

# PHARMACOLOGIC TREATMENTS FOR IRRITABLE BOWEL SYNDROME WITH CONSTIPATION (IBS-C)<sup>1</sup>

Class	Medication	Use/Indication	ACG 2021 Guideline Recommendations
<b>PRESCRIPTION (RX) MEDICATIONS FOR IBS-C</b>			
<b>Secretagogues - GC-C agonists</b>	linaclotide, plecanatide	IBS-C in adults	Recommended (strong/high evidence)
<b>Secretagogues - Cl channel activators</b>	lubiprostone	IBS-C in adult women	Recommended (strong/moderate evidence)
<b>5-HT<sub>4</sub> agonists</b>	tegaserod	IBS-C in adult women <65 years of age	Suggested in women <65 years with ≤1 cardiovascular risk factor who have not responded to secretagogues (conditional/low)
<b>PRESCRIPTION (RX) MEDICATIONS FOR IBS</b>			
<b>Neuromodulators</b>	tricyclic antidepressants (desipramine, amitriptyline, etc.)	Not approved for IBS	Recommended (strong/moderate evidence)
	SSRIs, SNRIs	Not approved for IBS	N/A
<b>Antispasmodics</b>	dicyclomine	IBS in adults	Not recommended (conditional/low evidence)
	hyoscyamine	Not approved for IBS	
<b>OVER-THE-COUNTER (OTC) PRODUCTS</b>			
<b>Soluble fiber laxatives</b>	psyllium	Not approved for IBS	Suggested (strong/moderate evidence)
<b>Herbal remedy</b>	peppermint	Not approved for IBS	Suggested (conditional/low evidence)
<b>Osmotic laxatives</b>	polyethylene glycol	Not approved for IBS	Not suggested (conditional/low evidence)
<b>Probiotics</b>	<i>Lactobacillus spp.</i> , <i>Bifidobacterium spp.</i> , etc.	Not approved for IBS	Not suggested (conditional/very low evidence)
<b>Stool softeners</b>	docusate	Not approved for IBS	N/A

## QUALITY OF EVIDENCE is expressed as<sup>2</sup>

- **High:** Estimate of effect is unlikely to change with new data
- **Moderate:** Likely to have an important impact on our confidence in the estimate of effect and may change the estimate
- **Low:** Likely to have an important impact on our confidence in the estimate of effect and may change the estimate
- **Very low:** Any estimate of effect is very uncertain

## STRENGTH OF RECOMMENDATION is classified as<sup>1</sup>

- **Strong:** Most patients should receive the recommended course of action
- **Conditional:** Many patients will have this recommended course of action, but different choices may be appropriate for some patients

Clinical Practice Guidelines were published in 2021 by the American College of Gastroenterology (ACG). The recommendations were based on the GRADE methodology. This information is provided as a reference tool only and is not a substitute for clinical judgment. Each healthcare provider is solely responsible for any decisions made or actions taken in reliance of this information.

