

Irritable Bowel Syndrome: Modern Concepts and Management Options



To the Editor:

I read with great interest the comprehensive review by Sayuk and Gyawali¹ on irritable bowel syndrome. They carefully analyzed modern treatment options with peripherally acting agents for the 2 main subtypes by predominant stool pattern, namely the constipation-predominant and diarrhea-predominant subtypes. Surprisingly, they did not similarly consider treatment options for mixed irritable bowel syndrome, a subtype defined in Table 2, or for alternating irritable bowel syndrome, which refers to a change between diarrhea-predominant and constipation-predominant forms over time.² Yet, the mixed irritable bowel syndrome prevalence approximately equals those of diarrhea-predominant and constipation-predominant forms,² or is even up to 44%-50% of all subtypes.^{3,4} The alternating subtype would be the most prevalent in primary care.³

There is evidence suggesting that peripherally acting treatment of mixed and alternating irritable bowel syndrome should not simply consist of sequentially prescribing anti-diarrheal or anticonstipation agents/measures according to the current predominant transit disorder. Although they may include bouts of diarrhea with liquid stools and rectal urgency supervening when fecal bowel loading reaches a critical level, called overload and overflow form of irritable bowel syndrome,⁵ mixed and alternating irritable subtypes are more closely related to the constipation-predominant than to the diarrhea-predominant subtype in their stool pattern over time⁶: the predominant problem is likely one of constipation.⁵ As recently outlined,⁷ many patients with mixed subtype report periods of overt constipation, followed by periods of multiple stools of variable consistency that

they interpret as “diarrhea,” but most of them actually have constipation-predominant irritable bowel syndrome, with periods of progressive stool accumulation culminating in bowel purging. Indeed, anticonstipation agents are effective in treating mixed irritable bowel syndrome patients.⁸

Finally, in the latter patients, constipation followed by intermittent bouts of overflow diarrhea may indeed be the correct interpretation⁴ and basically allow anticonstipation rather than antidiarrheal treatment, although it is difficult to convince patients with unformed/liquid stools of such a treatment.^{8,9}

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