

PHARMACOTHERAPY OF IRRITABLE BOWEL SYNDROME

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At present the problem of irritable bowel syndrome (IBS) is very crucial in Ukraine and worldwide. About 15-20 % of the world population suffers from IBS, which commonly diagnosed in young, working-age persons. There are factors contributing to the development of IBS: stress, irregular food intake, genetic predisposition, transferred intestinal infections .

IBS is a disorder of motor and secretory functions of the intestine without structural changes in the body, developing as a result of the interaction of psychosocial factors and physiology of the digestive tract through the axis of the "brain – intestines". There are main clinical symptoms of IBS (according to Rome criteria III, 2006): increased frequency of bowel movements more than 3 times a day or reducing the frequency of bowel movement at least 3 times a week, not a normal stool, straining during bowel movements, feeling of incomplete emptying of bowel, mucus during defecation, feeling of fullness, bloating in the abdomen.

Therapeutic tactics in patients with IBS should be individualized, flexible, and with the obligatory account of psychosomatic status of patient. Such an approach to treatment of IBS would reduce the clinical manifestations of the disease and improve the quality of life of patients. The most important stage of treatment is the use of psychotherapy, including hypnosis, "abdominal" option autogenous training, behavioral therapy techniques. Psychotropic medications used as pharmacotherapy: amitriptyline, desipramine, nortriptyline. Selective serotonin reuptake inhibitors: fluoxetine, sertraline, paroxetine. Anxiolytic medications from nonbenzodiazepine series: etifoxine hydrochloride; from benzodiazepine series: diazepam, clonazepam, gidazepam . In pharmacotherapy also used: antispasmodics (anticholinergics – platifillin, butilskopalamin, otilonia bromide, pinaveria bromide; selective sodium channel blockers – mebeverin, ditsikloverin); myotropic antispasmodics (drotaverin, papaverine). Antidiarrheal agents prescribe for pharmacotherapy of IBS with the prevalence of diarrhea (loperamide, alosetron, cilansetron, ondansetron, tropisetron), probiotics (prema, enterol250, bifiform). Laxatives (lactulose, macrogol 4000, mukofalk, psyllium, prokinetics (metoclopramide, domperidone) and 5NH₄-agonists (tegaserod) are used when constipation is a predominant clinical sings of the IBS.

Criteria of treatment effectiveness are cessation of symptoms, pain relief, normalization of stool and laboratory indicators, and improvement of health without significant positive dynamics of objective data.