Bowel Disorders

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What are functional gastrointestinal disorders?
What are functional gastrointestinal disorders?

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<td>C1. Irritable bowel syndrome</td>
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<td>C2. Functional constipation</td>
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<td>C3. Functional diarrhea</td>
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What is the definition of irritable bowel syndrome?
What is the definition of irritable bowel syndrome?

C1. Diagnostic Criteria for Irritable Bowel Syndrome

Recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, associated with 2 or more of the following criteria:

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form (appearance) of stool

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.
Differential diagnosis of IBS?
Differential diagnosis of IBS?

Inflammatory bowel disease (IBD)
Celiac disease
Lactose intolerance
Fructose intolerance
Microscopic colitis
How do you make a diagnosis of IBS?
How do you make a diagnosis of IBS?

History

Physical examination

Minimal laboratory tests

Colonoscopy if clinically indicated
What is IBS-C?
What is IBS-C?

IBS with predominant constipation: More than one-fourth (25%) of bowel movements with Bristol stool form types 1 or 2 and less than one-fourth (25%) of bowel movements with Bristol stool form types 6 or 7. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually constipation (like type 1 or 2 in the picture of Bristol Stool Form Scale (BSFS), see Figure 2A).
25% of BM is the threshold for classification.
What is functional constipation?
What is functional constipation?

C2. Functional Constipation

Definition

FC is a functional bowel disorder in which symptoms of difficult, infrequent, or incomplete defecation predominate. Patients with FC should not meet IBS criteria, although abdominal pain and/or bloating may be present but are not predominant symptoms. Symptom onset should occur at least 6 months before diagnosis, and symptoms should be present during the last 3 months.
Diagnostic criteria for FC?
C2. Diagnostic Criteria\textsuperscript{d} for Functional Constipation

1. Must include 2 or more of the following:\textsuperscript{b}
   a. Straining during more than one-fourth (25\%) of defecations
   b. Lumpy or hard stools (BSFS 1–2) more than one-fourth (25\%) of defecations
   c. Sensation of incomplete evacuation more than one-fourth (25\%) of defecations
   d. Sensation of anorectal obstruction/blockage more than one-fourth (25\%) of defecations
   e. Manual maneuvers to facilitate more than one-fourth (25\%) of defecations (e.g., digital evacuation, support of the pelvic floor)
   f. Fewer than 3 spontaneous bowel movements per week
2. Loose stools are rarely present without the use of laxatives
3. Insufficient criteria for irritable bowel syndrome

\textsuperscript{d}Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis.
Clinical evaluation of FC?
Clinical evaluation of FC?

Performed off laxatives

History
  Duration of symptoms, stool frequency, straining, BSFS
  Alarm symptoms:
    Unintentional weight loss
    Bleeding in absence of hemorrhoids, anal fissure
    Family history of colon cancer

Laboratory tests: CBC, thyroid hormones, Ca++

Colonoscopy: age >50, alarm symptoms

Functional testing:
  Anorectal manometry including balloon expulsion test
  Defecography
  Colonic transit time test with radioopaque markers.
Therapeutic options for FC?
### Table 3. Therapeutic Options for Functional Constipation

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<tr>
<th>Drug</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Psyllium</td>
<td>Up to 30 mg/d in divided doses</td>
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<tr>
<td>PEG</td>
<td>17–34 g/d</td>
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<tr>
<td>Chloride channel activators</td>
<td>Lubiprostone, 24 µg bid</td>
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<td>Guanylate cyclase C agonists</td>
<td>Linaclotide 145 µg qd</td>
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<td>Prucalopride</td>
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