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Visceral hypersensitivity correction in patients with severe irritable bowel syndrome

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The use of visceral hypersensitivity in diagnostic and treatment of patients with severe irritable bowel syndrome (IBS)

Background. IBS is implicated in more than 50% of all functional diseases. Visceral hypersensitivity is the chief mechanism in the IBS pathogenesis. The drugs of choice to treat such patients are antidepressants from SSRIs type, such as duloxetine.

Aim. To examine the effect of duloxetine in the treatment of gastrointestinal and emotional-behavioural symptoms in patients with severe IBS

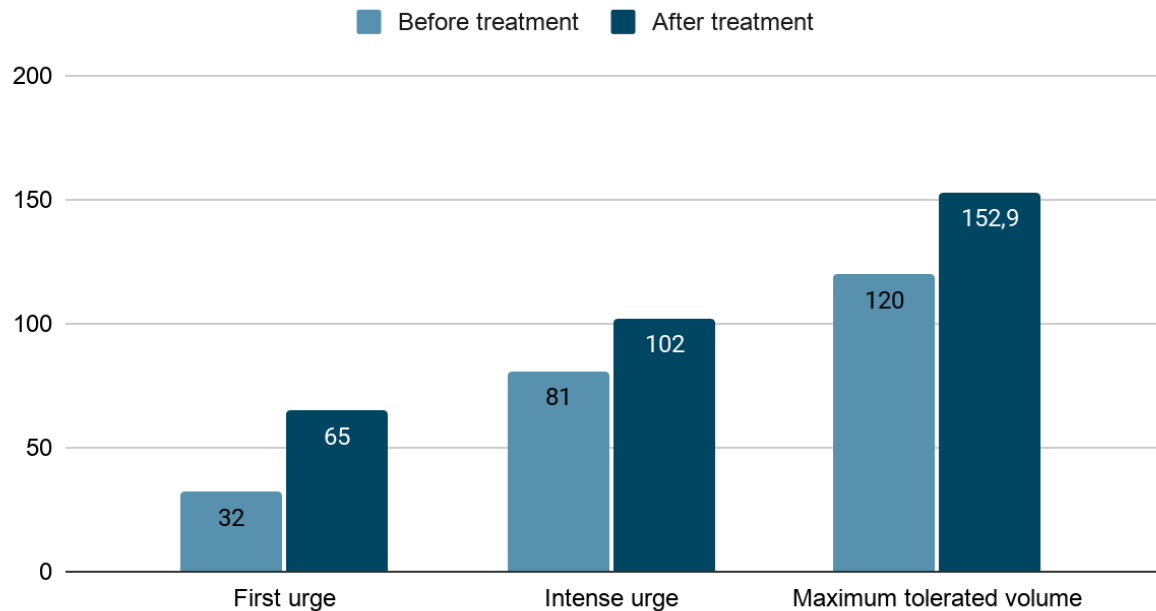
Methods. The total of 35 patients with IBS and diarrhoea (IBS-D) were examined, including 17 men (45.5%) with an average age of 34 ± 5 years, 18 women (51.5%) at the age of 32 ± 4 years.

The Rome IV Consensus classification served as the diagnostic criteria for patients selection.

All the patients were taking 60 mg of duloxetine for 16 weeks.

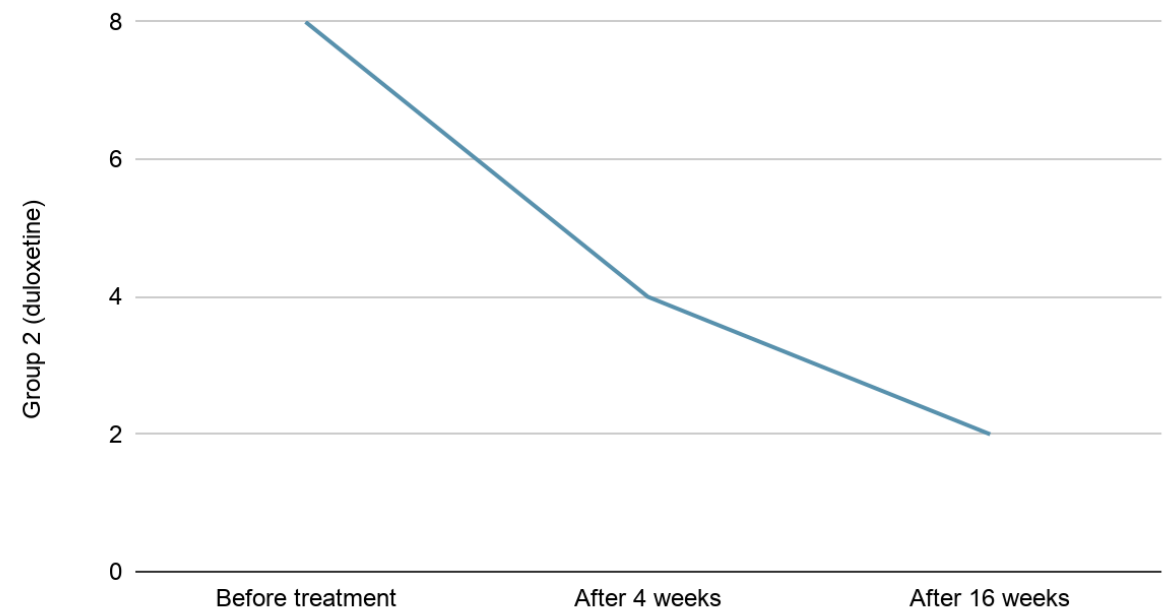
The 16-week therapy results of antidepressant Duloxetine treatment of patients with IBS

Balloon Dilatation



*Visceral sensitivity according to Balloon Dilatation.

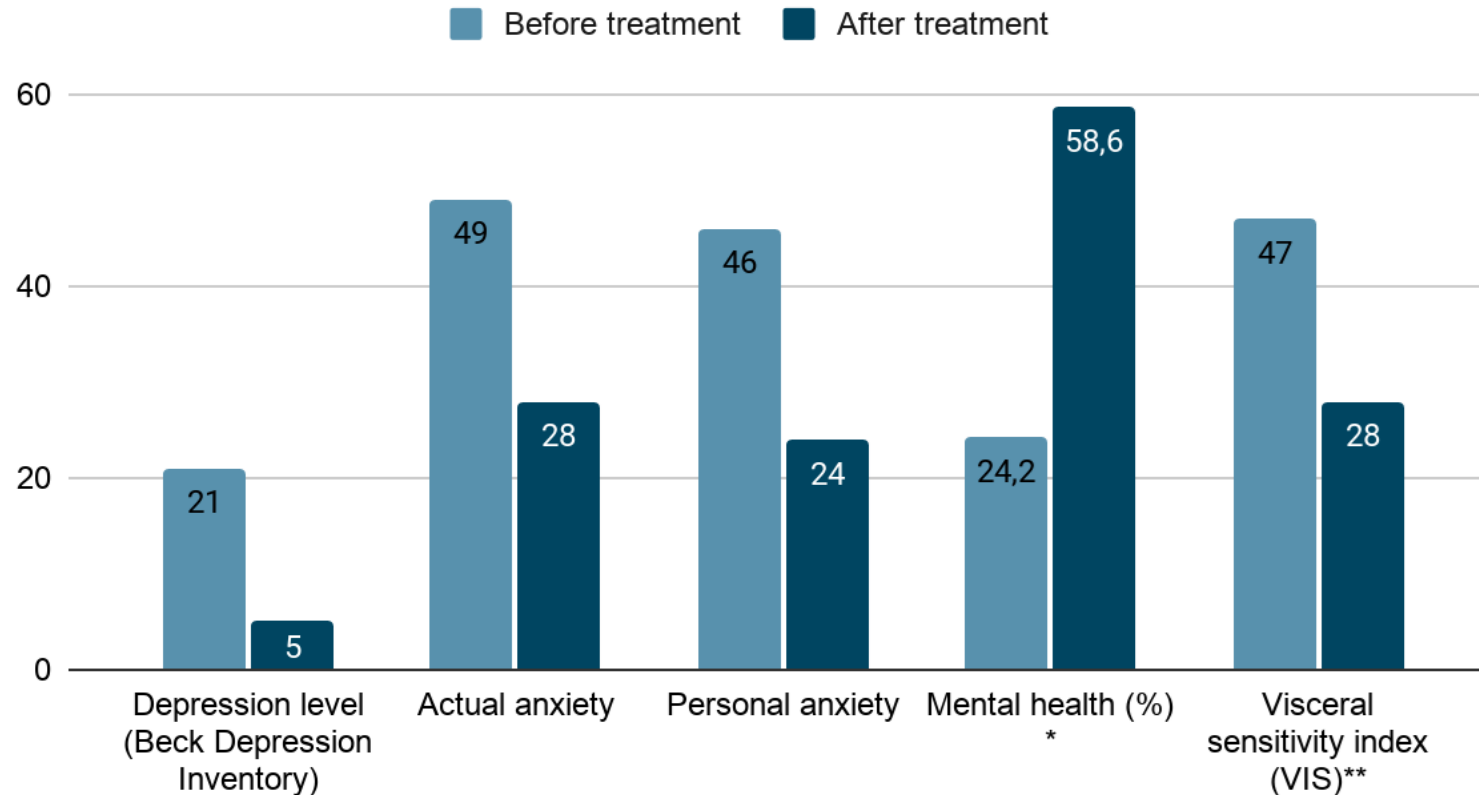
Visual analogue pain scale



*The clinical symptoms of IBS were assessed using the VAS Pain

The 16-week therapy results of antidepressant Duloxetine treatment of patients with IBS

The dynamic of psychometric indicators



*Quality of life was assessed using the SF-36 questionnaire.

**Visceral sensitivity index (VIS) according to the Labus J. questionnaire (2004).

Conclusions

- Interdisciplinary approach is required with the IBS patients who have biopsychosocial influence on the pattern of disease progression
- Duloxetine (SSRI group antidepressant) has demonstrated high efficiency in the treatment of IBS patients with somatoform disorder.
- Balloon Dilatation confirmed to be an objective criterion of:
 - visceral hypersensitivity,
 - IBS clinical manifestations assessment.

