What is alternative treatment for irritable bowel syndrome when conventional therapy has failed?

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IBS remains a common intestinal disorder causing significant discomfort and poor quality of life in patients who have the diagnosis. TCAs have been shown to improve abdominal pain in patients with IBS; however, there is insufficient evidence of global symptom relief. The search for an optimal treatment to improve symptoms and quality of life in IBS remains ongoing.

A research article to be published on August 7, 2009 in the World Journal of Gastroenterology addresses this question. In the randomized, controlled trial, the efficacy of imipramine in the treatment of symptoms of irritable bowel syndrome (IBS) was studied. Patients diagnosed with IBS who failed treatment with conventional therapy were enrolled to receive a 12-week course of low-dose imipramine. The effects were recorded periodically based on the patients' subjective sense of global relief and their responses to a standardized quality-of-life questionnaire.

The results were significant for showing improvement in global symptoms during and after 12 weeks of therapy with the medication. There was also notable improvement in general quality of life as measured by a standardized questionnaire.

This trial did not include a run-in phase in order to simulate the real-life scenario in the clinic, and to obtain a valid assessment of the utility and compliance with TCAs. It was rigorously designed and included a formal

assessment of quality of life indicators and followed all the recommendations of the Rome committee on the optimal design of IBS trials. Only a few published trials on TCAs have been performed and all included less than 20 patients per arm, making this trial the largest ever conducted on the use of TCAs in patients with IBS.

The authors believe that imipramine is a potentially effective treatment for IBS symptoms in patients for whom conventional therapy has failed. The treatment is also associated with improved quality of life. An improved therapeutic response may be achieved with careful patient selection, initiation of low-dose therapy followed by gradual escalation and monitoring for side effects.

This trial was designed and implemented at the American University of Beirut Medical Center, Beirut, Lebanon between December 2004 and May 2006. Research funding was provided by a private research fund from the Division of Gastroenterology of the American University of Beirut Medical Center. The preliminary abstract of the trial was selected for oral presentation at the American College of Gastroenterology 71st Annual Scientific Meeting (October 20??, 2006, Las Vegas, NV, USA) and was awarded the American College of Gastroenterology /Novartis® Motility Abstract Award.

More information: Abdul-Baki H, El Hajj II, ElZahabi L, Azar C, Aoun E, Skoury A, Chaar H, Sharara AI. A randomized controlled trial of imipramine in patients with irritable bowel syndrome. *World J Gastroenterol* 2009; 15(29): 3636-3642; www.wjgnet.com/1007-9327/15/3636.asp

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