



**WEBINAR**

**CHRONIC ABDOMINAL PAIN:  
COULD IT BE IRRITABLE BOWEL SYNDROME?**

**Thursday, 25 June 2020**

**7.00 – 8.00 pm AEST**

# CHRONIC ABDOMINAL PAIN: COULD IT BE IRRITABLE BOWEL SYNDROME?

**The interdisciplinary discussion will focus on:**

- ▶ when imaging is appropriate in patients with chronic abdominal pain
- ▶ diagnosis of irritable bowel syndrome
- ▶ evidence-based dietary and psychological therapies

# A CASE: MELISSA IS STRUGGLING WITH ABDOMINAL SYMPTOMS

- ▶ Melissa is a 42-year-old woman
- ▶ Recent change 9-month history of abdominal pain, usually crampy, usually relieved by using her bowels
- ▶ Often has looser stools, 3 or 4 days a week
- ▶ Worse in the last 3 months with some stresses at home
- ▶ Minimal help from trials of dairy and wheat exclusion
- ▶ Her grandmother recently died of bowel cancer, aged 89
- ▶ She is really worried about something serious causing this
- ▶ She thinks she might need a scan or a colonoscopy



# RED FLAGS TO EXCLUDE

- ▶ Age over 50 years, no previous colon cancer screening and presence of symptoms
- ▶ Recent change in bowel habit in people over 50 years of age
- ▶ Evidence of overt gastrointestinal bleeding (ie, melaena or haematochezia)
- ▶ Nocturnal pain or passage of stools
- ▶ Unintentional weight loss
- ▶ Family history of colorectal cancer or inflammatory bowel disease
- ▶ Palpable abdominal mass or lymphadenopathy
- ▶ Evidence of iron deficiency anaemia on blood testing
- ▶ Positive test for faecal occult blood

# ROLE OF IMAGING

- ▶ Diagnostic imaging is rarely indicated as an initial investigation of chronic abdominal pain
  - ◆ may be indicated as an initial investigation of:
    - right upper quadrant pain
    - renal pain
    - suspected Crohn disease
    - and to rule out abdominal vascular disease.
- ▶ CT is rarely indicated for patients with chronic undifferentiated abdominal pain
- ▶ When indicated, the modality depends on presentation, including:
  - ◆ the site of pain
  - ◆ history
  - ◆ findings of physical examination
  - ◆ results of pathology tests (if indicated).

# INVESTIGATION BASED ON CLINICAL FEATURE

Presenting feature	Initial imaging
Right upper quadrant/biliary	Ultrasound
Dyspepsia	Not indicated: endoscopy if red flags
Renal/loin pain	Ultrasound or unenhanced CT
Bowel obstruction (non-acute)	Plain abdominal X-ray
Pelvic/suprapubic/ iliac fossa origin	Young adult: ultrasound Older patient: CT or ultrasound
Suspected abdominal aortic aneurysm	Urgent referral and ultrasound or CT
Suspected functional GI disorders	Not indicated: colonoscopy if red flags

# IRRITABLE BOWEL DISORDER – DIAGNOSIS

## Rome IV diagnostic criteria<sup>a</sup>

Recurrent abdominal pain;  $\geq 1$  day per week in the past 3 months associated with two or more of the following criteria:

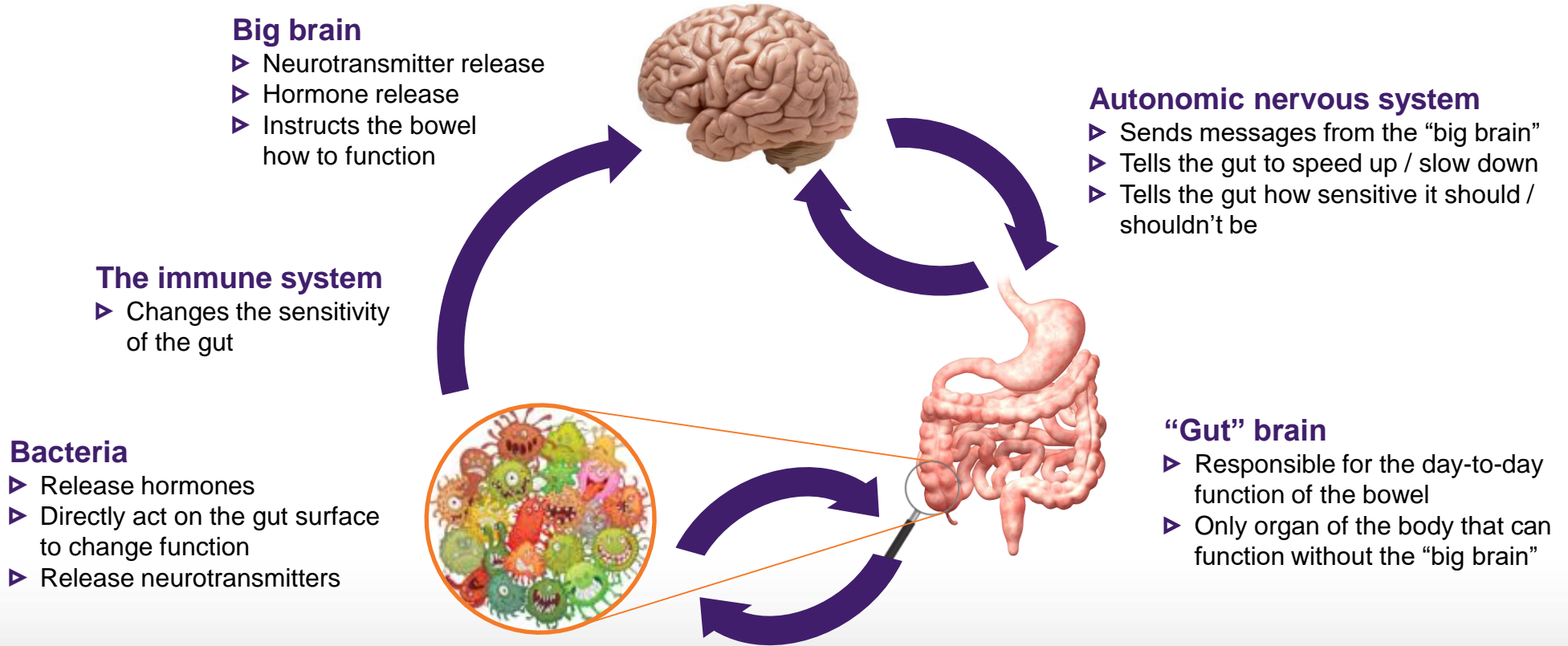
related to defecation

associated with a change in frequency of stool

associated with a change in form (appearance) of stool

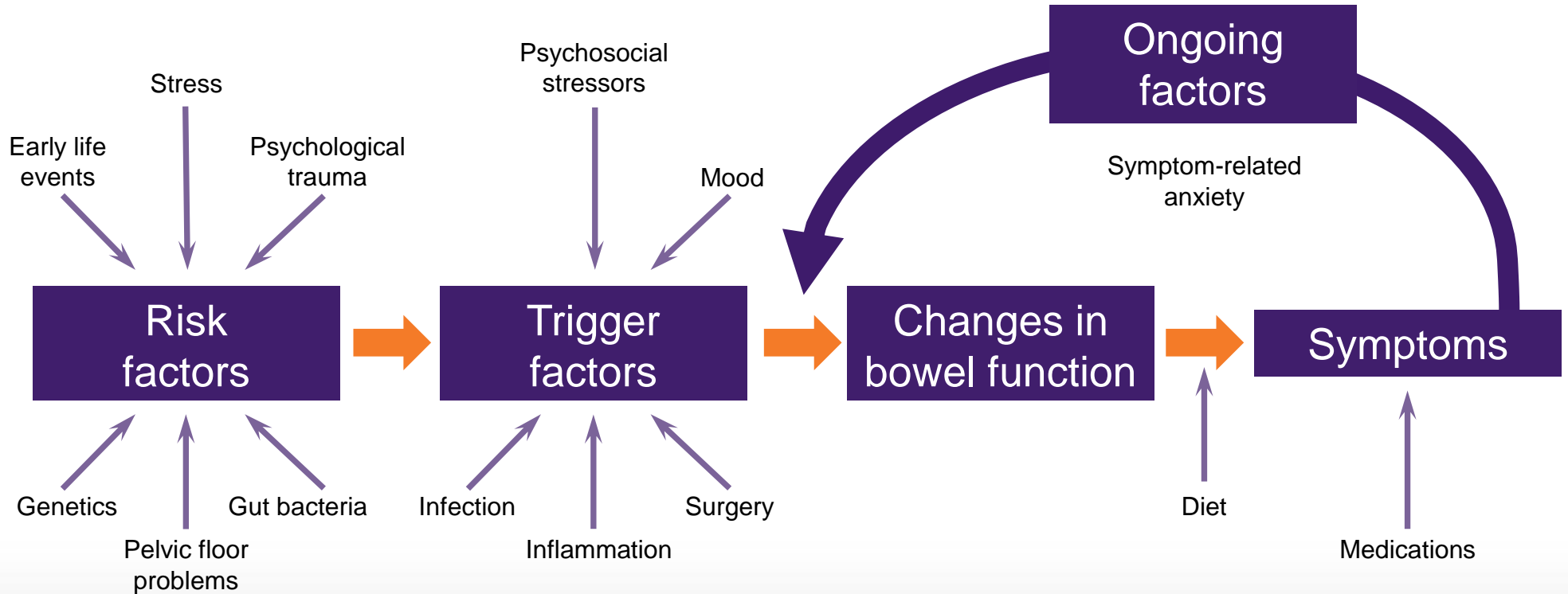
<sup>a</sup> Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

# THE BRAIN-GUT-BACTERIA AXIS





# WHAT CAUSES FUNCTIONAL GI DISORDERS?



# INVESTIGATIONS

Limited investigations	Not recommended
<ul style="list-style-type: none"><li>▶ Full blood count</li><li>▶ CRP</li><li>▶ ESR</li><li>▶ Coeliac serology</li><li>▶ Iron studies</li><li>▶ Albumin</li><li>▶ Faecal calprotectin</li><li>▶ Stool microscopy, culture and sensitivity</li><li>▶ Parasite if overseas travel</li><li>▶ Bowel cancer screening</li></ul>	<ul style="list-style-type: none"><li>▶ Ultrasound</li><li>▶ Sigmoidoscopy</li><li>▶ Colonoscopy</li><li>▶ Double-contrast barium enema</li><li>▶ Thyroid function tests</li><li>▶ Hydrogen breathing tests</li><li>▶ Stool tests for pathogens</li></ul>

Radiologic imaging is not required in patients fulfilling Rome IV criteria and red flags are not present.

# MANAGEMENT OPTIONS

## ▶ Dietary therapies

- ◆ low FODMAP diet
- ◆ general dietary advice
- ◆ fibre and probiotics

## ▶ Psychological therapies

- ◆ cognitive behavioural therapy
- ◆ hypnotherapy

## ▶ Medicines

- ◆ antispasmodics
- ◆ antidepressants
- ◆ complementary medicines

# DIETARY THERAPY – LOW FODMAP DIET

Low fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAP)

- ▶ Significantly reduces IBS symptoms compared to a regular Australian diet
- ▶ Symptoms of pain and bloating respond better
- ▶ Current recommendations are for a qualified dietitian to supervise the diet
- ▶ Phase 1 – FODMAP intake is restricted for 2–6 weeks
- ▶ Phase 2 – Low FODMAP diet is continued.
- ▶ Phase 3 – Well-tolerated FODMAPs are reintroduced

# DIETARY THERAPIES

- ▶ Probiotics
  - ◆ efficacy varies and is dependent on the bacterial strains used
- ▶ Fibre
  - ◆ getting enough fibre is a common problem
  - ◆ dietitian will provide advice on how to increase fibre naturally through low FODMAP foods
  - ◆ if necessary, dietitian will provide advice about suitable fibre supplements
  - ◆ choose low FODMAP and low-fermentable fibre options (eg oat bran, rice bran, linseeds/ flaxseeds/ kiwi fruit)
- ▶ General dietary advice
  - ◆ eating smaller frequent meals, avoiding trigger foods, and avoiding excess alcohol and caffeine.



# PSYCHOLOGICAL THERAPIES

Psychological therapies are effective in reducing IBS symptoms and psychological distress and increasing quality of life

- ▶ Gut-focused hypnotherapy – directly affects visceral sensitivity and gastrointestinal motility and improves symptoms over the long term.
- ▶ Cognitive behavioural therapy – global effect with most evidence

# MEDICINES

- ▶ Antispasmodics – targets pain only; modest effects with adverse effects
- ▶ Antidepressants – work by manipulating visceral hypersensitivity and abnormal central pain sensitisation
  - ◆ tricyclics – recommended for patients with diarrhea
  - ◆ serotonin reuptake inhibitors – comorbid depression
- ▶ Motility agents
- ▶ Complementary medicines – peppermint oil, iberogast

# RESOURCES

## Patients

- ▶ <https://www.monashfodmap.com>
  - ◆ Low FODMAP Diet App,
  - ◆ Low FODMAP Diet Booklet,
  - ◆ Online training
  - ◆ FODMAP Dietitians Directory
- ▶ <https://www.gesa.org.au>
  - ◆ Health information factsheets

## Health professionals

- ▶ <http://www.ibs4gps.com/>
  - ◆ Diagnostic Online Tool for GPs
- ▶ <https://www.gesa.org.au>
  - ◆ Resources/clinical guidelines
- ▶ <https://www.nps.org.au/professionals/abdominal-imaging>
  - ◆ Resources and tools