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

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American Gastroenterological Association (AGA) Institute

Chang L, Sultan S, Lembo A, et al. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with constipation. Gastroenterology. 2022 Jul;163(1):118-136. [76 references] PubMed

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Overview

Guideline Objective

To provide updated evidence-based recommendations for the pharmacological management of irritable bowel syndrome with constipation (IBS-C)

Patient Population

Adults (aged 18 years or older) with IBS-C

Recommendations

Recommendation Statements

Question 1. Should tenapanor be used in patients with irritable bowel syndrome with constipation (IBS-C)?

The AGA suggests using tenapanor in patients with IBS-C. (**Conditional recommendation; Moderate certainty**)

Question 2. Should plecanatide be used in patients with IBS-C?

The AGA suggests using plecanatide in patients with IBS-C. (**Conditional recommendation; Moderate certainty**)

Question 3. Should linaclotide be used in patients with IBS-C?

The AGA recommends using linaclotide in patients with IBS-C. (**Strong recommendation; High certainty in the evidence of effects**)

Question 4. Should tegaserod be used in patients with IBS-C?

The AGA suggests using tegaserod in patients with IBS-C. (**Conditional recommendation; Moderate certainty**)

Implementation Remark: Tegaserod was reapproved for women under the age of 65 years without a history of cardiovascular ischemic events (such as myocardial infarction, stroke, transient ischemic attack, or angina).

Question 5. Should lubiprostone be used in patients with IBS-C?

The AGA suggests using lubiprostone in patients with IBS-C. (**Conditional recommendation; Moderate certainty**)

Question 6. Should polyethylene glycol (PEG) laxatives be used in patients with IBS-C?

The AGA suggests using PEG laxatives in patients with IBS-C. (**Conditional recommendation; Low certainty in the evidence of effects**)

Question 7. Should tricyclic antidepressants be used in patients with IBS?

The AGA suggests using TCAs in patients with IBS. (**Conditional recommendation; Low certainty**)

Question 8. Should selective serotonin reuptake inhibitors (SSRIs) be used in patients with IBS?

The AGA suggests against using SSRIs in patients with IBS. (**Conditional recommendation; Low certainty**)

Question 9. Should antispasmodics be used in patients with IBS?

The AGA suggests using antispasmodics in patients with IBS. (**Conditional recommendation; Low certainty**)

Evidence Rating Scheme

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

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 Framework

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.
- American Gastroenterological Association Institute Technical Review on the Pharmacological Management of Irritable Bowel Syndrome; 2014 Nov 1.
- 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.

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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 — ★☆☆☆☆

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