Place of linaclotide in NICE IBS pathway

Person reporting abdominal pain or discomfort, bloating or change in bowel habit for at least 6 months

Looking for **'red flag'** indicators for referral to secondary care

Diagnosis

Give Information

Pharmacological Management | Diet | Physical | Psychological interventions

First-line pharmacological treatment

Choose single or combination medication based on the predominant symptom(s).

- IBS – A Consider offering antispasmodic agents. These should be taken as required alongside dietary and lifestyle advice.
- IBS – C Consider offering laxatives for constipation.
  - First choice are bulk-forming laxatives e.g. Ispaghula husk
  - Other laxative classes should then be tried but lactulose should be avoided.
- IBS – D Offer loperamide as the first choice of antimotility agent for diarrhoea.

Advise people how to adjust doses of laxative or antimotility agent according to response, shown by stool consistency. The aim is a soft, well-formed stool (Bristol stool form scale type 4).

Second-line pharmacological treatment

IBS –C: Laxatives

Consider **linaclotide** for people with IBS only if:

- optimal or maximum tolerated doses of previous laxatives from different classes have not helped and
- they have had constipation for at least 12 months.

Follow up people taking linaclotide after 4 weeks.

NICE has published an evidence summary on irritable bowel syndrome with constipation in adults: linaclotide.

IBS – D: Tricyclic antidepressants and selective serotonin reuptake inhibitors

Consider TCAs as second-line treatment for people with IBS if laxatives, loperamide or antispasmodics have not helped. Start treatment at a low dose (5–10 mg equivalent of amitriptyline), taken once at night, and review regularly. Increase the dose if needed, but not usually beyond 30 mg.

Consider SSRIs for people with IBS only if TCAs are ineffective.

Take into account the possible side effects when offering TCAs or SSRIs to people with IBS. Follow up people taking either of these drugs for the first time at low doses for the treatment of pain or discomfort in IBS after 4 weeks and then every 6–12 months.

Follow up

Agree follow-up with the person based on symptom responses to interventions. This should form part of the annual patient review.

Investigate or refer to secondary care if **'red flag'** symptoms appear during management and follow-up.