

ACG develops first guideline for irritable bowel syndrome

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(HealthDay)—In a new American College of Gastroenterology clinical guideline, published online Dec. 14 in *The American Journal of Gastroenterology*, recommendations are presented for diagnostic testing and therapeutic options for patients with irritable bowel syndrome (IBS).

Brian E. Lacy, Ph.D., M.D., from the Mayo Clinic in Jacksonville, Florida, and colleagues developed the first [clinical guideline](#) for the management of IBS. After a comprehensive literature search, 25 clinically important questions were assessed; nine focused on diagnostic testing and 16 focused on therapeutic options.

The authors suggest use of a positive diagnostic strategy rather than a diagnostic strategy of exclusion for improving time to initiating appropriate therapy. To rule out [celiac disease](#) in patients with IBS and diarrhea symptoms, serologic testing is suggested. To rule out [inflammatory bowel disease](#), it is suggested that fecal calprotectin be checked in patients with

suspected IBS and diarrhea. A limited trial of a low fermentable oligosaccharides, disaccharides, monosaccharides, and polyols diet is recommended for improving global symptoms in patients with IBS. To treat global IBS with constipation symptoms, use of chloride channel activators and guanylate cyclase activators is recommended. To treat global IBS with diarrhea symptoms, use of rifaximin is recommended. Gut-directed psychotherapy is suggested for treating global IBS symptoms.

"We are very proud to release the first ever ACG clinical guideline on IBS," Lacy said in a statement. "We believe that these new IBS guidelines can be effectively used in [daily practice](#) to help expedite care and to improve symptoms in patients with IBS."

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

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