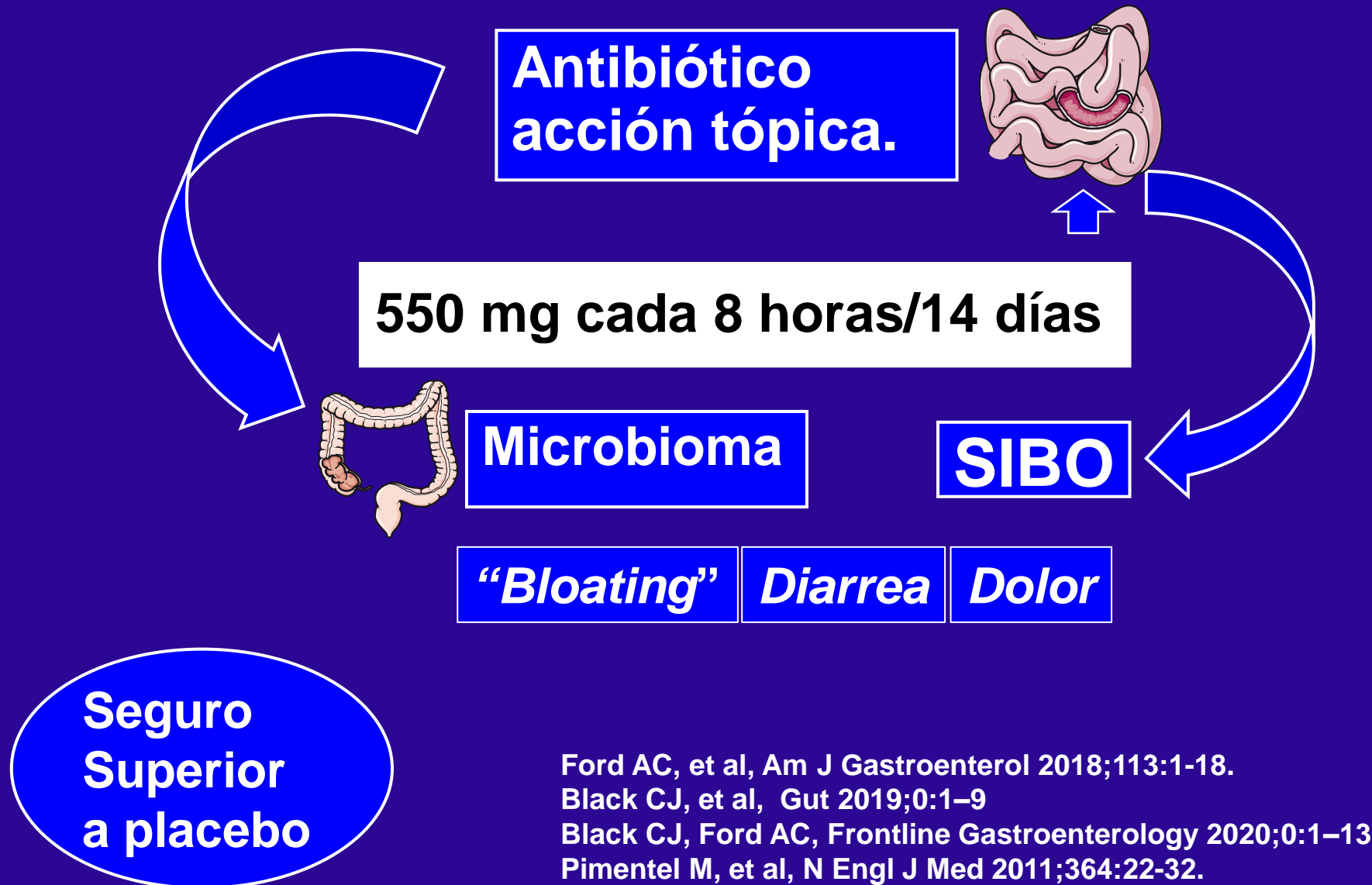
SII Diarrea predominante

SII diarrea predominante



1ª línea SII

Rifaximina

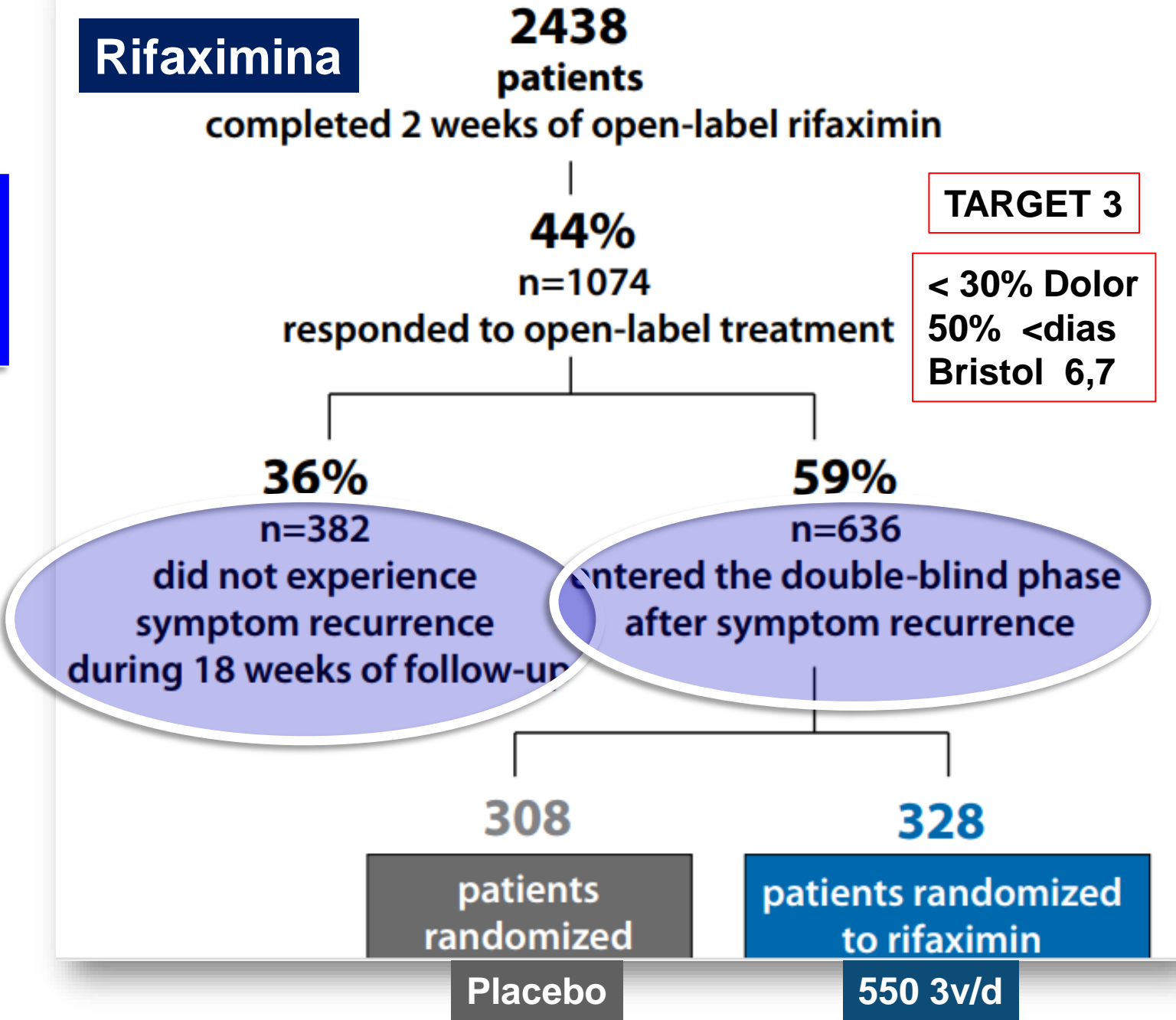


Rifaximin Treatment for Individual and Multiple Symptoms of Irritable Bowel Syndrome With Diarrhea: An Analysis Using New End Points

Brian E. Lacy, MD, PhD¹; Lin Chang, MD²; Satish S.C. Rao, MD, PhD³; Zeev Heimanson, PharmD⁴; and Gregory S. Sayuk, MD, MPH⁵

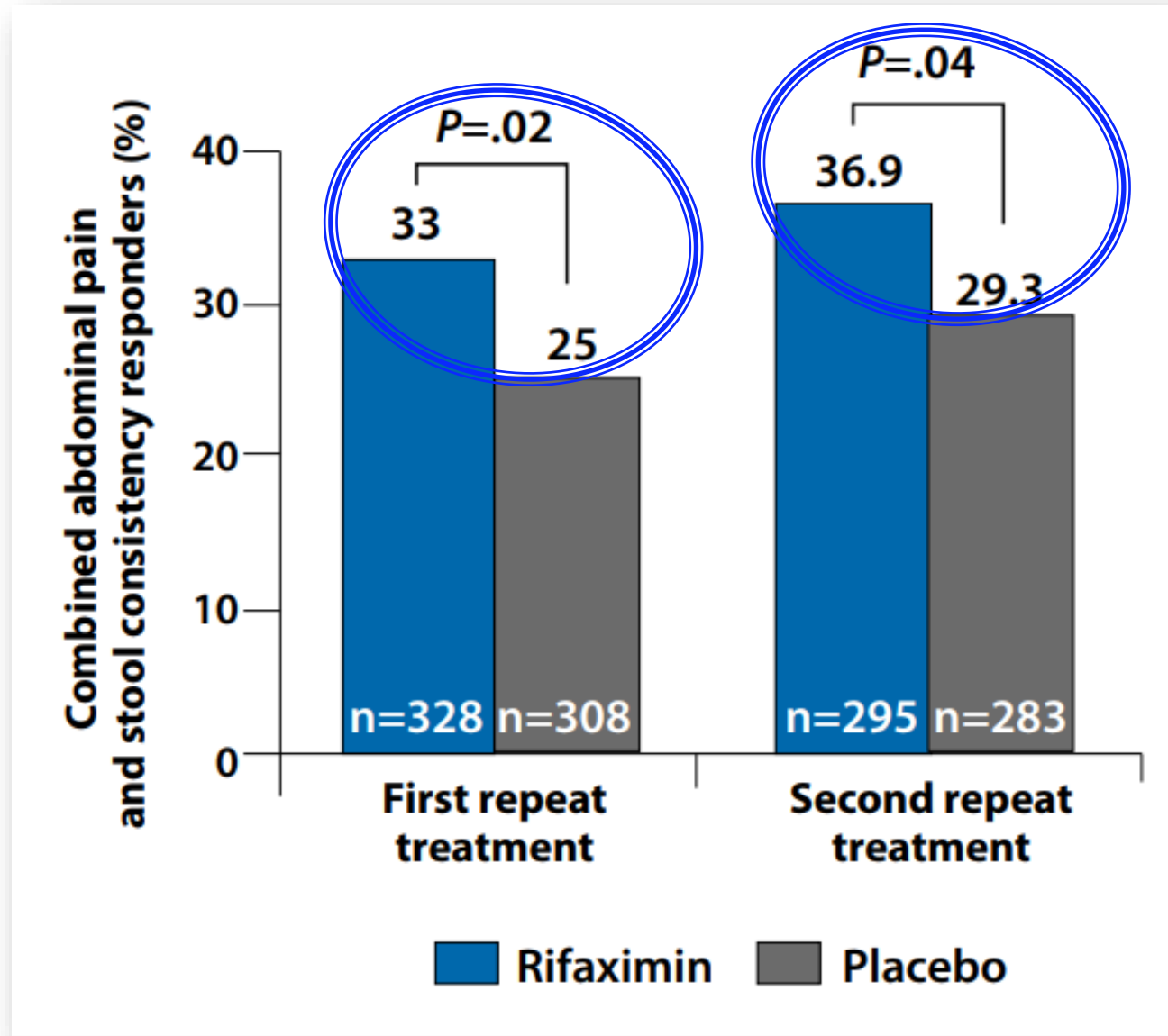
Implications: Rifaximin significantly improved multiple, concurrent IBS-D symptoms, using clinically relevant definitions of treatment response. Using a novel tri-symptom composite end point (ie, abdominal pain, bloating, fecal urgency), adults with IBS-D treated with a 2-week course of rifaximin were significantly more likely to be composite end point responders than those receiving placebo ($\geq 30\%$ or $\geq 40\%$ threshold) for the three symptoms. Thus, rifaximin not only met current standard thresholds

**Rifaximina
Retratamiento
En recaídas**



Rifaximina -SII

FDA



Lembo AJ, TARGET-3 study.

American College of Gastroenterology; October 17-22; Philadelphia, PA. Abstract 45.

TABLE 3. NNT and NNH Across IBS-D Trials^{32,46}

Treatment	Study duration	NNT	NNH ^a	NNT:NNH ratio
Alosetron	48 weeks	9	8	1.125
Eluxadoline	26 weeks	8.7	23.3	0.373
Rifaximin	10 weeks	10.6	8971	0.001

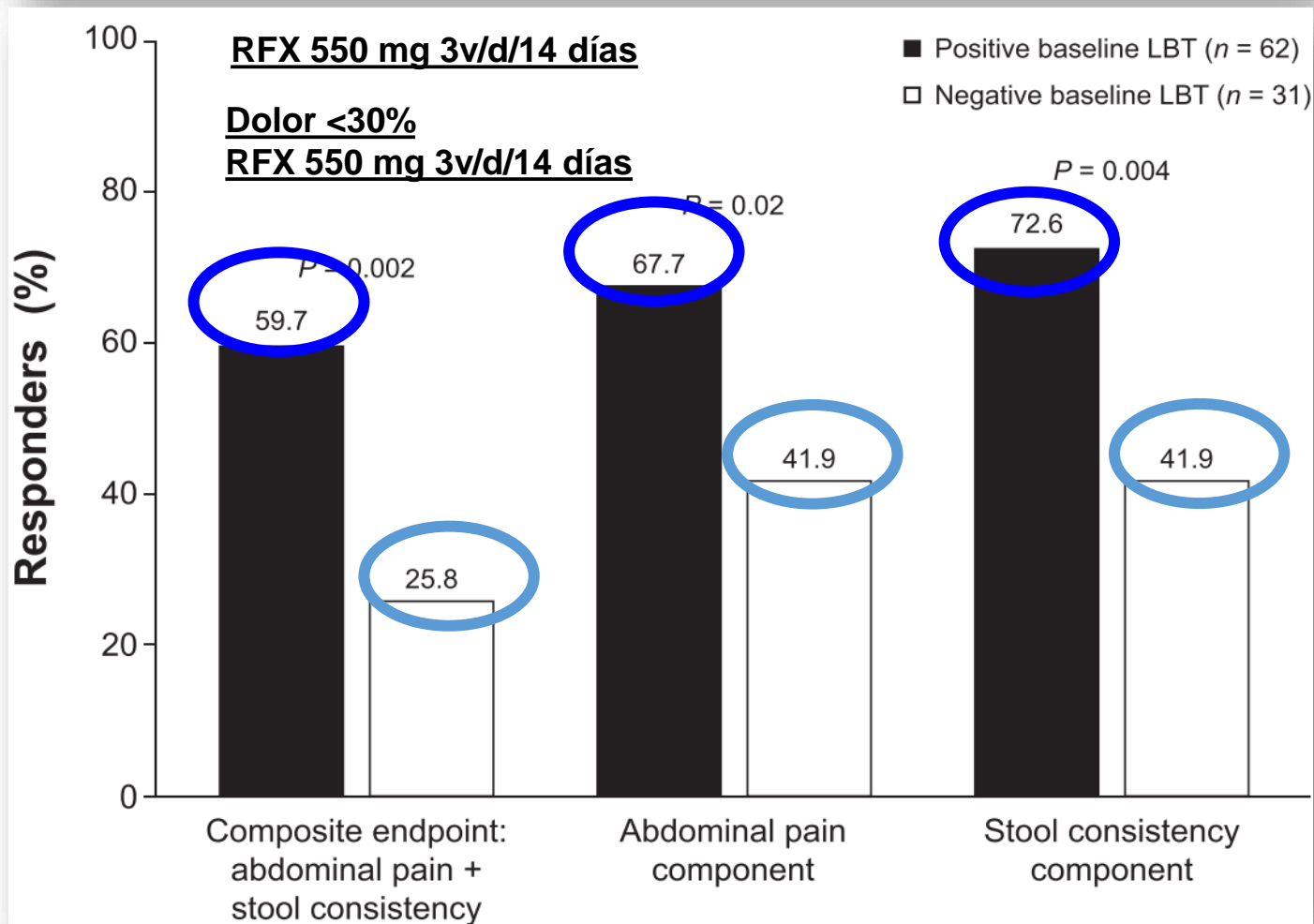
IBS-D indicates irritable bowel syndrome with prominent diarrhea; NNH, number needed to harm; NNT, number of patients needed to be treated.
^aNNH for alosetron is the reciprocal of the treatment difference between alosetron and placebo for any adverse effects; NNH for eluxadoline includes patients who experienced an adverse event(s) that prompted discontinuation.

Chey WD, et al. *Am J Gastroenterol*. 2004;99(11):2195-2203.
Lucak S, et al. *Ther Adv Gastroenterol*. 2017;10(2):253-275.

Rifaximinia Prueba H2
Predecir respuesta

Lactulose Breath Testing as a Predictor of Response to Rifaximin in Patients With Irritable Bowel Syndrome With Diarrhea

Ali Rezaie, MD, FRCP(C), MEpi¹, Zeev Heimanson, PharmD², Richard McCallum, MD³ and Mark Pimentel, MD, FRCP(C)⁴



Short-course Rifaximin therapy efficacy and lactulose hydrogen breath test in Chinese patients with diarrhea-predominant irritable bowel syndrome



Check for updates

Xiaojun Zhuang[†], Zhenyi Tian[†], Mei Luo and Lishou Xiong^{*}

Conclusion: A short course (2 weeks) of rifaximin improved GI symptoms and QOL in Chinese IBS-D patients whether they had SIBO or not. However, the efficacy of rifaximin could not be explained by the successful eradication of SIBO. Further studies on the therapeutic mechanisms of rifaximin in IBS are urgently needed.

Rifaximina

**No es solamente SIBO
Múltiples efectos biológicos**



**Actúa tópicamente
Reduce virulencia ciertas bacteria
Reduce unión bacteria-mucosa
Eubiótico**

>>> *Lactobacilo*

>>> *Bifidobacterium*

>>> *Faecalobacterium prausnitzii*

Chey WD, Therap Adv Gastroenterol 2020;13:1756284819897531

Ponziani FR, Dig Dis 2016;34:269-78

Ponziani FT, *World J Gastroenterol* 2017; 23: 4491-4499

Dolor

1ª línea

Antiespasmódicos

**Relajan músculo
liso intestinal**

**Black CJ, et al. Lancet Gastroenterol Hepatol 2020; 5:117-31.
Ford AC, et al. BMJ 2008;337:a2313**

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Recommendation

We recommend against the use of antispasmodics currently available in the United States to treat global IBS symptoms.

Conditional recommendation; low quality of evidence.

Anti-Espasmódicos

Bromuro Pinaverio

Bromuro Otilonium

Dolor

```
graph TD; Dolor[Dolor] --> AntiEspasmodicos[Anti-Espasmódicos  
Bromuro Pinaverio  
Bromuro Otilonium]; Dolor --> MentaOleosa[Menta oleosa]; Dolor --> Antibiotico[Antibiótico  
Rifaximina];
```

Menta oleosa

Antibiótico

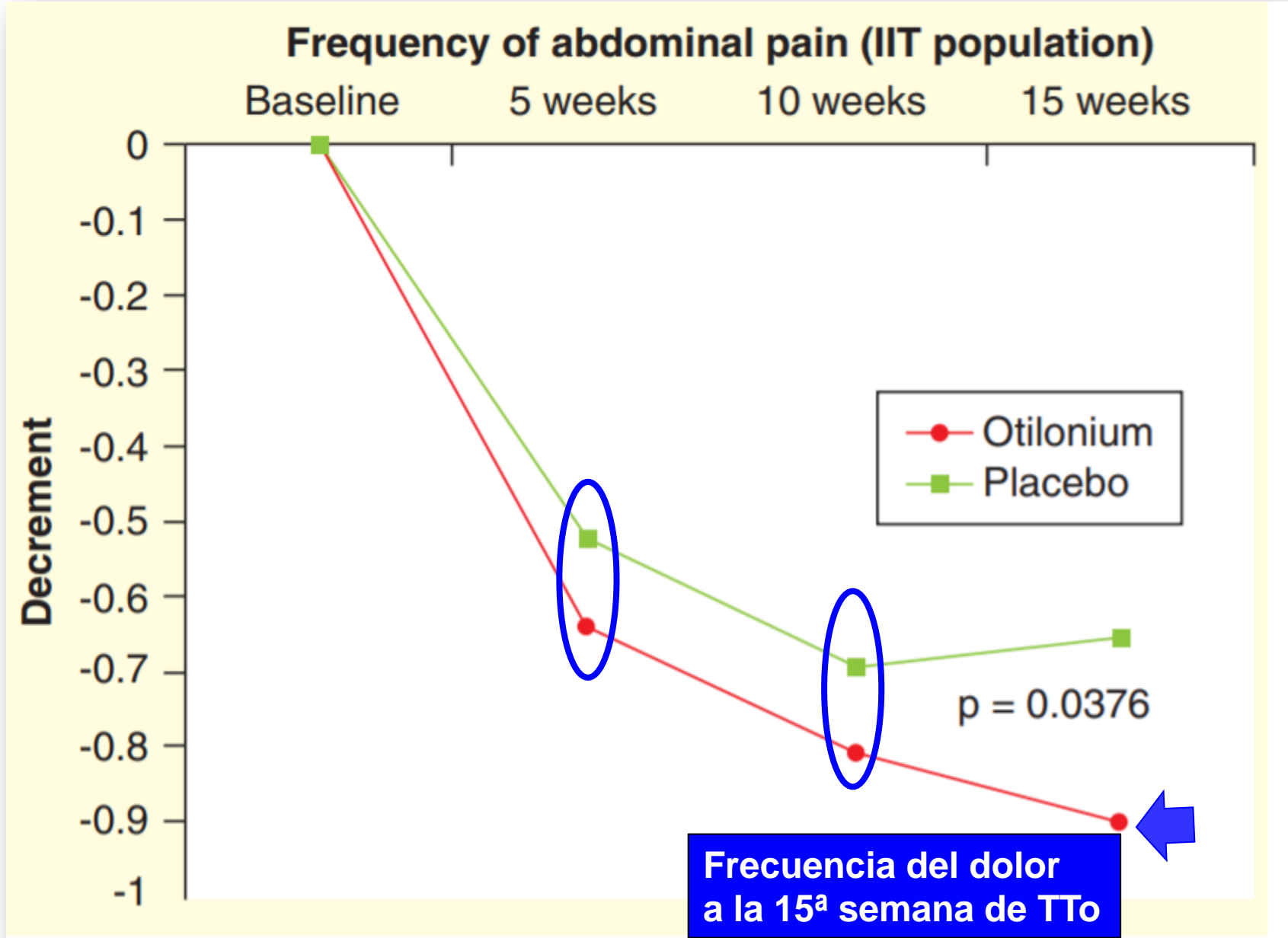
Rifaximina

Randomised clinical trial: otilonium bromide improves frequency of abdominal pain, severity of distention and time to relapse in patients with irritable bowel syndrome

P. Clavé^{*,†,‡}, M. Acalovschi[§], J. K. Triantafillidis[¶], Y. P. Uspensky^{**}, C. Kalayci^{††}, V. Shee^{‡‡} & J. Tack^{§§} on behalf of the OBIS Study Investigators

Aliment Pharmacol Ther 2011; 34: 432–442

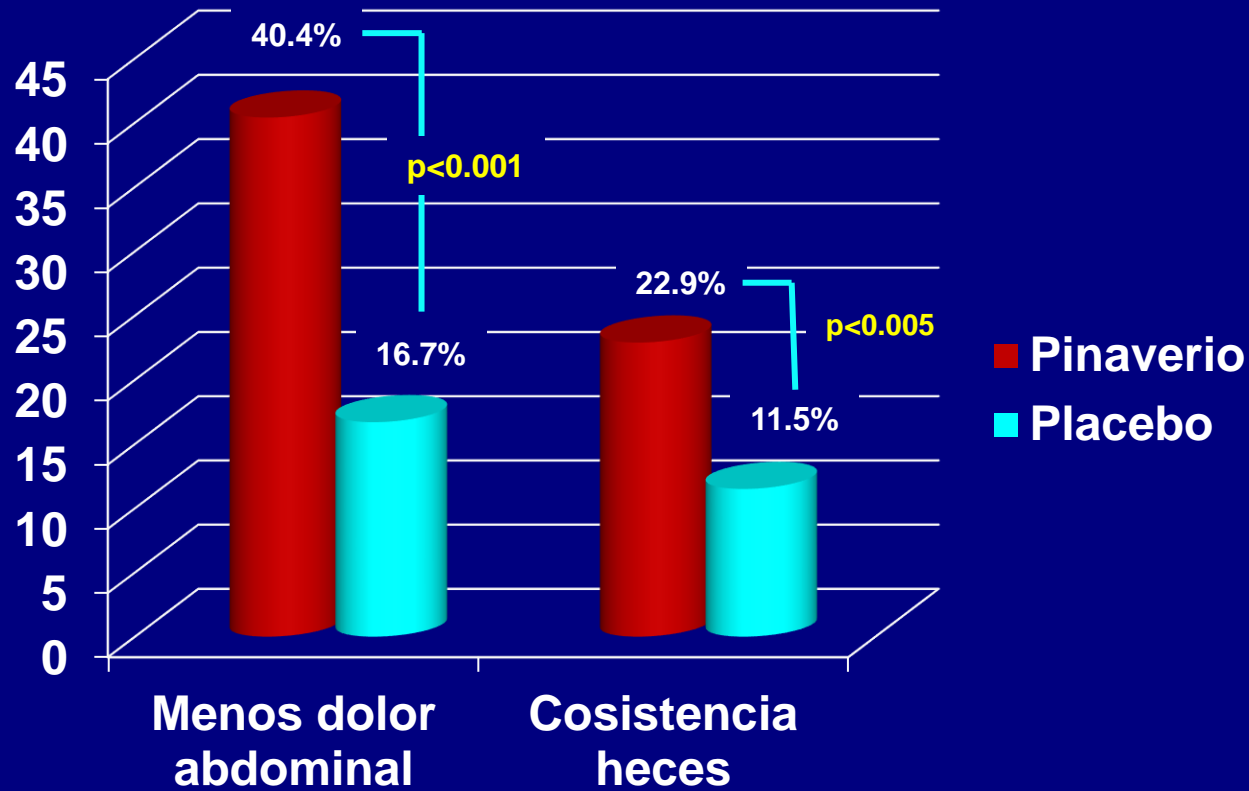
Bromuro De Otilonium



Pinaverium Reduces Symptoms of Irritable Bowel Syndrome in a Multicenter, Randomized, Controlled Trial

Liang Zheng,^{*} Yaoliang Lai,[‡] Weimin Lu,[§] Baiwen Li,^{||} Heng Fan,[¶] Zhixiang Yan,[#]

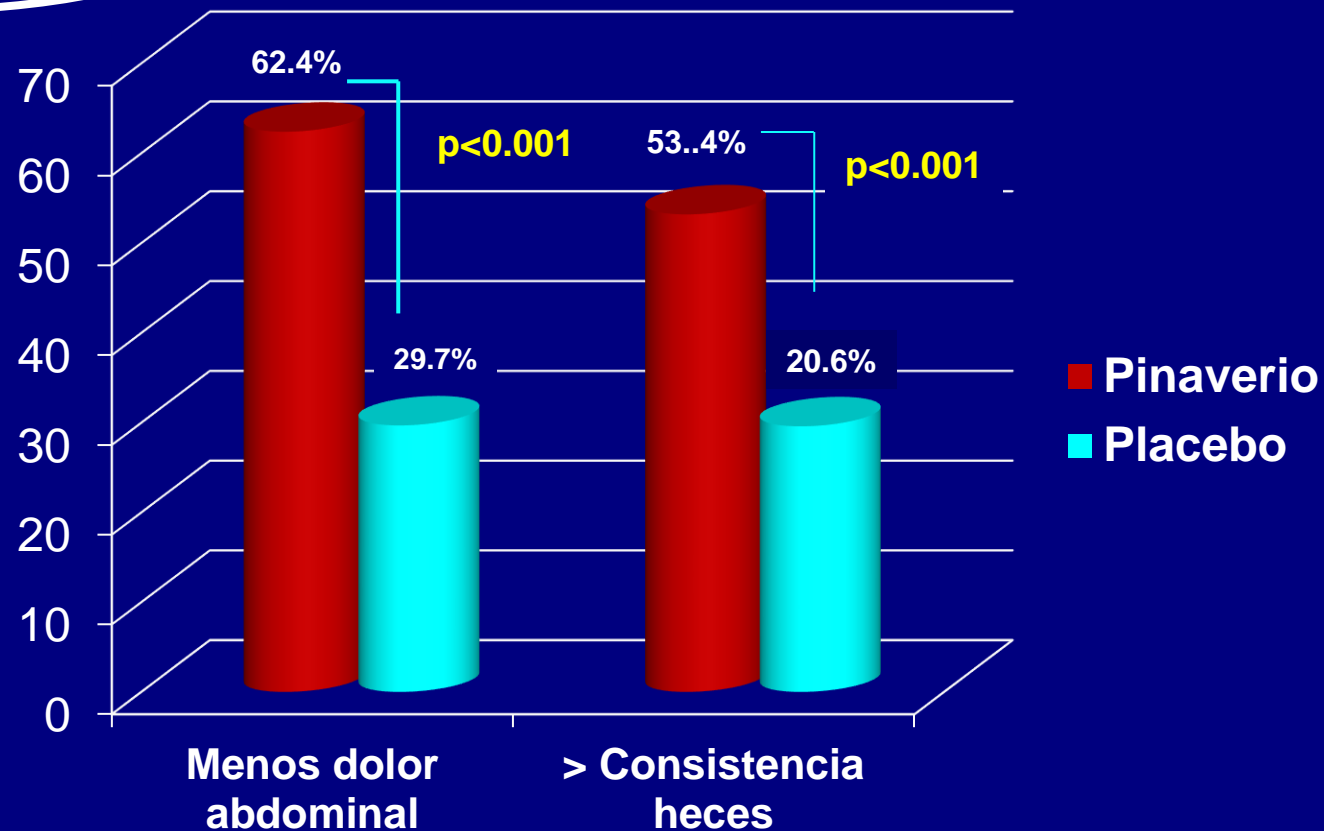
Dos semanas

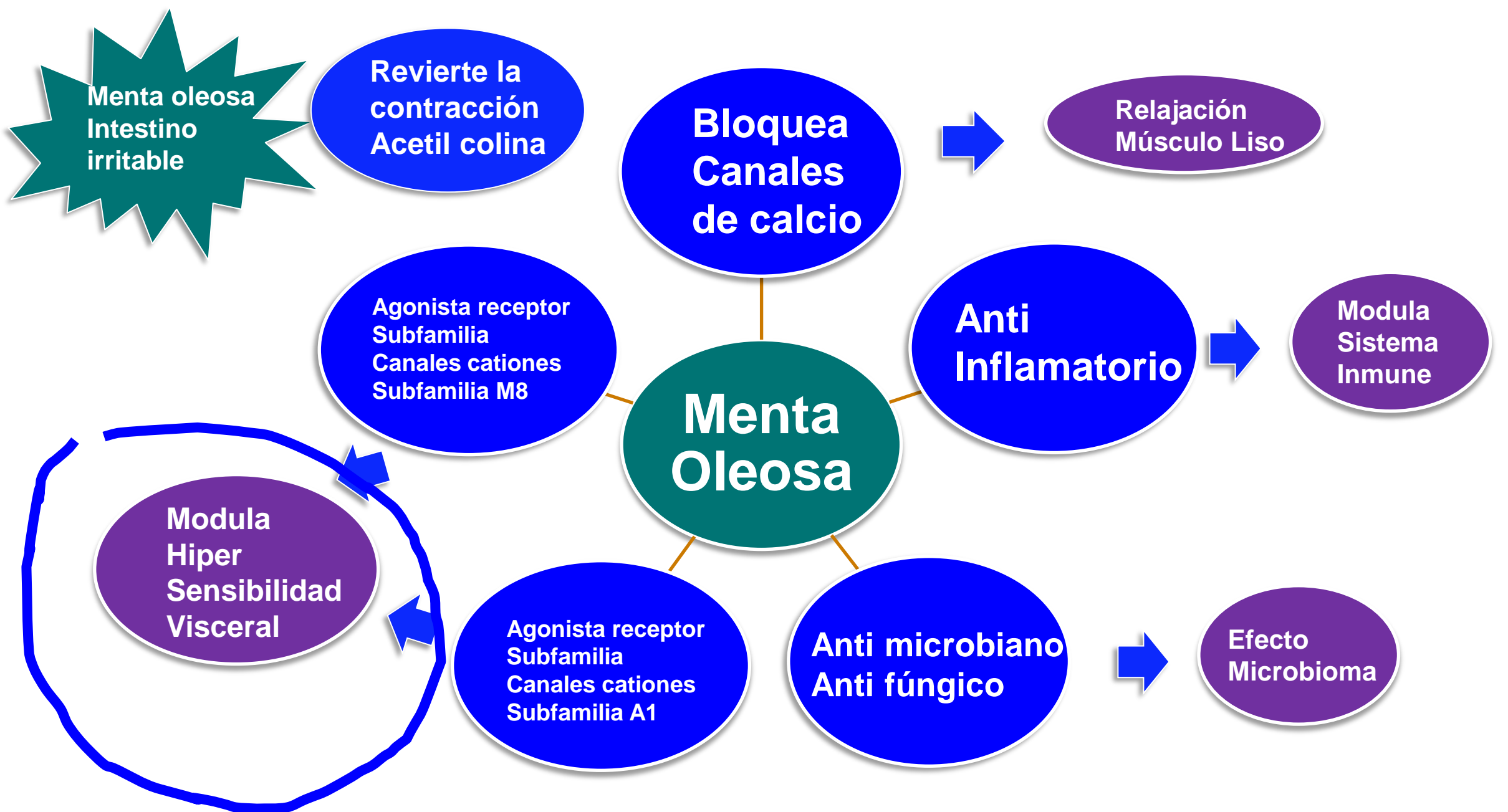


Pinaverium Reduces Symptoms of Irritable Bowel Syndrome in a Multicenter, Randomized, Controlled Trial




Liang Zheng,^{*} Yaoliang Lai,[‡] Weimin Lu,[§] Baiwen Li,^{||} Heng Fan,[¶] Zhixiang Yan,[#]

4 semanas



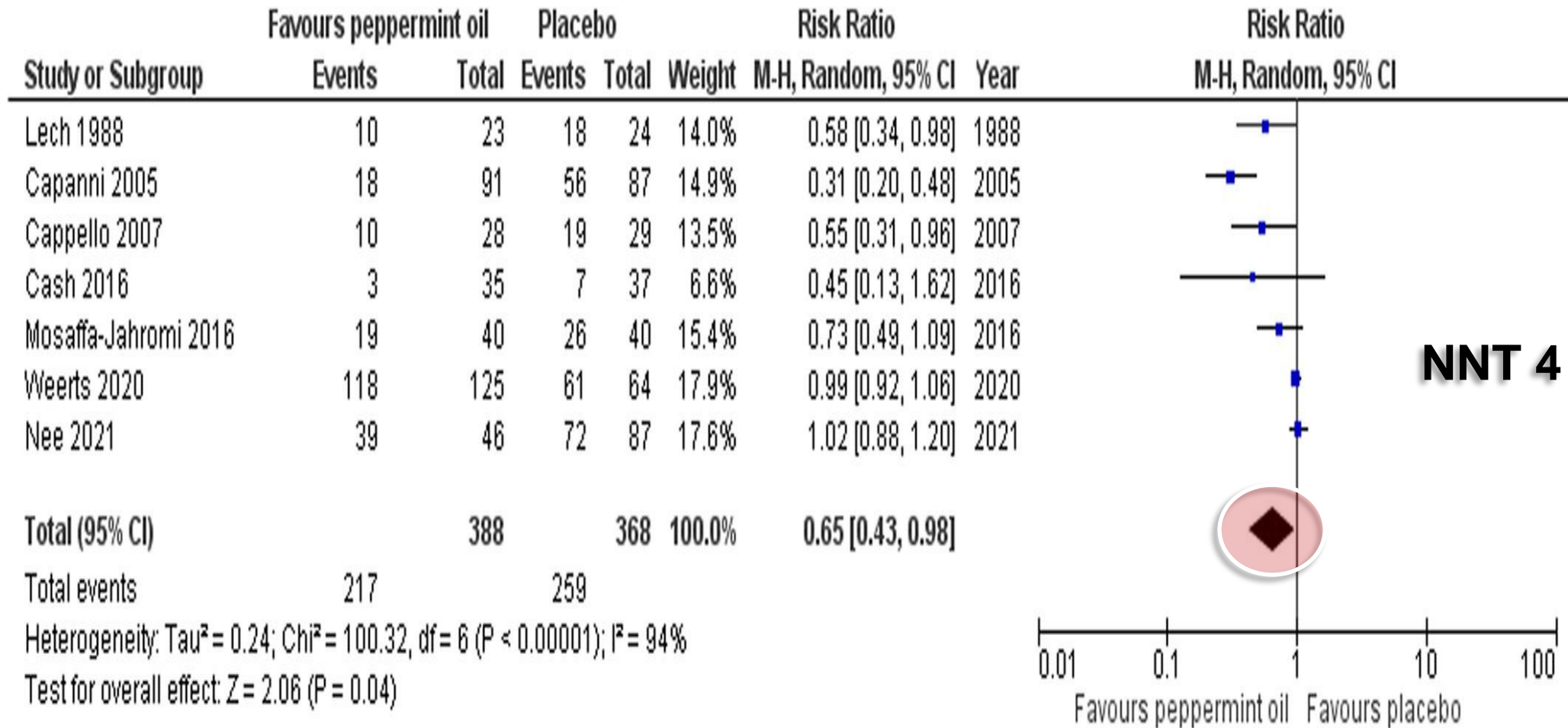


Systematic review and meta-analysis: efficacy of peppermint oil in irritable bowel syndrome

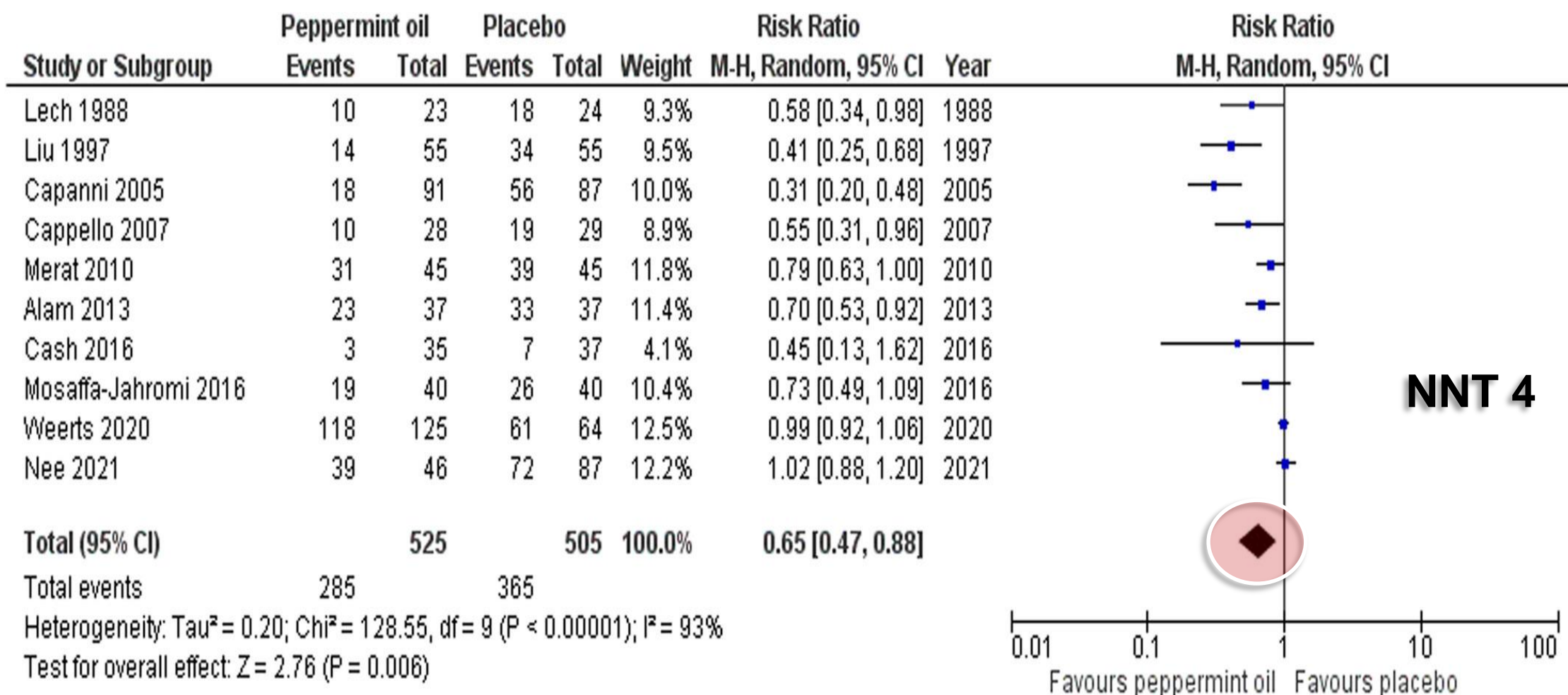
Maria Rosa Ingrosso^{1,2}  | Gianluca Ianiro^{1,2}  | Judy Nee³  | Anthony J. Lembo³  |
Paul Moayyedi⁴  | Christopher J. Black^{5,6}  | Alexander C. Ford^{5,6} 

Ingrosso MR, et al. Aliment Pharmacol Ther. 2022;56:932–941.

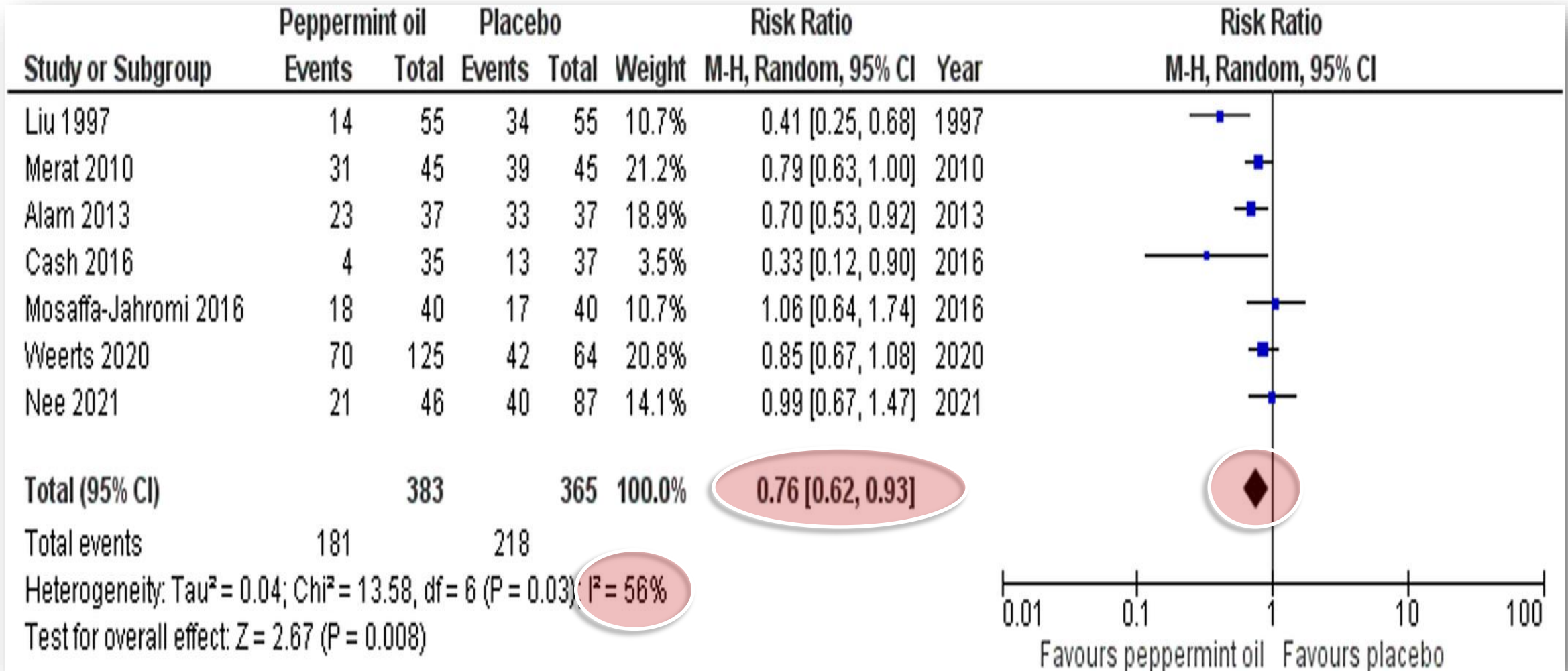
Menta oleosa Síntomas Globales



Menta oleosa Síntomas abdominales o dolor abdominal

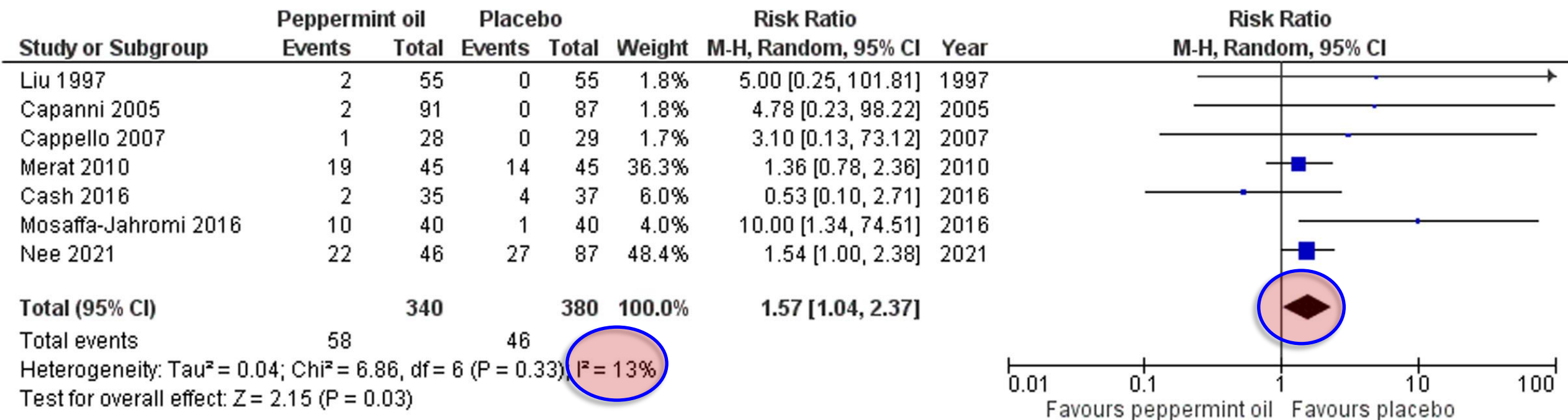


Menta oleosa dolor abdominal



Ingrosso MR, et al. Aliment Pharmacol Ther. 2022;56:932–941.

Menta oleosa efectos adversos



Reflujo

Menta oleosa NNT 14.5

Placebo NNT 19.4

TABLE 1 Efficacy of peppermint oil in irritable bowel syndrome according to trial duration

Endpoint	Trial duration (weeks)	Relative risk (95% confidence interval)	<i>I</i> ² (%)
Global IBS symptoms or abdominal pain	≤4	0.57 (0.45–0.72)	0
	>4	0.79 (0.61–1.02)	95
Global IBS symptoms	≤4	0.63 (0.48–0.82)	0
	>4	0.81 (0.58–1.11)	96
Abdominal pain	≤4	0.55 (0.26–1.18)	77
	>4	0.81 (0.72–0.92)	0

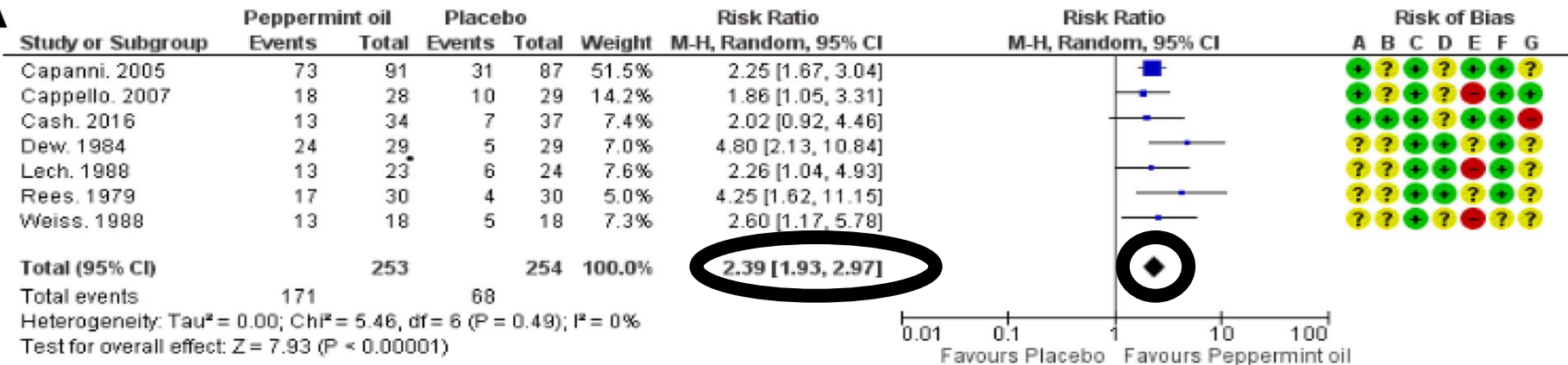
RESEARCH ARTICLE

Open Access



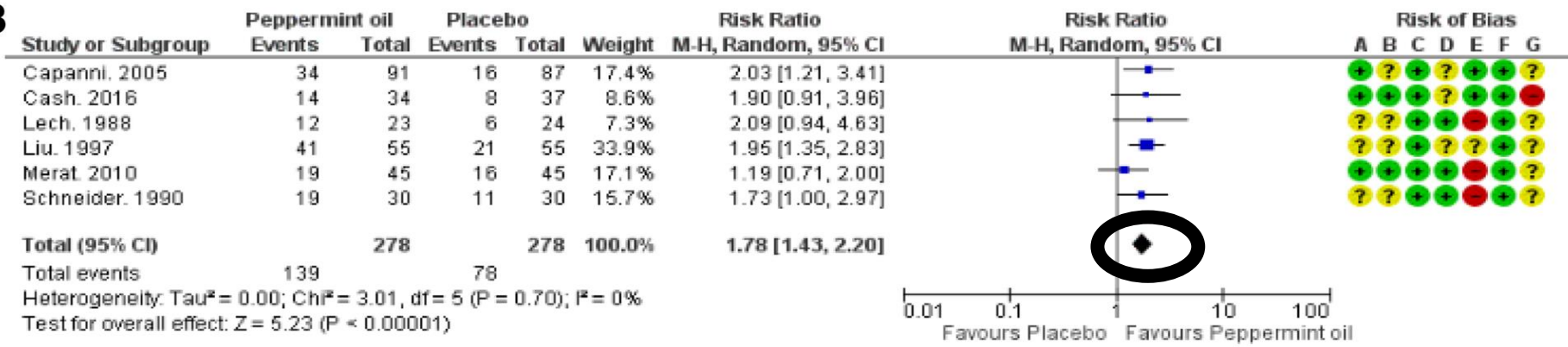
The impact of peppermint oil on the irritable bowel syndrome: a meta-analysis of the pooled clinical data

N. Alammar^{1,2} , L. Wang³ , B. Saberi⁴ , J. Nanavati¹ , G. Holtmann⁵ , R. T. Shinohara⁶  and G. E. Mullin^{1*} 

A

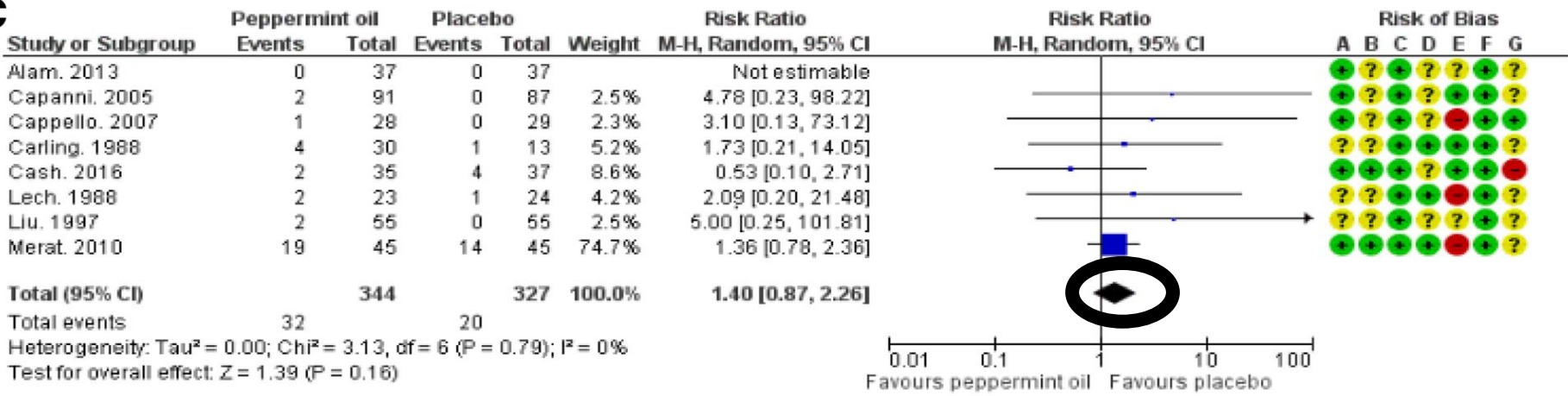
Síntomas
Globales

NNT 3

B

Dolor

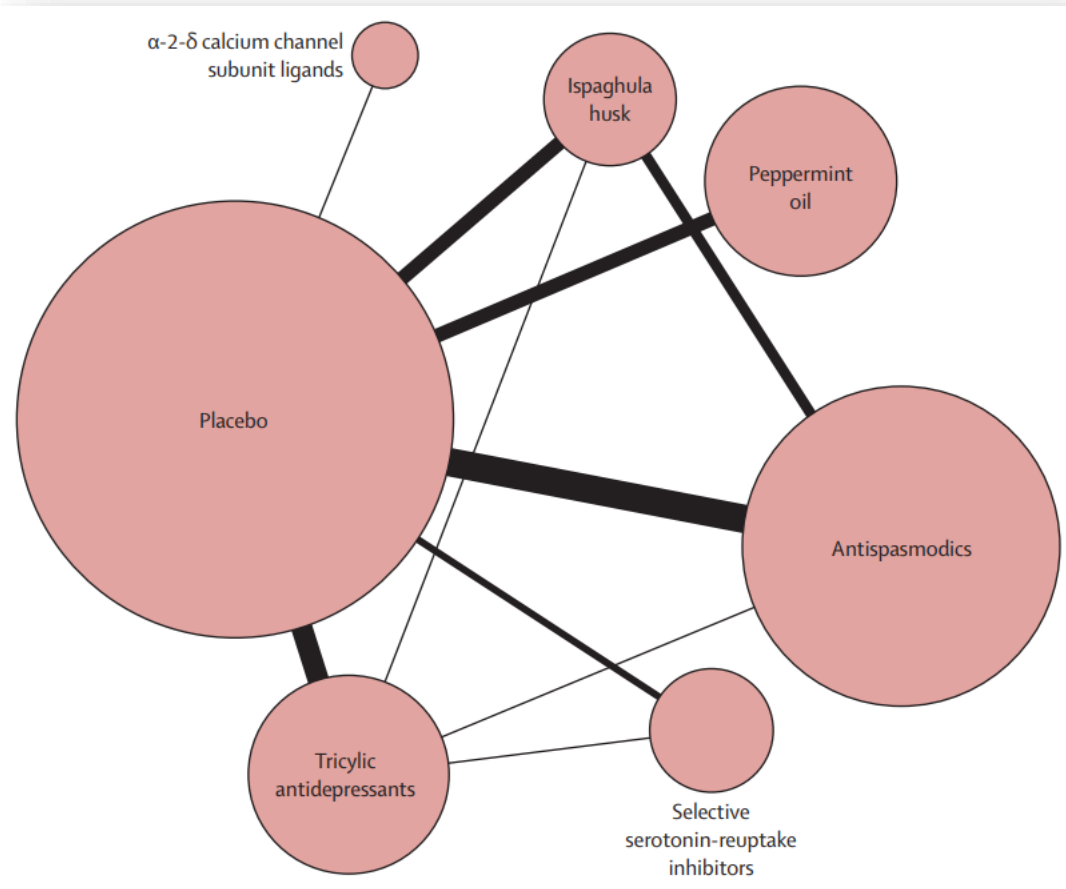
NNT 4

C

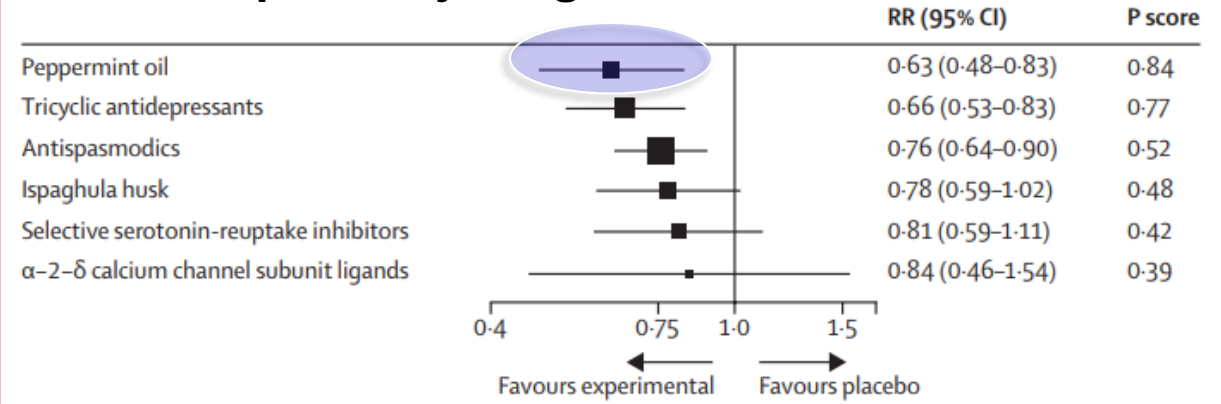
Seguridad
Igual a placebo

Efficacy of soluble fibre, antispasmodic drugs, and gut-brain neuromodulators in irritable bowel syndrome: a systematic review and network meta-analysis

Christopher J Black, Yuhong Yuan, Christian P Selinger, Michael Camilleri, Eamonn M M Quigley, Paul Moayyedi, Alexander C Ford



A Falla para Mejoría global 4-12 semanas

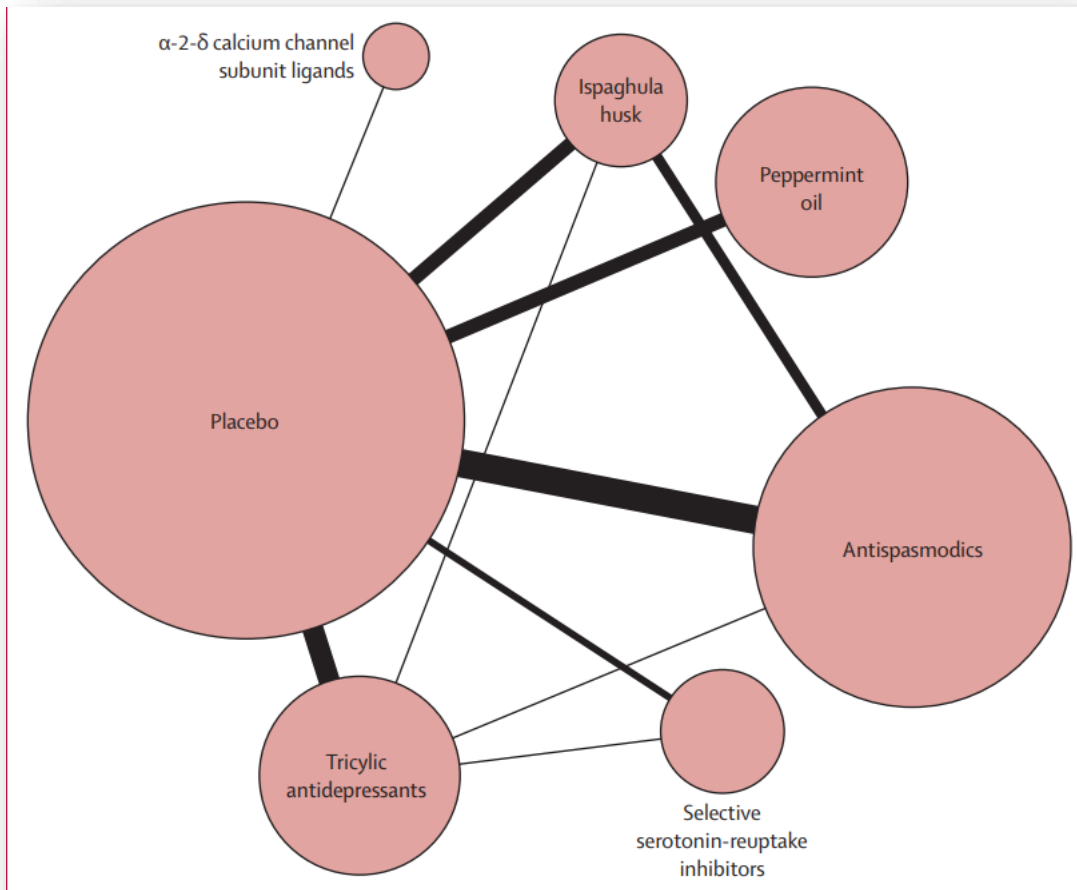


B

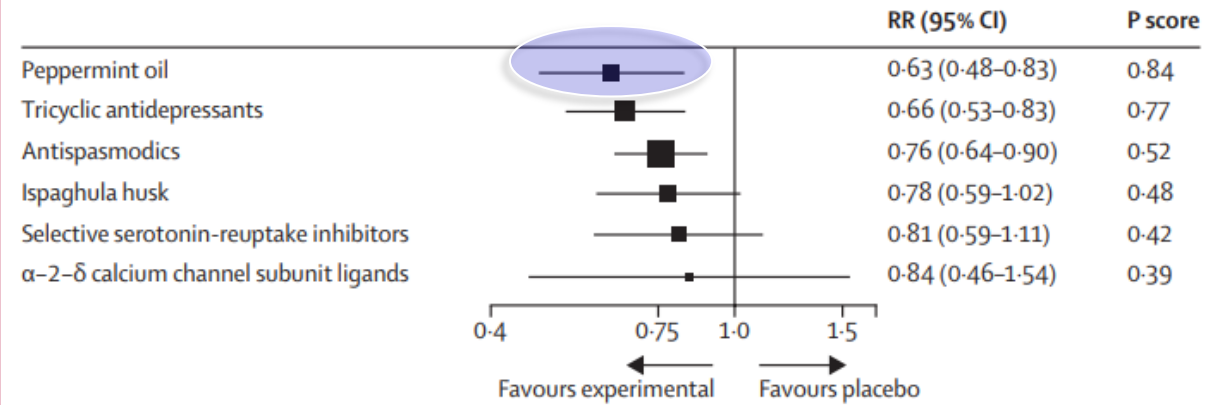
Peppermint oil	NA	NA	NA	NA	NA	0.63 (0.48-0.83)
0.95 (0.67-1.35)	Tricyclic antidepressants	1.26 (0.63-2.51)	1.07 (0.56-2.06)	0.09 (0.00-1.50)	NA	0.65 (0.51-0.81)
0.83 (0.60-1.15)	0.88 (0.66-1.16)	Antispasmodics	0.97 (0.58-1.63)	NA	NA	0.75 (0.63-0.90)
0.81 (0.55-1.19)	0.85 (0.61-1.20)	0.97 (0.71-1.33)	Ispaghula husk	NA	NA	0.77 (0.58-1.02)
0.78 (0.51-1.18)	0.82 (0.56-1.21)	0.94 (0.65-1.35)	0.96 (0.63-1.46)	Selective serotonin-reuptake inhibitors	NA	0.80 (0.58-1.10)
0.75 (0.39-1.45)	0.79 (0.41-1.50)	0.90 (0.48-1.69)	0.92 (0.48-1.79)	0.96 (0.49-1.90)	α-2-δ calcium channel subunit ligands	0.84 (0.46-1.54)
0.63 (0.48-0.83)	0.66 (0.53-0.83)	0.76 (0.64-0.90)	0.78 (0.59-1.02)	0.81 (0.59-1.11)	0.84 (0.46-1.54)	Placebo

Efficacy of soluble fibre, antispasmodic drugs, and gut-brain neuromodulators in irritable bowel syndrome: a systematic review and network meta-analysis

Christopher J Black, Yuhong Yuan, Christian P Selinger, Michael Camilleri, Eamonn M M Quigley, Paul Moayyedi, Alexander C Ford



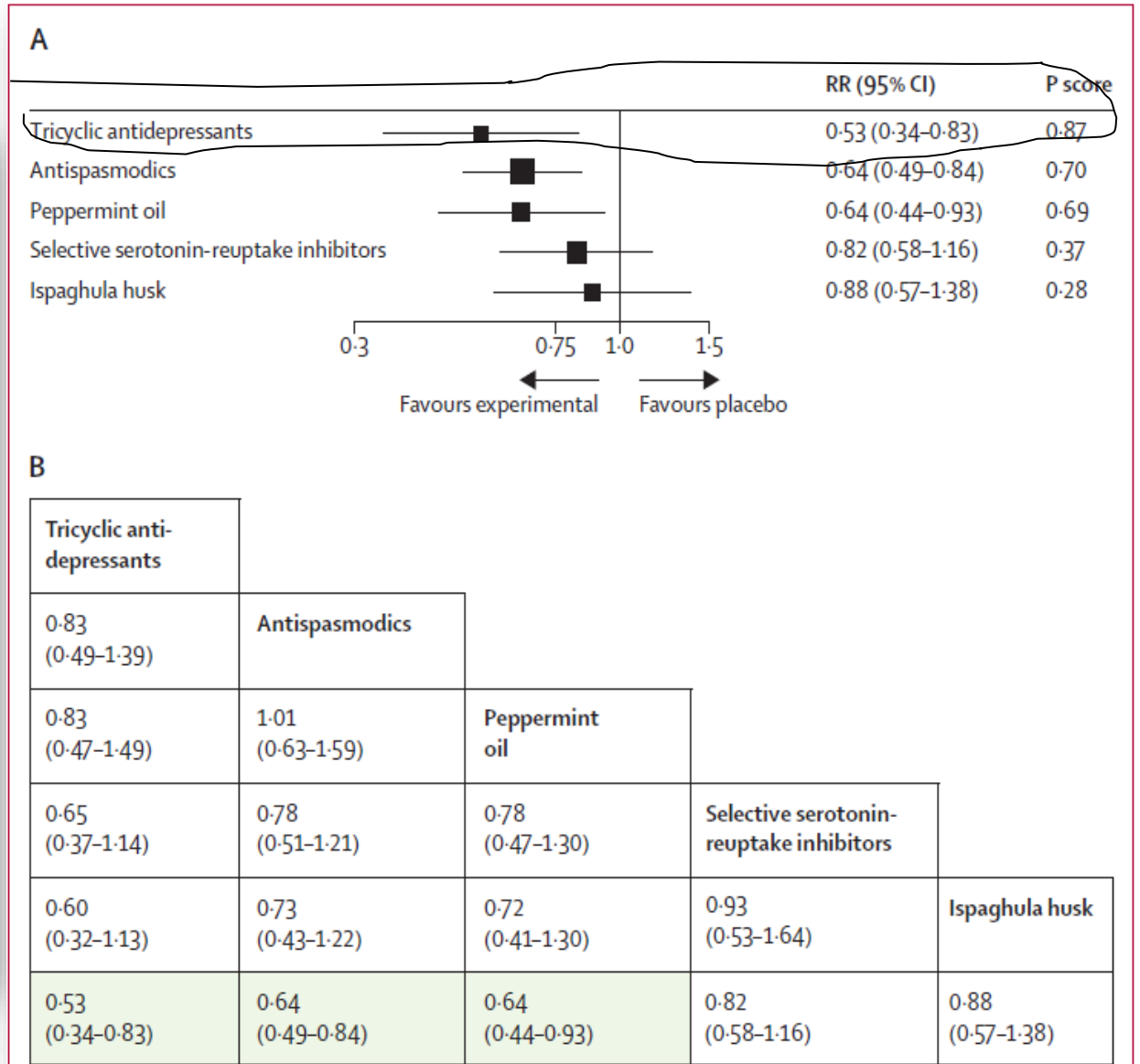
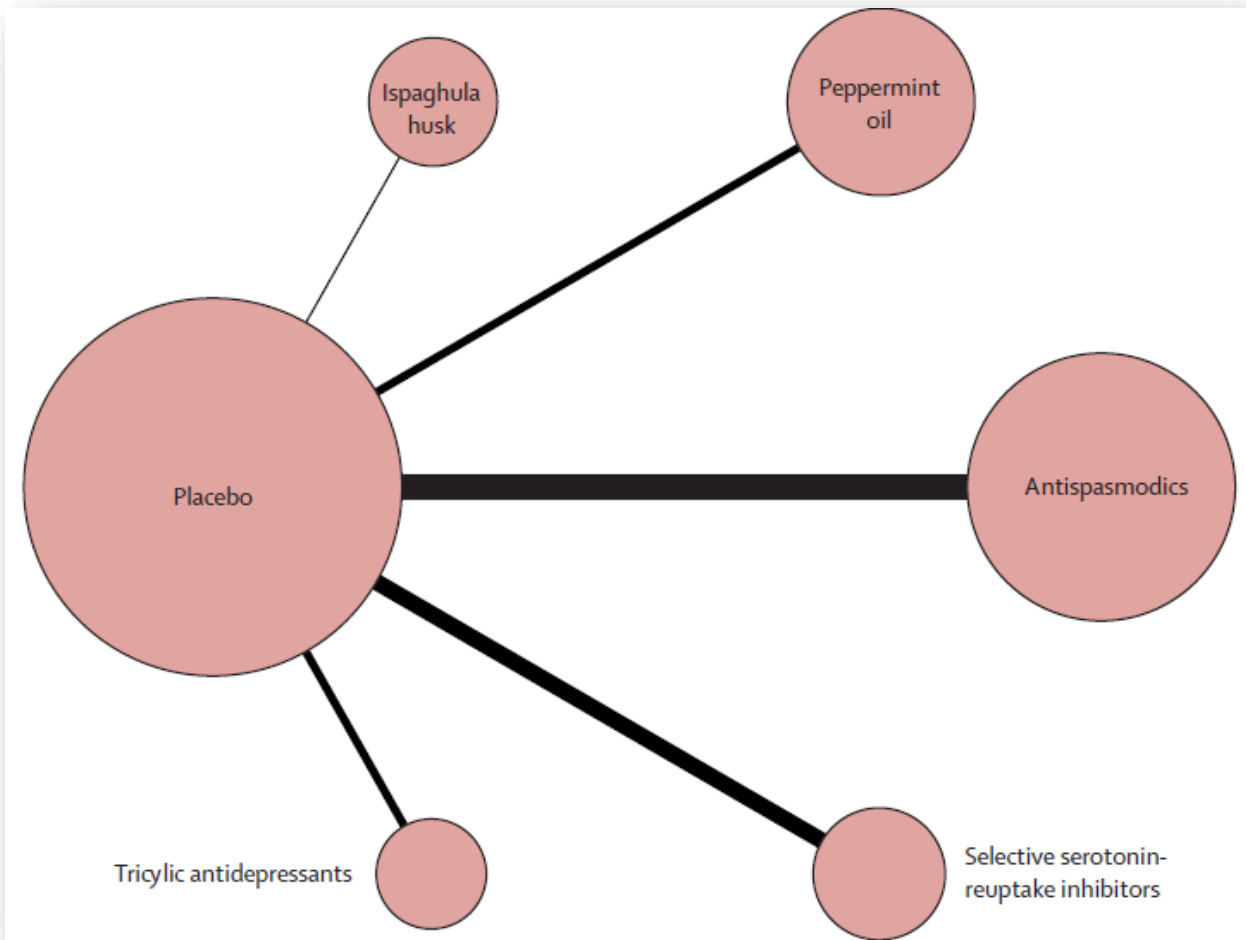
A Mejoría global 4-12 semanas



B

Peppermint oil	NA	NA	NA	NA	NA	0.63 (0.48-0.83)
0.95 (0.67-1.35)	Tricyclic antidepressants	1.26 (0.63-2.51)	1.07 (0.56-2.06)	0.09 (0.00-1.50)	NA	0.65 (0.51-0.81)
0.83 (0.60-1.15)	0.88 (0.66-1.16)	Antispasmodics	0.97 (0.58-1.63)	NA	NA	0.75 (0.63-0.90)
0.81 (0.55-1.19)	0.85 (0.61-1.20)	0.97 (0.71-1.33)	Ispaghula husk	NA	NA	0.77 (0.58-1.02)
0.78 (0.51-1.18)	0.82 (0.56-1.21)	0.94 (0.65-1.35)	0.96 (0.63-1.46)	Selective serotonin-reuptake inhibitors	NA	0.80 (0.58-1.10)
0.75 (0.39-1.45)	0.79 (0.41-1.50)	0.90 (0.48-1.69)	0.92 (0.48-1.79)	0.96 (0.49-1.90)	α-2-δ calcium channel subunit ligands	0.84 (0.46-1.54)
0.63 (0.48-0.83)	0.66 (0.53-0.83)	0.76 (0.64-0.90)	0.78 (0.59-1.02)	0.81 (0.59-1.11)	0.84 (0.46-1.54)	Placebo

SII- dolor



In summary, the results of this systematic review and network meta-analysis show that peppermint oil, TCAs, and antispasmodic drugs are more efficacious than placebo for improving both global IBS symptoms and abdominal pain in patients with IBS. Based on data from all RCTs included in our analysis, peppermint oil was ranked first for improving global IBS symptoms and TCAs were ranked first for improving abdominal pain. After restricting the analysis to RCTs done in western countries only, TCAs were ranked second to peppermint oil for improving abdominal pain. Out of all therapies analysed, only TCAs were significantly more likely to cause adverse events than placebo, a

**Dolor
Antidepresivos
Tricíclicos**

NNT 4

NNH 2

Stone J, BMJ 2002;325:1449-50

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG¹, Mark Pimentel, MD, FACG², Darren M. Brenner, MD, FACG³, William D. Chey, MD, FACG⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACG⁶ and Baha Moshiree, MD, MSc, FACG⁷

Recommendation

We suggest the use of peppermint to provide relief of global IBS symptoms.

Conditional recommendation; low quality of evidence.

Lacy BE, Am J Gastroenterol. 2021;116:17-44.

Canadian Association of Gastroenterology Clinical Practice Guideline for the Management of Irritable Bowel Syndrome (IBS)

Paul Moayyedi MD¹, Christopher N. Andrews MD², Glenda MacQueen MD³, Christina Korownyk MD⁴, Megan Marsiglio MD⁵, Lesley Graff MD⁶, Brent Kvern MD⁷, Adriana Lazarescu MD⁸, Louis Liu MD⁹, William G. Paterson MD¹⁰, Sacha Sidani MD¹, Stephen Vanner MD¹⁰

Statement 16: We suggest offering IBS patients peppermint oil to improve IBS symptoms.

GRADE: Conditional recommendation, low-quality evidence. Vote: strongly agree, 17%; agree, 83%

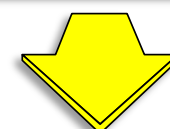
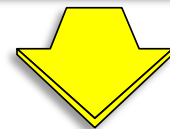
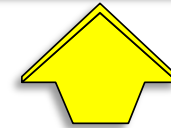
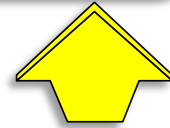
Antibióticos

**Dieta baja
en FODMAP**

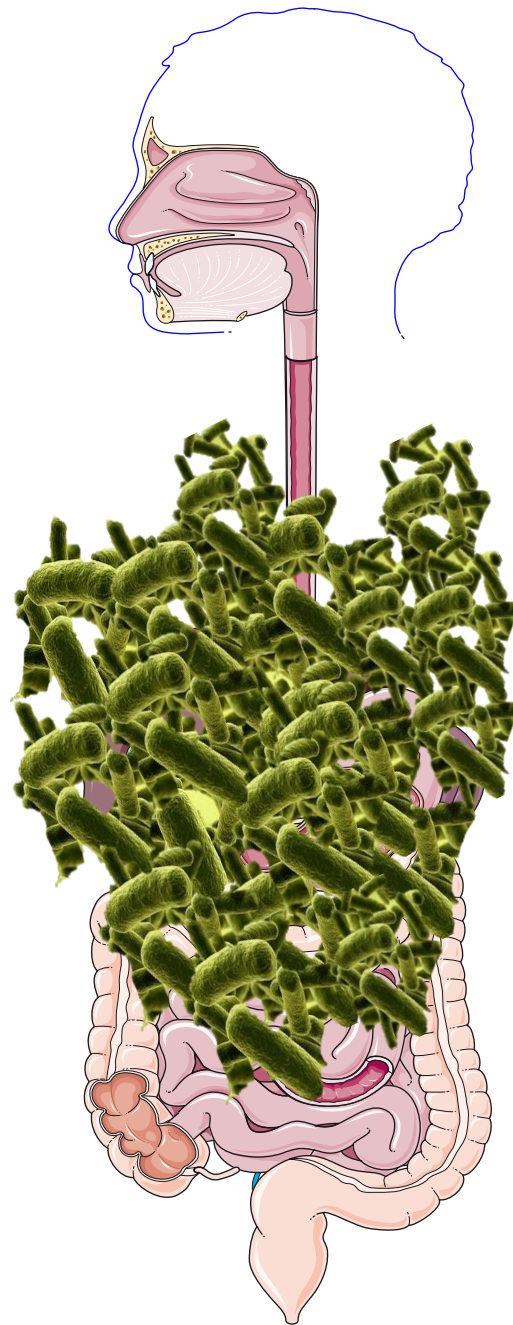
**Microbioma un
Blanco terapéutico**

**Trasplante
Fecal**

Probióticos



Probióticos



**“No me hables
de tu fe, háblame
de tus obras”**

AGA Technical Review on the Role of Probiotics in the Management of Gastrointestinal Disorders



Geoffrey A. Preidis,¹ Adam V. Weizman,² Purna C. Kashyap,³ and Rebecca L. Morgan⁴

¹Section of Gastroenterology, Hepatology and Nutrition, Department of Pediatrics, Baylor College of Medicine and Texas Children's Hospital, Houston, Texas; ²Division of Gastroenterology, Mount Sinai Hospital, Department of Medicine, University of Toronto, Toronto, Ontario, Canada; ³Enteric Neuroscience Program, Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota; and ⁴Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Ontario, Canada

The overall CoE across all critical outcomes for probiotics for the treatment of children and adults with IBS was Low.

Solamente en el contexto de ensayos clínicos

ACG Clinical Guideline: Management of Irritable Bowel Syndrome

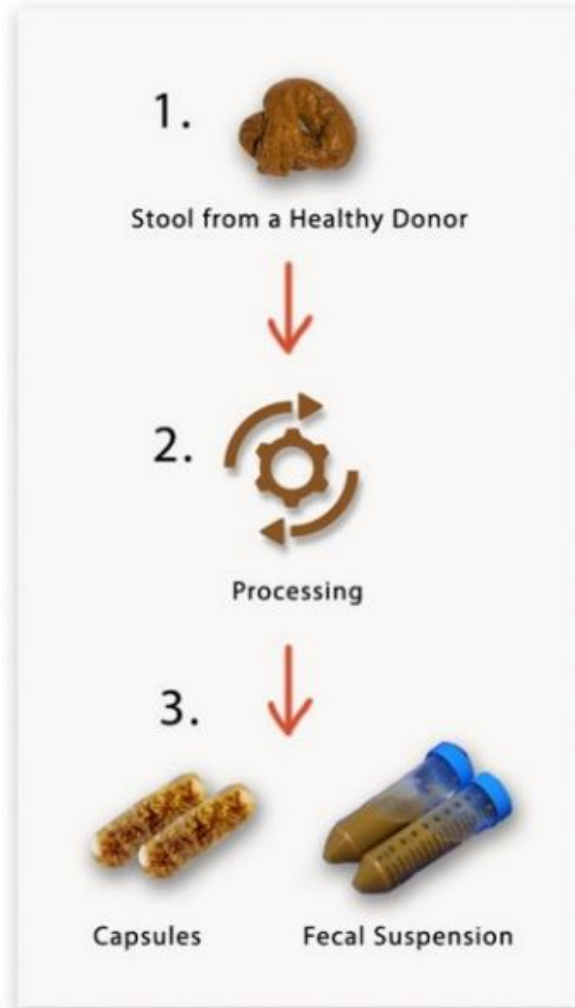
Brian E. Lacy, PhD, MD, FACP¹, Mark Pimentel, MD, FACP², Darren M. Brenner, MD, FACP³, William D. Chey, MD, FACP⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACP (GRADE Methodologist)⁶ and Baha Moshiree, MD, MSc, FACP⁷

Recommendation

We suggest against probiotics for the treatment of global IBS symptoms.

Conditional recommendation; very low level of evidence.

FECAL MICROBIOTA TRANSPLANTATION

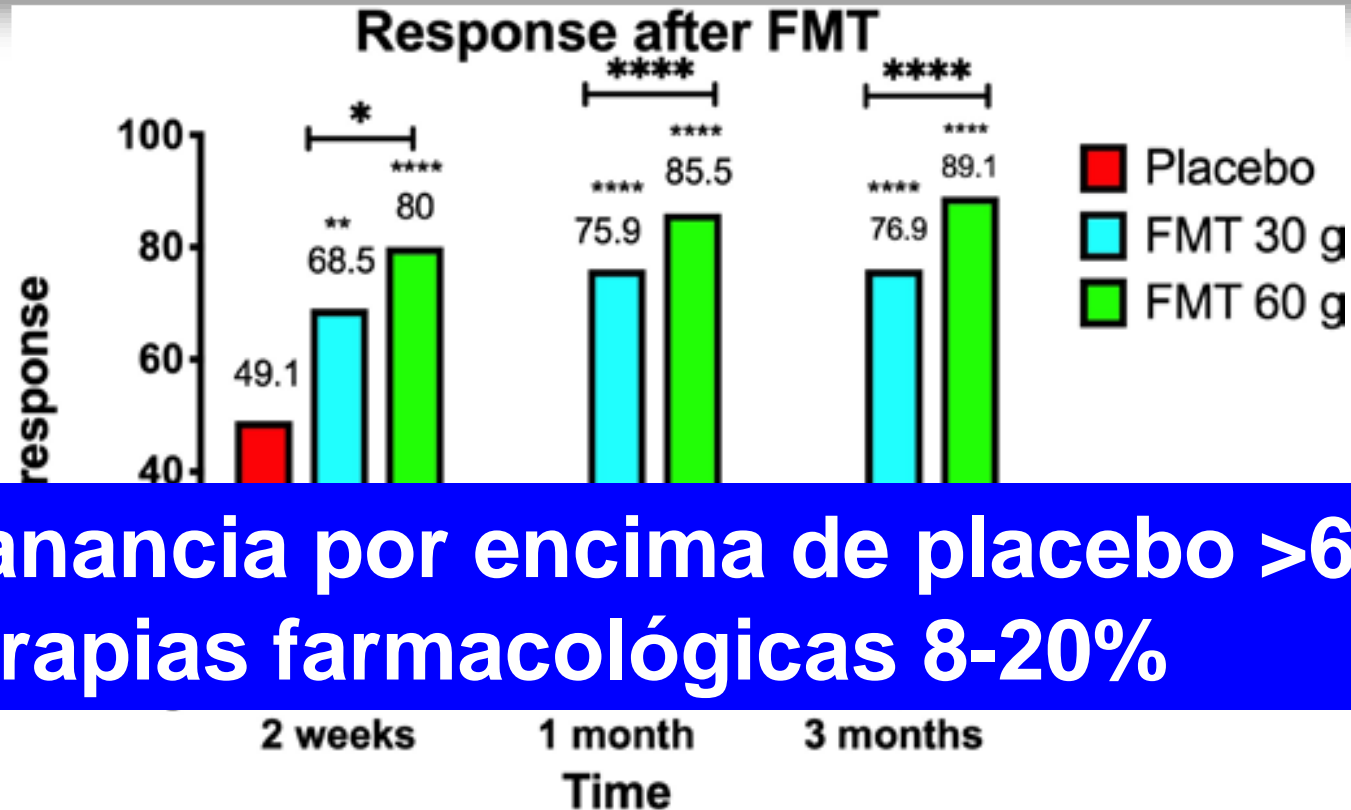


4. Delivery through
naso-jejunal tube
or gastroscopy



Efficacy of faecal microbiota transplantation for patients with irritable bowel syndrome in a randomised, double-blind, placebo-controlled study

Magdy El-Salhy ,^{1,2} Jan Gunnar Hatlebakk,² Odd Helge Gilja,²
Anja Bråthen Kristoffersen,³ Trygve Hausken²



Ganancia por encima de placebo >65%
Terapias farmacológicas 8-20%

Efficacy of Fecal Microbiota Transplantation for Patients With Irritable Bowel Syndrome at 3 Years After Transplantation



Magdy El-Salhy,^{1,2} Renate Winkel,¹ Christina Casen,³ Trygve Hausken,^{2,4} Odd Helge Gilja,^{2,4} and Jan Gunnar Hatlebakk²

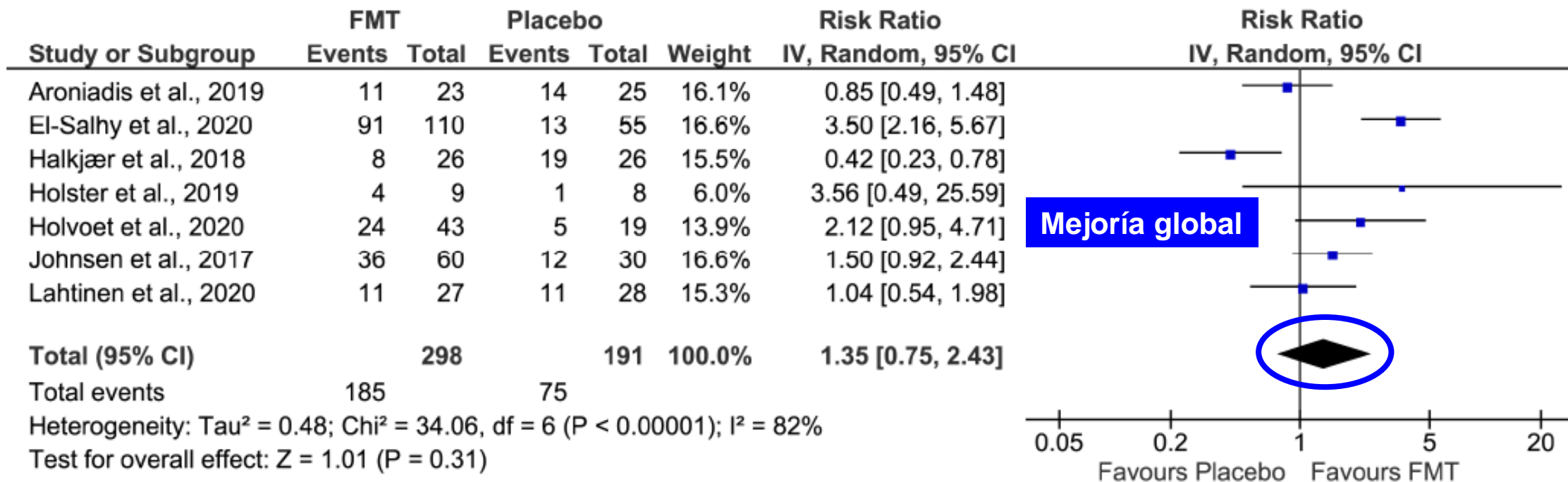


	Placebo	30 gr	60 gr
2 años	26%	69%	78%
3 años	27%	65%	72%

NNT 4-5

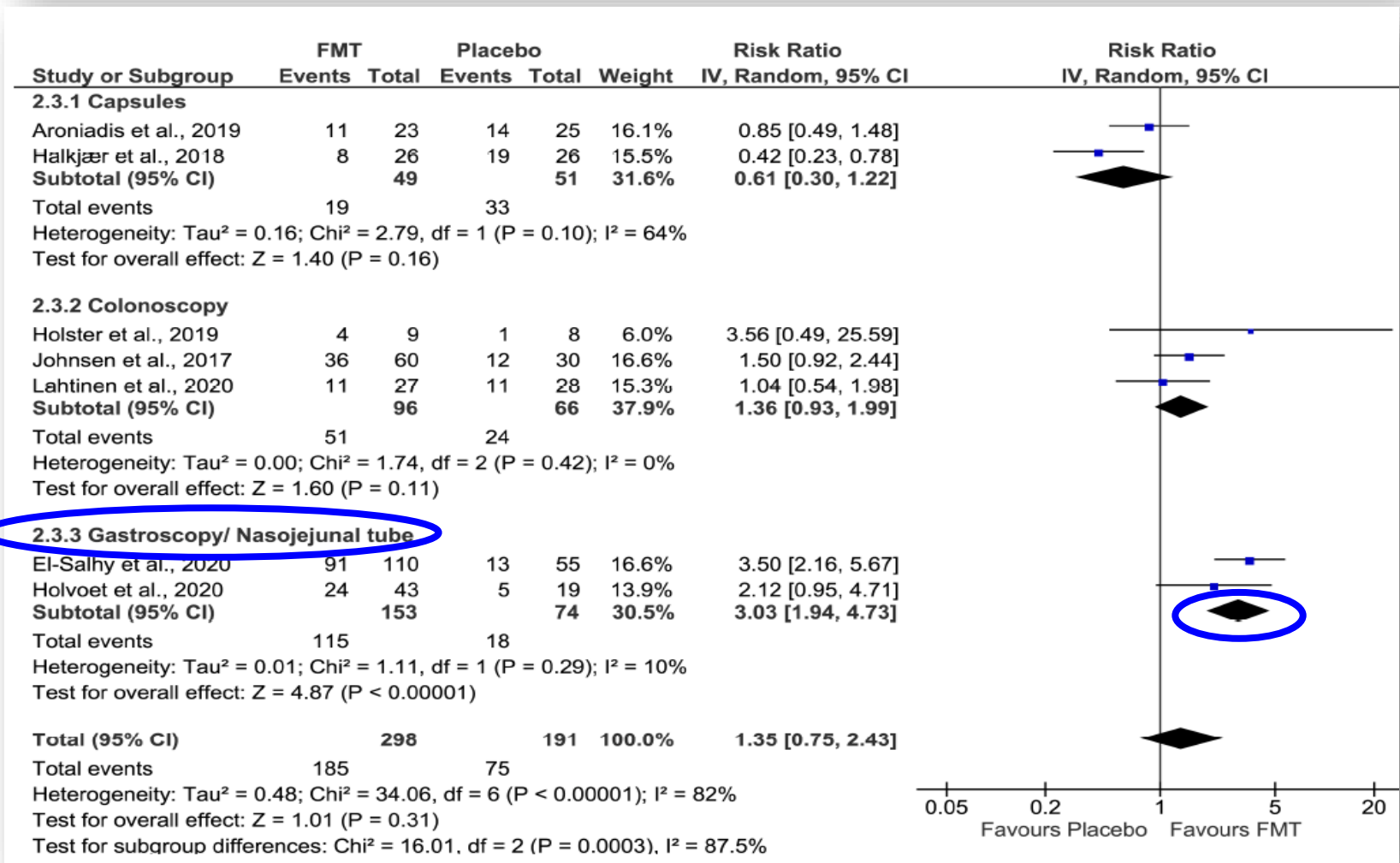
Procedures in Fecal Microbiota Transplantation for Treating Irritable Bowel Syndrome: Systematic Review and Meta-Analysis

Tânia Rodrigues ¹, Sofia Rodrigues Fialho ¹, João Ricardo Araújo ^{1,2}, Rita Rocha ³ and André Moreira-Rosário ^{1,2},

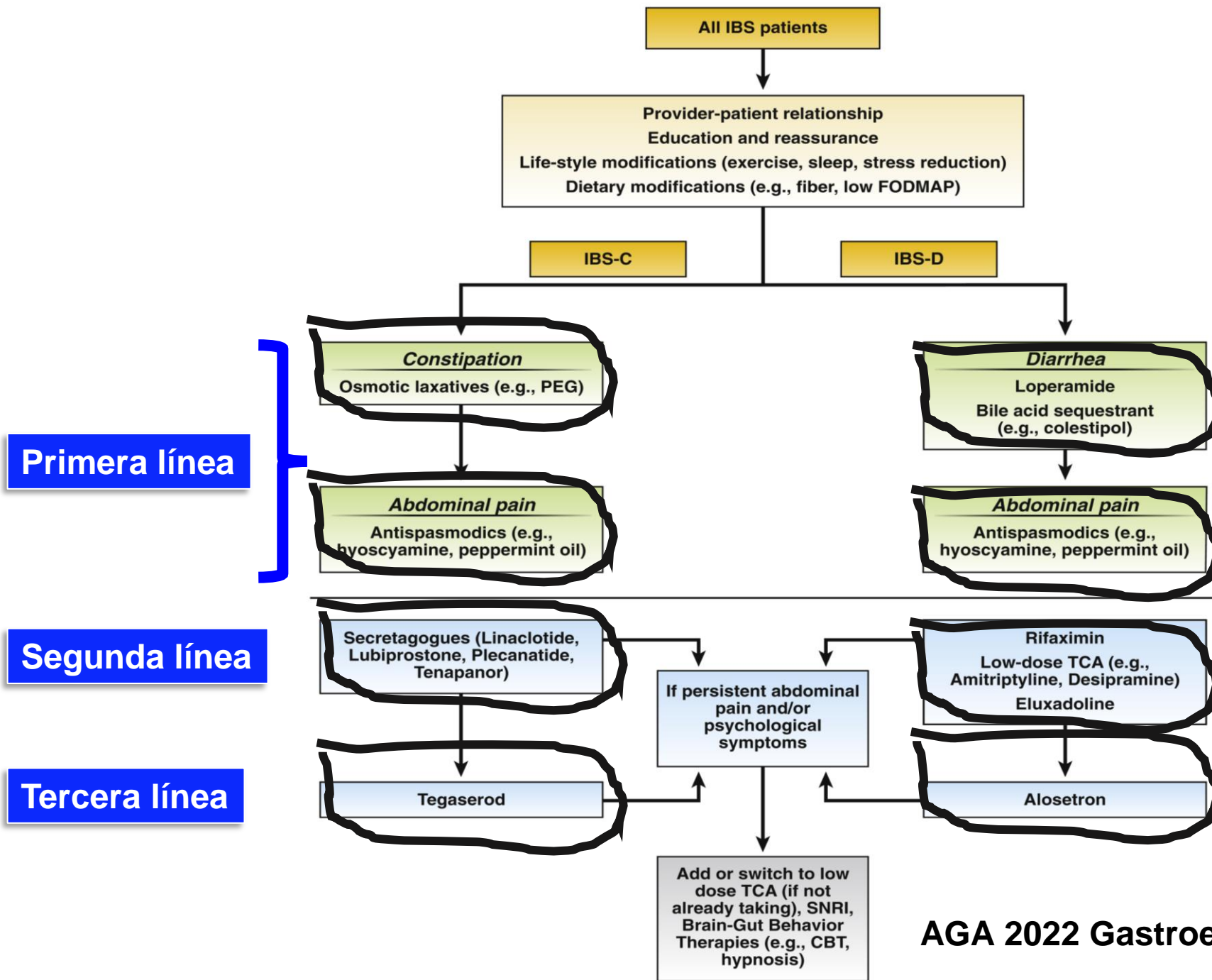


Procedures in Fecal Microbiota Transplantation for Treating Irritable Bowel Syndrome: Systematic Review and Meta-Analysis

Tânia Rodrigues¹, Sofia Rodrigues Fialho¹, João Ricardo Araújo^{1,2}, Rita Rocha³ and André Moreira-Rosário^{1,2},



Mejoría global



Mensajes para la casa

SII enfermedad orgánica

No es una enfermedad psicológica

Altera la calidad de vida

Diagnostico Roma IV VPP > 98%

Tratamiento depende del síntoma principal

Trasplante fecal es prometedor

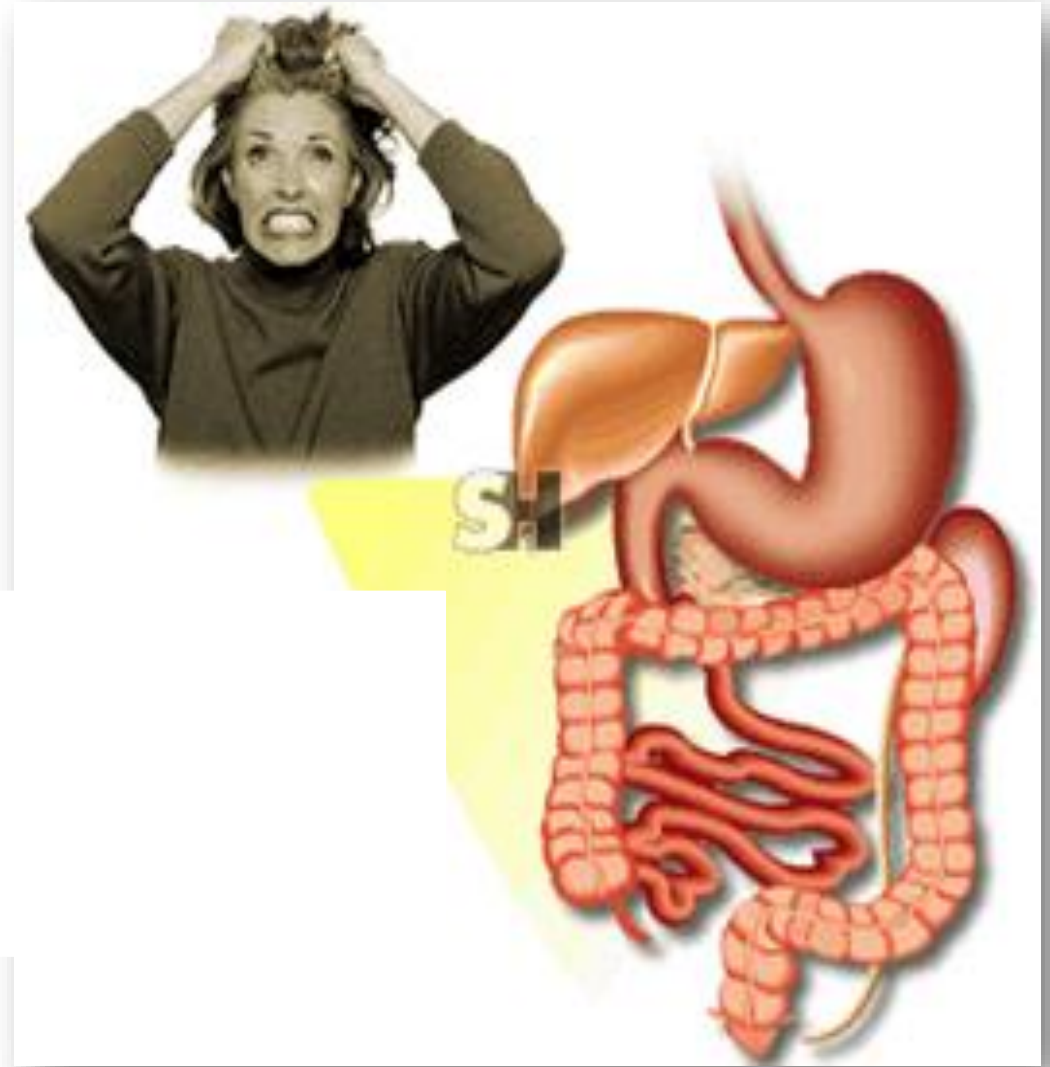
Menta oleosa dolor síntomas globales

Pinaverio, Otilonium dolor, Bloating

Rifaximina dolor diarrea, “bloating

Todo Claro al final de la consulta El paciente con SII está feliz







Este es el paciente con SII que ve el Ginecólogo y le ***llama dolor pelvico crónico***

Muchas gracias!