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Management of Chronic Diarrhea

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Disclosures

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Disclosures

Sharon Magalona

Speakers Bureau: AbbVie, Clinical Area- IBD

Speakers Bureau: Allergan, Clinical Area- IBS-D, IBS-C, CIC

Speakers Bureau: Pfizer, Clinical Area- IBD

Speakers Bureau: Salix, Clinical Area - IBS, Hepatology

Case Study

Sara A, 25 years old, single parent, finishing up her Master's degree in Education, was recently furloughed from her job due to COVID-19.

Onset of symptoms was in June, % abd bloating and cramping, watery diarrhea 6-8 times/day, 3-4 times/week. Was on Cipro in May, no international travel. States has been having intermittent symptoms for 2-3 years. GB removed last in Jan 2019.

What are the Differential Diagnosis?

- Celiac disease
- IBD
- *C. difficile* infection
- IBS-D
- Bile acid diarrhea

How and what tests do we do?

Diagnostic testing

- Stool exam
- Celiac disease testing
- Colonoscopy
- Blood work

Do you have any other testing recommendations?

Findings

- Celiac disease testing - negative
- Stool exam
  - (-) *C diff*, (-) O & P, (-) culture, (-) Giardia
  - Normal fecal calpro, (-) fecal bile acid
- Blood work - CBC WNL, CMP WNL

Given this findings will you do a colonoscopy?

Colonoscopy findings

Colonoscopy with ileal intubation

- Normal mucosa throughout the colon
- Random biopsy is negative

What is your diagnosis?

Diagnosis

Diagnosis: IBS-D

Why IBS-D?

- Satisfies Rome 4 Criteria

What is Rome 4?

Rome 4 Criteria

Rome IV defined irritable bowel syndrome (IBS) as a functional bowel disorder in which recurrent abdominal pain is associated with defecation or a change in bowel habits. Disordered bowel habits are typically present (i.e., constipation, diarrhea or a mix of constipation and diarrhea), as are symptoms of abdominal bloating/distension. Symptom onset should occur at least 6 months prior to diagnosis and symptoms should be present during the last 3 months

Rome IV Criteria for IBS[2]

- Recurrent **abdominal pain,** on average, ≥1 day per week in the last 3 months, associated with ≥ 2 of the following:
  - Related to defecation
  - Change in frequency of stool
  - Change in form (appearance) of stool
- Criteria should be fulfilled for the last 3 months with symptom onset ≥ 6 months before diagnosis

1. Lacy BE, Patel NK. *J Clin Med*. 2017;6(11):99. 2. Lacy BE et al. *Gastroenterology*. 2016;150:1393-140

Management

Dietary Management

a. Low fodmap diet
b. Fiber
c. Pre/probiotics

Medications

a. Rifaximin
b. Eluxadoline
c. Diphenoxylate/atropine
d. Loperamide
e. Alosetron
f. Tricyclic antidepressants
g. SSRIs

Management

Psychological Therapies

- Provider-directed cognitive behavioral therapy, relaxation therapy, hypnotherapy, and multicomponent psychological therapy

What are the Existing Guidelines

AGA recommendations for the laboratory evaluation of functional diarrhea and IBS-D in adults

Statement	Strength of recommendation	Quality of evidence
In patients presenting with chronic diarrhea, the AGA suggests the use of either fecal calprotectin or fecal lactoferrin to screen for IBD	Conditional	Low
In patients presenting with chronic diarrhea, the AGA suggests against the use of ESR or CRP to screen for IBD	Conditional	Low
In patients presenting with chronic diarrhea, the AGA recommends testing for *Giardia*	Strong	High
In patients presenting with chronic diarrhea with no travel history to or recent immigration from high-risk areas, the AGA suggests against testing stools for ova and parasites (other than *Giardia*)	Conditional	Low
In patients presenting with chronic diarrhea, the AGA recommends testing for celiac disease with IgA-tTG (and a second test to detect celiac disease in the setting of IgA deficiency)	Strong	Moderate
In patients presenting with chronic diarrhea, the AGA suggests testing for BAD	Conditional	Low

BAD, bile acid diarrhea.

Smalley W et al. *Gastroenterology*. 2019;157:851-854.

What are the Existing Guidelines

- The AGA suggests using rifaximin (over no drug treatment) in patients with IBS–D. *(Conditional recommendation*; *Moderate-quality evidence)*
- The AGA suggests using alosetron (over no drug treatment) in patients with IBS-D to improve global symptoms. *(Conditional recommendation*; *Moderate evidence)*
- The AGA suggests using loperamide (over no drug treatment) in patients with IBS-D. *(Conditional recommendation; Very low-quality evidence)*
- The AGA suggests using tricyclic antidepressants (over no drug treatment) in patients with IBS. *(Conditional recommendation; Low-quality evidence)*
- The AGA suggests against using selective serotonin reuptake inhibitors for patients with IBS. *(Conditional recommendation; Low-quality evidence)*
- The AGA suggests using antispasmodics (over no drug treatment) in patients with IBS. *(Conditional recommendation; Low-quality evidence)*

Smalley W et al. *Gastroenterology*. 2019;157:851-854.

American College of Gastroenterology Monograph on Management of Irritable Bowel Syndrome 2018

Exercise - We suggest exercise for overall symptom improvement in IBS patients. (Recommendation: weak; Quality of Evidence: very low)

Diet - We suggest a low FODMAP diet for overall symptom improve- ment in IBS patients. (Recommendation: weak; Quality of evi- dence: very low)

Prebiotics/synbiotics - We suggest against the use of prebiotics and synbiotics for overall symptom improvement in IBS patients. (Recommendation: weak; Quality of evidence: very low)

Probiotics - We suggest probiotics, taken as a group, to improve global symp- toms, as well as bloating and flatulence in IBS patients. (Recom- mendation: weak; Quality of evidence: low)

Rifaximin - We suggest the non-absorbable antibiotic rifaximin for reduction in global IBS symptoms, as well as bloating in non-constipated IBS patients. (Recommendation: weak; Quality of evidence: moderate)

Ford AC et al. *Am J Gastroenterol*. 2018;113:1-18.

American College of Gastroenterology Monograph on Management of Irritable Bowel Syndrome 2018

Antispasmodics - We suggest certain antispasmodics (otilonium, pinaverium, hyoscyamine, cimetropium, drotaverine, and dicyclomine) for overall symptom improvement in IBS patients. (Recommendation: weak; Quality of evidence: very low)

Peppermint oil - We suggest peppermint oil for overall symptom improvement in IBS patients. (Recommendation: weak; Quality of evidence: low)

Antidepressants - We recommend TCAs for overall symptom improvement in IBS patients. (Recommendation: strong; Quality of evidence: high). We suggest SSRIs for overall symptom improvement in IBS patients. (Recommendation: weak; Quality of evidence: low)

Elaxadoline- We suggest eluxadoline for overall symptom improvement in IBS-D patients. (Recommendation: weak; Quality of evidence: moderate)

Loperamide - We suggest against loperamide for overall symptom improvement in IBS patients. (Recommendation: strong; Quality of evidence: very low)

Alosetron - We suggest alosetron for overall symptom improvement in female IBS-D patients. (Recommendation: weak; Quality of evidence: low)

5-ASA - We suggest against 5-aminosalicylates (5-ASAs) for overall symp- tom improvement in IBS patients. (Recommendation: weak; Quality of evidence: low)

Ford AC et al. *Am J Gastroenterol*. 2018;113:1-18.

Case Study

Sara A

- Has negative testing
- Satisfied Rome 4 criteria for IBS-D diagnosis
- Rifaximin 550 mg TID x 14 days was given, MR tx 2 more times if needed
- Psychological therapy recommended
- Stress mgt recommended
- Overall symptom improvement in 4 weeks