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[THE AMERICAN JOURNAL OF GASTROENTEROLOGY]

ACG's First Clinical Guideline on Management of Irritable Bowel Syndrome

Roadmap for Clinicians to Provide a More Holistic Approach to Treating IBS Patients

ACG'S FIRST-EVER CLINICAL GUIDELINE ON THE MANAGEMENT OF IRRITABLE BOWEL SYNDROME was published in the January 2021 issue of *The American Journal of Gastroenterology*. The guideline provides clinical recommendations for both diagnostic testing and therapeutic treatments for IBS.

The authors identified 25 clinically important questions that clinicians frequently ask and then used GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) methodology to carefully and critically evaluate the data.

The guideline, jointly authored by Brian E. Lacy, PhD, MD, FACG; Mark Pimentel, MD, FRCPC; Darren M. Brenner, MD, FACG; William D. Chey, MD, FACG; Laurie Keefer, PhD; Millie D. Long, MD, MPH, FACG; and Baha Moshiree, MD, FACG, provides clinical recommendations, including:

- Diagnostic testing to rule out celiac disease and inflammatory bowel disease (IBD) in patients with suspected IBS and diarrhea, which is not routinely performed by many health care providers
- Recommending against routine colonoscopy in patients with IBS symptoms under age 45 who do not exhibit warning signs such as unintentional weight loss, older age of onset of symptoms, or family history of IBD, colon cancer, or other significant gastrointestinal disease
- Treatment of IBS with constipation (IBS-C) symptoms with guanylate cyclase activators and treatment of IBS with diarrhea (IBS-D) symptoms with a gut-selective antibiotic
- The use of tricyclic antidepressants to treat global symptoms of IBS, including its key symptom, abdominal pain
- Gut-directed psychotherapies to treat overall IBS symptoms as part of a comprehensive management strategy, rather than as a last resort, that can be used in conjunction with dietary therapies and medications

A key approach that the guideline recommends is a positive diagnostic strategy involving a careful history, physical examination, and limited diagnostic testing, which can substantially shorten time to appropriate therapy and be more cost-effective for patients. The guideline also recommends against some therapies that do not improve global symptoms of IBS, aiming to help providers determine the most effective and efficient treatment modalities for their patients.

In addition to a comprehensive analysis of the efficacy of prescription medications for IBS, the guideline also provides detailed discussions and recommendations on diet, over-the-counter, and behavioral treatments such as the low FODMAP diet, fiber supplements, probiotics, as well as cognitive behavioral therapy and gut directed hypnosis.

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Dr. Mark Pimentel in conversation with AJG Co-Editor-in-Chief Dr. Brennan Spiegel