



PIC QUESTION OF THE WEEK: 4/24/06

Q: Is there a role for SSRIs in patients with irritable bowel syndrome?

A: Irritable bowel syndrome (IBS) is one of the most common disorders diagnosed by physicians. This syndrome affects approximately 10-20% of individuals worldwide and is more frequent in females. Patients will most often present with cramping, abdominal pain, bloating, constipation, or diarrhea. Some patients are constipation predominant, others experience diarrhea more often, and some individuals alternate between the two conditions. Treatment is often directed toward specific symptoms. Anticholinergic compounds such as dicyclomine (Bentyl) and hyoscyamine (Levsin, etc.) have long been used to treat the disorder. In addition to dicyclomine, the only other FDA approved drugs for IBS are tegaserod (Zelnorm; constipation predominant) and alosetron (Lotrenex; diarrhea predominant). Tricyclic antidepressants such as amitriptyline, desipramine, nortriptyline, etc. have also been used for this condition, but response is highly variable. Selective serotonin receptor inhibitors (SSRIs) such as fluoxetine and paroxetine have been evaluated for the management of various types of IBS. As with tricyclic agents, the ability of these medications to alleviate associated psychological problems such as depression and anxiety may contribute to their efficacy in some patients with this disorder. They may also exert positive direct effects upon the intestinal tract by affecting serotonin levels. Fluoxetine has been evaluated in one study for managing patients with constipation-predominant IBS. The drug decreased feelings of bloating and discomfort, reduced stool consistency, and increased the frequency of bowel movements. Paroxetine was compared to placebo in a group of IBS patients who had not adequately responded to a high-fiber diet. Those treated with paroxetine had a significantly better outcome in over-all well being, but there was no difference in the frequency of abdominal pain, bloating, and social functioning. There was a slight improvement in food avoidance and better work functioning in the treatment group. An editorial accompanying this study supports the use of antidepressants, including SSRIs, in IBS patients not responding to standard therapies. Benefit is normally seen within one month of initiating treatment. The author suggested, however, that improvement in quality of life without elimination of gastrointestinal symptoms serves only as a “band-aid” to the management of this syndrome.

References:

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The PIC Question of the Week is a publication of the Pharmaceutical Information Center, Mylan School of Pharmacy, Duquesne University, Pittsburgh, PA 15221