AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea.

Guideline ID: 2772 Published: 2022 Jul

American Gastroenterological Association (AGA) Institute

Lembo A, Sultan S, Chang L, et al. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. Gastroenterology. 2022 Jul;163(1):137-151. [63 references] PubMed

View Original Guideline

Overview

Guideline Objective

To provide evidence-based recommendations for the pharmacological management of individuals with irritable bowel syndrome with diarrhea (IBS-D)

Patient Population

Adults (aged 18 years and older) with IBS-D

Recommendations

Recommendation Statements

Note: For all recommendation statements, the comparator was no drug treatment.

Question 1. Should eluxadoline be used in patients with irritable bowel syndrome with diarrhea (IBS-D)?

Recommendation 1. In patients with IBS-D, the AGA suggests using eluxadoline. (**Conditional recommendation; Moderate quality of evidence**)

Implementation Remark: eluxadoline is contraindicated in patients without a gallbladder or those who drink more than 3 alcoholic beverages per day.

Question 2. Should rifaximin be used for patients with IBS-D for initial treatment and retreatment?

Recommendation 2a. In patients with IBS-D, the AGA suggests using rifaximin. (**Conditional recommendation; Moderate quality of evidence**)

Recommendation 2b. In patients with IBS-D with initial response to rifaximin who develop recurrent symptoms, the AGA suggests retreatment with rifaximin. (**Conditional recommendation; Moderate quality of evidence**)

Question 3. Should alosetron be used in patients with IBS-D?

Recommendation 3. In patients with IBS-D, the AGA suggests using alosetron. (**Conditional recommendation; Moderate quality of evidence**)

Question 4. Should loperamide be used in patients with IBS-D?

Recommendation 4. In patients with IBS-D, the AGA suggests using loperamide. (**Conditional recommendation; Very low quality of evidence**)

Question 5. Should tricyclic antidepressants (TCAs) be used in patients with IBS-D?

Recommendation 5. In patients with IBS, the AGA suggests using TCAs. (**Conditional recommendation; Low quality of evidence**)

Question 6. Should selective serotonin reuptake inhibitors (SSRIs) be used in patients with IBS-D?

Recommendation 6. In patients with IBS, the AGA suggests against using SSRIs. (**Conditional recommendation; Low quality of evidence**)

Question 7. Should antispasmodics be used in patients with IBS-D?

Recommendation 7. In patients with IBS, the AGA suggests using antispasmodics. (**Conditional recommendation; Low quality of evidence**)

Evidence Rating Scheme

Interpretation of the Certainty in Evidence of Effects Using the Grading of Recommendations Assessments, Development and Evaluation (GRADE) Approach

Certainty of Evidence	Definition
High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate. The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	Our confidence in the effect estimate is limited. The true effect may be substantially different from the estimate of the effect.
Very low	We have very little confidence in the effect estimate. The true effect is likely to be substantially different from the estimate of effect.

Recommendation Rating Scheme

Interpretation of Strong and Conditional Recommendations Using the GRADE Approach

Implications	Strong Recommendation	Conditional Recommendation
For patients	Most individuals in this situation would want the recommended course of action and only a small proportion would not.	The majority of individuals in this situation would want the suggested course of action, but many would not.
For clinicians	Most individuals should receive the intervention. Formal decision aids are not likely to be needed to help individuals make decisions consistent with their values and preferences.	Different choices will be appropriate for individual patients consistent with his or her values and preferences. Use shared decision-making. Decision aids may be useful in helping patients make decisions consistent with their individual risks, values, and preferences.
For policy makers	The recommendation can be adapted as policy or performance measure in most situations.	Policy-making will require substantial debate and involvement of various stakeholders. Performance measures should assess whether decision-making is appropriate.

Note: Strong recommendations are indicated by statements that lead with 'we recommend,' and conditional recommendations are indicated by statements that lead with 'we suggest.'

Related Content

Supporting Documents

- Supplementary Figures and Tables.

- The AGA Institute Process for Developing Clinical Practice Guidelines Part One: Grading the Evidence; 2013 Apr 1.

Implementation Tools

- Clinical Decision Support Tool: IBS Treatment; 2022 Jul 1.
- Spotlight IBS Treatment; 2022 Jul 1.

Patient Education

- Irritable Bowel Syndrome (IBS).

Note: This patient information is intended to help patients better understand their health and their diagnosed disorders. Patients and their representatives should still consult with a licensed health care professional for evaluation of treatment options as well as answers to their personal medical questions.

Disclaimer

If you desire to use content from the original clinical practice guideline cited herein, you must contact the guideline developer directly to obtain permission rights.

ECRI's Guideline Profiles are designed to provide information and assist decision-making. Variations in practice will inevitably, and appropriately, occur when clinicians take into account the needs and preferences of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional using these Guideline Profiles is responsible for evaluating the appropriateness of applying them in a clinical setting.

TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	★☆☆☆☆

Systematic Review of Evidence

Literature Search	★★★★★
Study Selection	★★★☆☆
Evidence Synthesis	★★★★★

Foundations for Recommendations

Strength of Evidence Grade	★★★★★
Description of Benefits and Harms of Recommendations	★★★☆☆
Summary of Evidence Supporting Recommendations	★★★★★
Strength of Recommendations Rating	★★★★☆
Clear Articulation of Recommendations	★★★★★

Funding Source — **Yes**

Disclosure and Management of Financial Conflicts of Interests — ★★★★★

External Review — ★★☆☆☆

Updating — ★☆☆☆☆

Copyright © 2025 ECRI