



## SII. *Errores*



**¿Dolor abdominal y estás en periodo de exámenes?**

**No se diga más, es SII**

# SII

## Ansiedad/depresión para Dg

30-40%

Ansiedad

20-30%

Depresión

5-25%

Población  
general

35%

VPP

# Ansiedad y depresión

## IBD

THE LANCET  
Gastroenterology & Hepatology

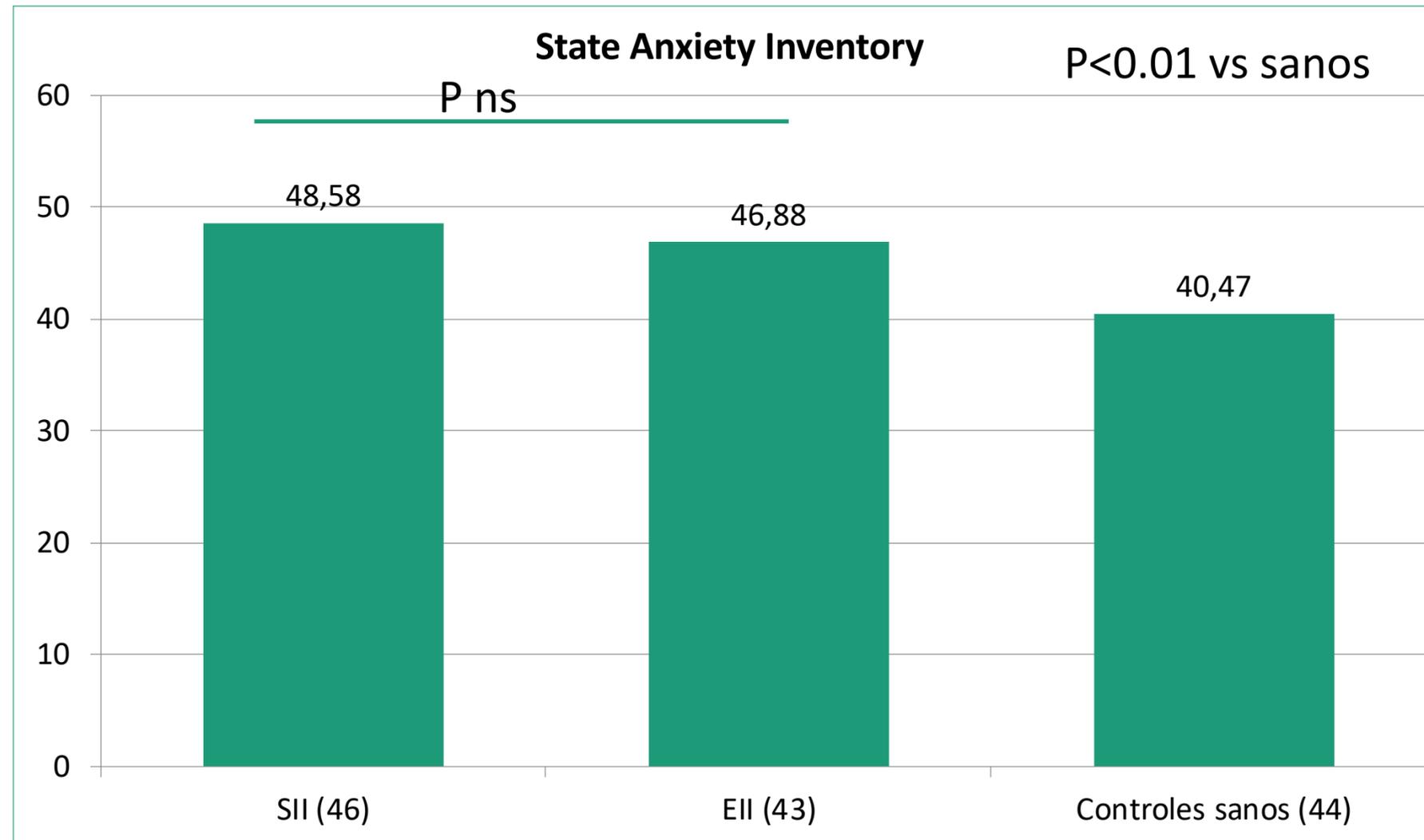
Prevalence of symptoms of anxiety and depression in patients with inflammatory bowel disease: a systematic review and meta-analysis

[Brigida Barberio, MD](#) <sup>a,†</sup> · [Mohammad Zamani, MD](#) <sup>b,c,†</sup> · [Christopher J Black, MBBS](#) <sup>d,e</sup> ·  
[Prof Edoardo V Savarino, PhD](#) <sup>a</sup> · [Prof Alexander C Ford, MD](#) <sup>d,e</sup>  

77 estudios  
>30.000 pacientes

	Ansiedad	Depresion
IBD inactiva	38%	24%
IBD activa	57%	38%

# SII Dg Ansiedad



**La ansiedad y la depresión NO son  
efectivas  
como criterio de diagnóstico**

**¿Mincho y colonoscopia  
normal?**

**No se diga más, es SII**

**Bowel Disorders**

Brian E. Lacy,<sup>1</sup> Fermín Mearin,<sup>2</sup> Lin Chang,<sup>3</sup> William D. Chey,<sup>4</sup> Anthony J. Lembo,<sup>5</sup> Magnus Simren,<sup>6</sup> and Robin Spiller<sup>7</sup>



## C1. Diagnostic Criteria<sup>a</sup> for Irritable Bowel Syndrome

Recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, associated with 2 or more of the following criteria:

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form (appearance) of stool

<sup>a</sup>Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

# Towards positive diagnosis of the irritable bowel

A P MANNING, W G THOMPSON, K W HEATON, A F MORRIS

*British Medical Journal*, 1978, 2, 653-654

- 109 pacientes.  
Seguimiento 17-26  
meses

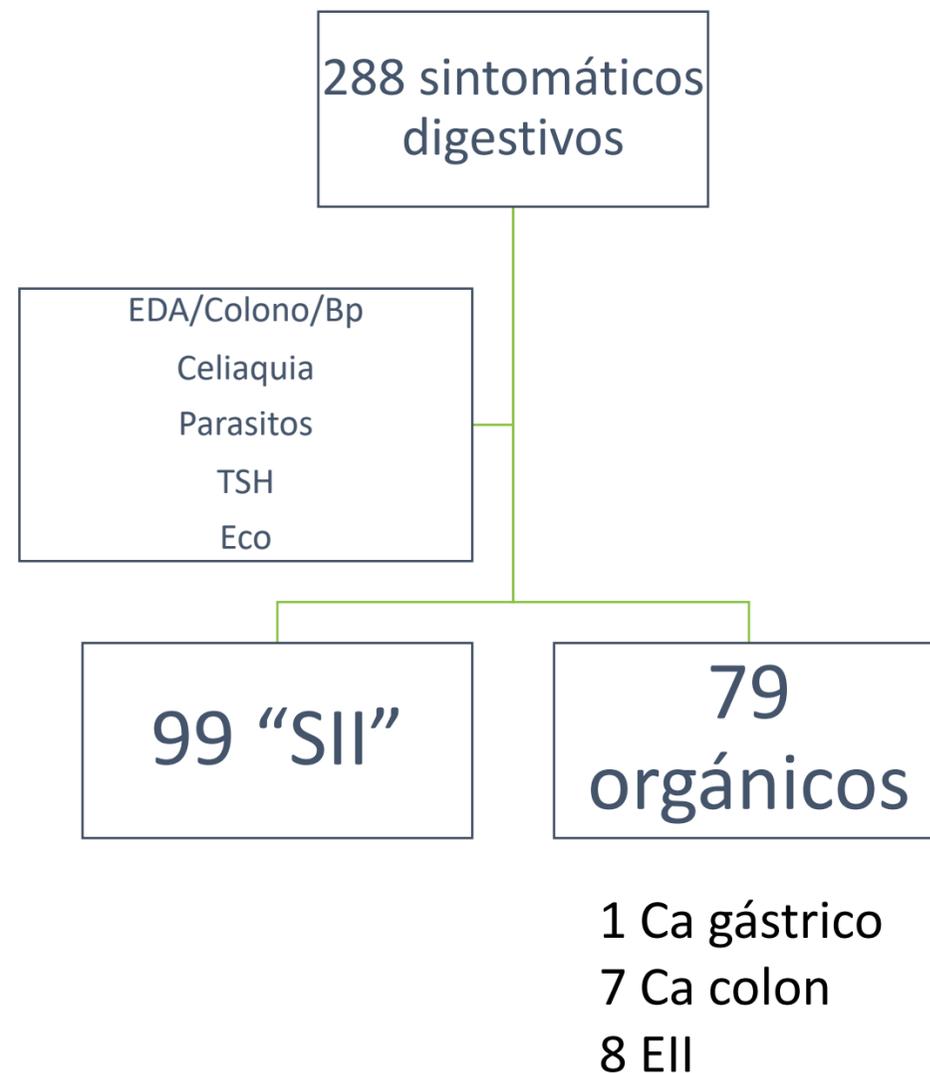
- Deposiciones blandas con el inicio del dolor
- Deposiciones más frecuentes con el inicio del dolor
- Dolor que cede con deposiciones

# Diagnostico SII

## Symptoms discriminate irritable bowel syndrome from organic gastrointestinal diseases and food allergy

Matteo Neri<sup>a</sup>, Francesco Laterza<sup>a</sup>, Stuart Howell<sup>b</sup>, Mario Di Gioacchino<sup>a</sup>, Davide Festi<sup>a</sup>, Enzo Ballone<sup>a</sup>, Franco Cuccurullo<sup>a</sup> and Nicholas J. Talley<sup>b</sup>

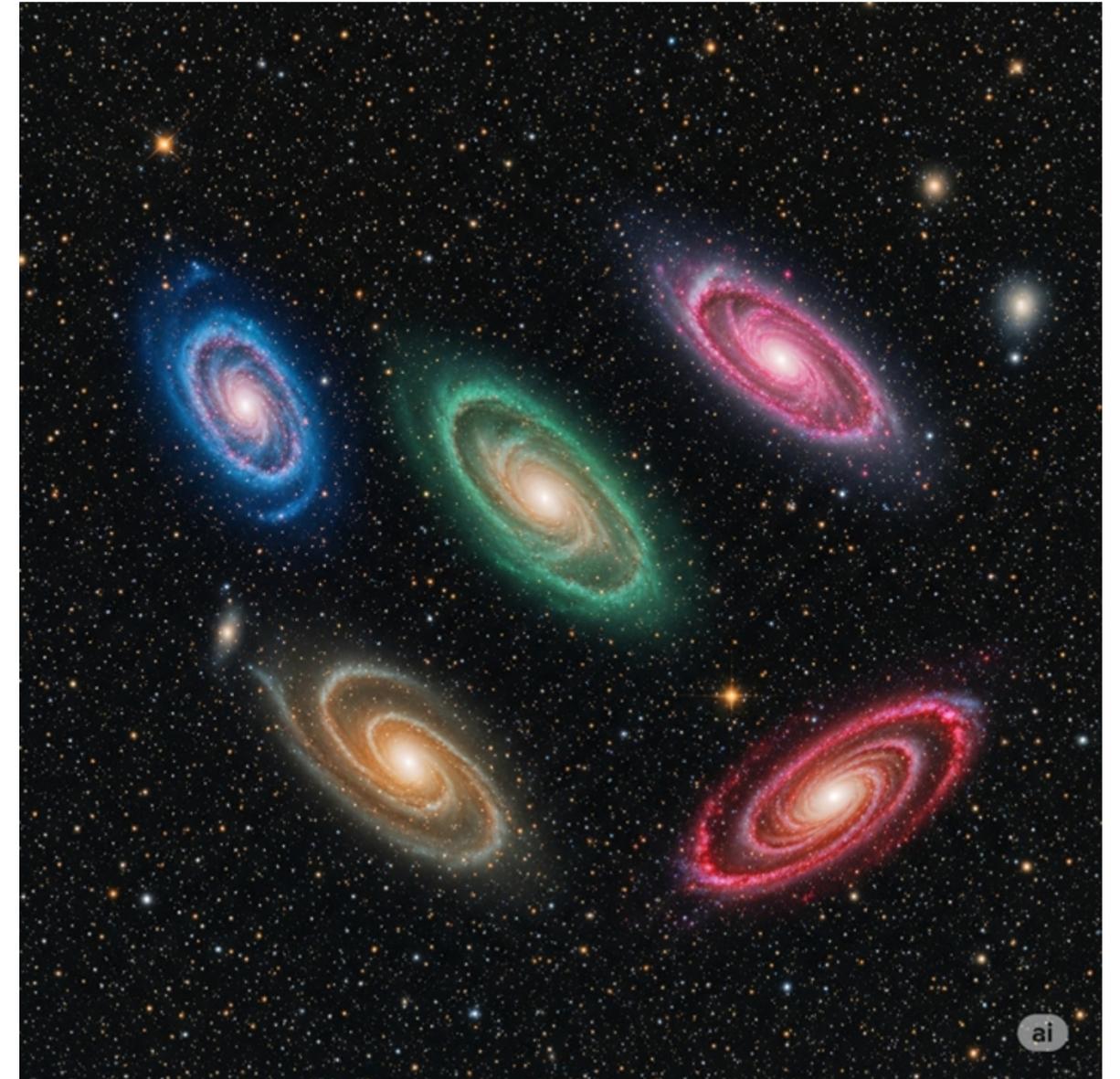
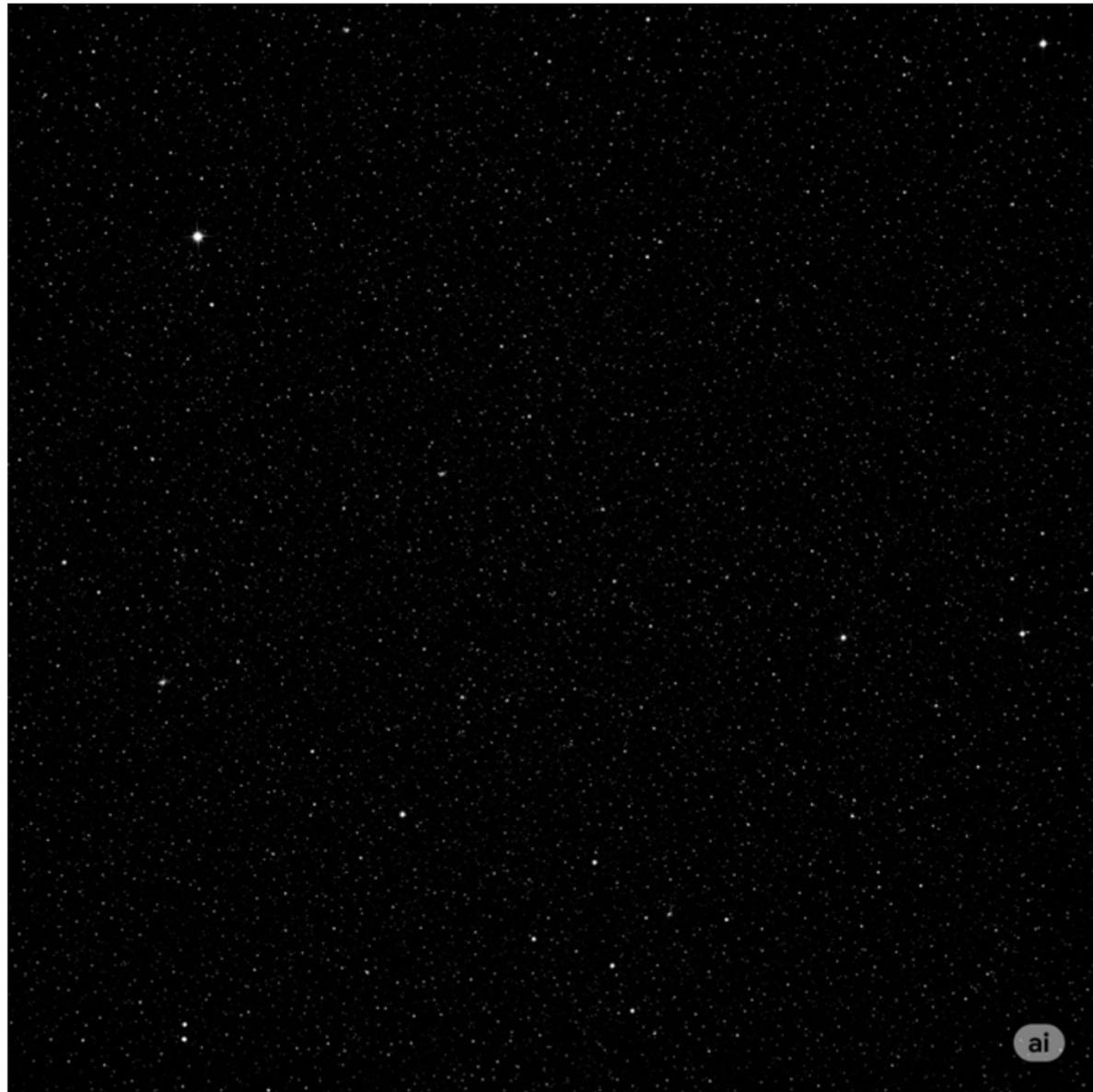
European Journal of Gastroenterology & Hepatology 2000, 12:981–988



Symptom item	IBS (n = 99) vs organic (n = 79) <sup>†</sup>	
	OR	95% CI
Pain more than six times in the past year	4.46**	1.73–11.41
Pain associated with hunger	0.38*	0.17–0.85
Pain immediately after meals	0.75	0.36–1.57
Pain 30 min to 2 h after meals	0.77	0.36–1.62
Pain relieved by belching	0.64	0.31–1.31
Pain relieved by bowel movement	4.58***	2.04–10.27
Pain relieved by eating	0.76	0.30–1.95
Pain relieved by antacids	0.31**	0.13–0.72
Pain made worse by food or milk	0.96	0.46–2.00
Pain made worse by alcohol	1.36	0.54–3.39
Pain radiating outside the abdomen	1.27	0.54–2.79
Pain associated with increased bowel movements	4.83***	2.17–10.77
Pain associated with looser bowel movements	5.59***	2.54–12.29
Pain located in the upper abdomen	0.14***	0.06–0.32
Pain located in the lower abdomen	3.74***	1.71–8.22
Pain in both upper and lower abdomen	2.38	0.99–5.74
Severe pain	0.80	0.38–1.7
Pain occurring weekly or more frequently	0.52	0.24–1.11
Intermittent pain	1.73	0.84–3.56

<sup>†</sup> \*P < 0.05; \*\*P < 0.01; \*\*\*P < 0.001.

# Analisis factorial



# Crterios SII

Estudio	Individuos	Preguntas
Talley (1)	5532 poblaci3n gral (EEUU/Alemania/Suecia/Aust ralia)	121
Taub (2)	1420 estudiantes	22
Whitehead (3)	1081 pacientes gastro+228 familiares. EEUU/Italia	>46
Kwan (4)	1012 pacientes gastro (Asia)	59
Whitehead (5)	500-gine	21

1. Talley NJ , et al. Am J Gastroenterol 2000 ; 95 : 1439

2. Taub E , et al . Dig Dis Sci 1995 ; 40 : 2647

3. Whitehead et al. Digestive and Liver Disease 35 (2003) 774

4. Kwan et al. J Gastroenterol Hepatol. 2003 Jul;18(7):796

5. Whitehead et al. Gastroenterology. 1990 Feb;98(2):336

Table 3

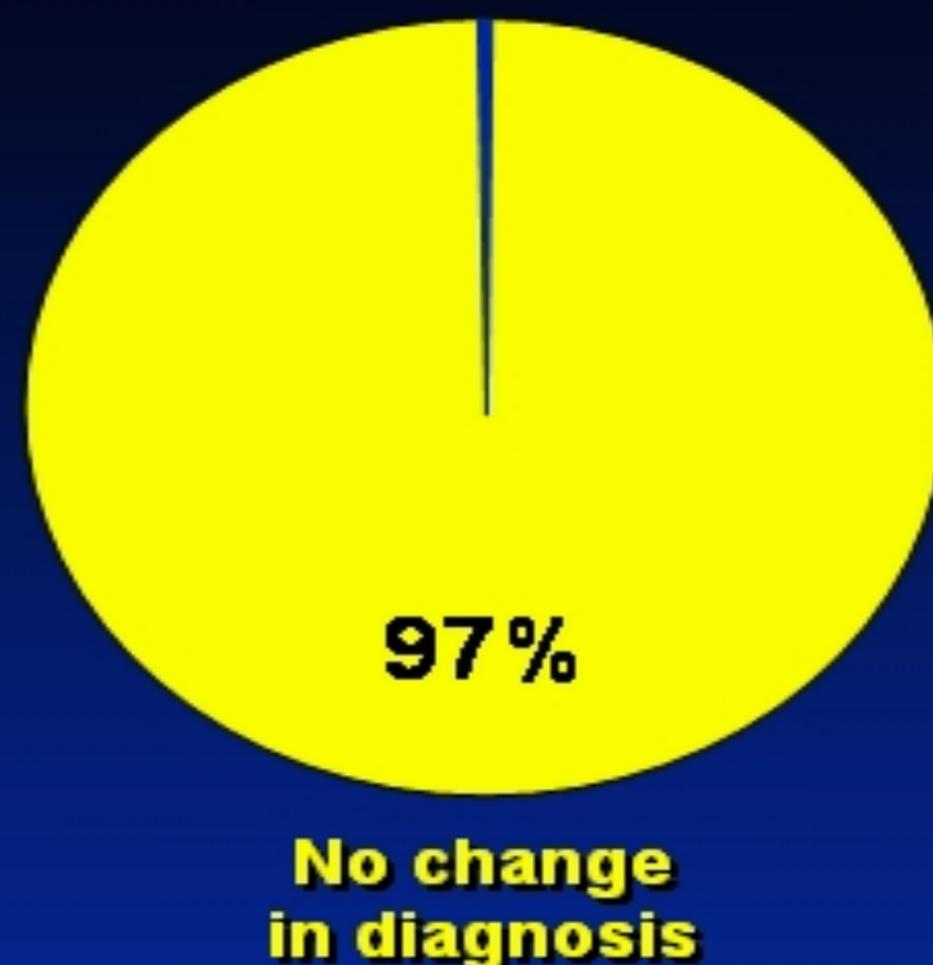
Irritable bowel syndrome loadings for the Rome I consensus criteria

	F1	F4	F10	F11
Rome criteria symptoms				
Abdominal pain which is				
Relieved by defecation, or			0.72	
Associated with a change in			0.66	
BM frequency				
Associated with a change in			0.66	
BM consistency				

Digestive and Liver Disease 35 (2003) 774–783

## IBS - Diagnosis

	<i>Rediagnosis %</i>	<i>Follow-up Months</i>
Owens '95	1	24-360
Harvey '87	0	60-64
Svendson '85	4.5	60
Sullivan '83	4	29
Holmes '82	5	>72
Hawkins '71	3.7	24-240



**Los criterios de Roma están validados,  
recomendados  
y son SEGUROS**

**¿Tiene SII?**

**El Cisternas dijo que no  
importa la ansiedad ni la  
depresión**

# SII comorbilidad (A/D)

30  
%

\$

2-3 v

	0 (n=245)	1 (n=177)	2 (n=139)	3 (n=103)	4 (n=89)	5 (n=54)	p value*
<b>Severity on IBS-SSS at baseline (%)</b>							
Remission	5 (2.0)	1 (0.6)	2 (1.4)	0 (0)	0 (0)	(0)	
Mild	52 (21.3)	18 (10.2)	10 (7.2)	6 (5.8)	1 (1.1)	3 (5.6)	
Moderate	116 (47.5)	89 (50.3)	57 (41.0)	36 (35.0)	21 (23.6)	12 (22.2)	
Severe	71 (29.1)	69 (39.0)	70 (50.4)	61 (59.2)	67 (75.3)	39 (72.2)	<0.001
<b>Median IBS-SSS score at baseline</b>	247.5	270.0	305.0	330.0	365.0	381.5	<0.001

# Ansiedad/Depresion

## *predicen pobre respuesta farmacos*

Table 2  
Adjusted models for each treatment group separately

Outcome: work and social adjustment 12 months	Mebeverine	
	B (95% CI)	P
Predictor variables		
Work and social adjustment (higher score=more disability)	0.071 (-0.306 to 0.468)	.68
Psychological distress (anxiety and depression) (higher score=more distress)	0.388 (0.065 to 0.936)	.025
Behavioral scale (higher score=more adaptive behavior)	0.051 (-0.20 to 0.187)	.11
IPQ consequences (higher score=worse consequences)	1.984 (-2.938 to 5.023)	.60

# Ansiedad/Depresion

## *predicen buena respuesta a sicoterapia*

Table 5. Comparison of Those in the Treatment Group Who Did and Did Not Improve

	Improved (n = 31)	No improvement (n = 12)	
Number of males	3	2	NS
Age over 50 years	15	6	NS
Anxiety/depression	20	3	<sup>a</sup>
Median no. of years since first IBS	4	8	NS
Median no. of years current symptoms	2	4.5	<sup>b</sup>
Constant pain	7	8	<sup>a</sup>
Pain exacerbated by stress	20	2	<sup>a</sup>
Median no. of weeks off work	2	6.5	<sup>c</sup>
Confined to bed at worst	7	4	NS

NOTE. Results only for those who completed treatment period.

<sup>a</sup> $P < 0.05$  ( $\chi^2$  test), <sup>b</sup> $P < 0.01$  (Mann-Whitney), <sup>c</sup> $P < 0.05$ .

64 vs 25% ( $p < 0.005$ )

**Ansiedad y depresión deben ser  
Pesquisadas y manejadas  
Mejora el pronostico**

**¿No mejora?**

**Trimebutino 300 cada 6 h  
entonces**

# SII

## Antiespasmódicos

*Meta-analysis of smooth muscle relaxants in the treatment of irritable bowel syndrome*

T. POYNARD, C. REGIMBEAU & Y. BENHAMOU

Service d'Hépatogastroentérologie, Groupe Hospitalier Pitié-Salpêtrière, Paris, France

Alivio Global

NNT 5-6.



60%

Dolor

NNT 6-8



50-60%

Distension

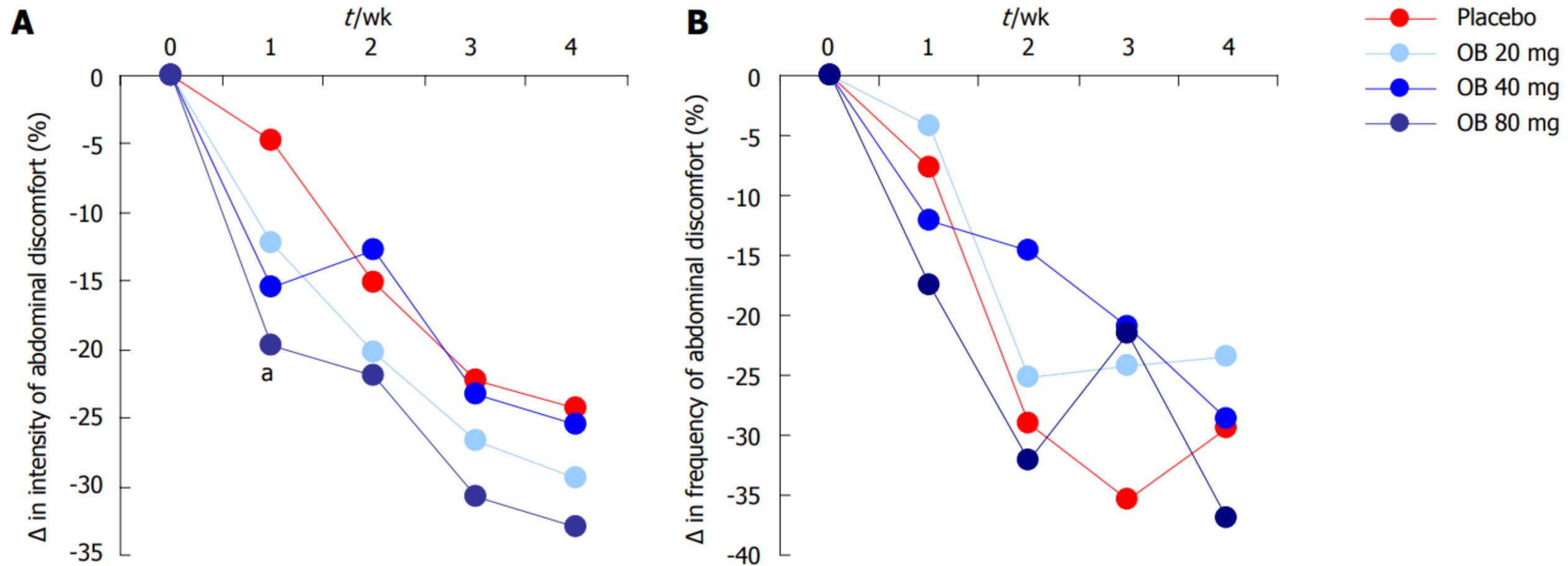
NNT 11



40%

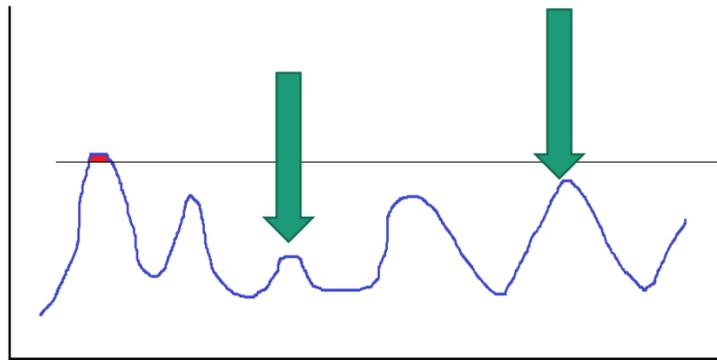
# Antiespasmódicos

## *efecto de dosis sobre standard*



## SII

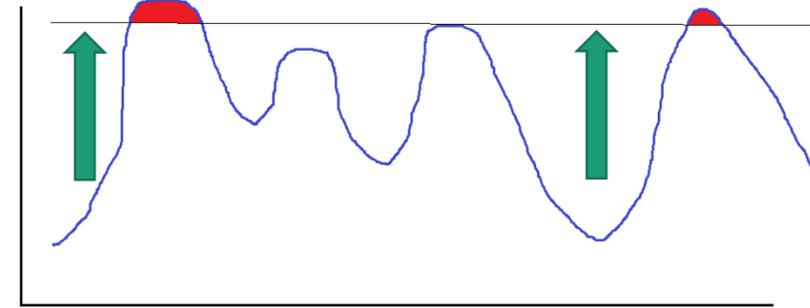
# Estrategias de manejo



### Disminuir la tension/distensiòn

Antiespasmódicos

Buen transito intestinal.



### Disminuir la hipersensibilidad

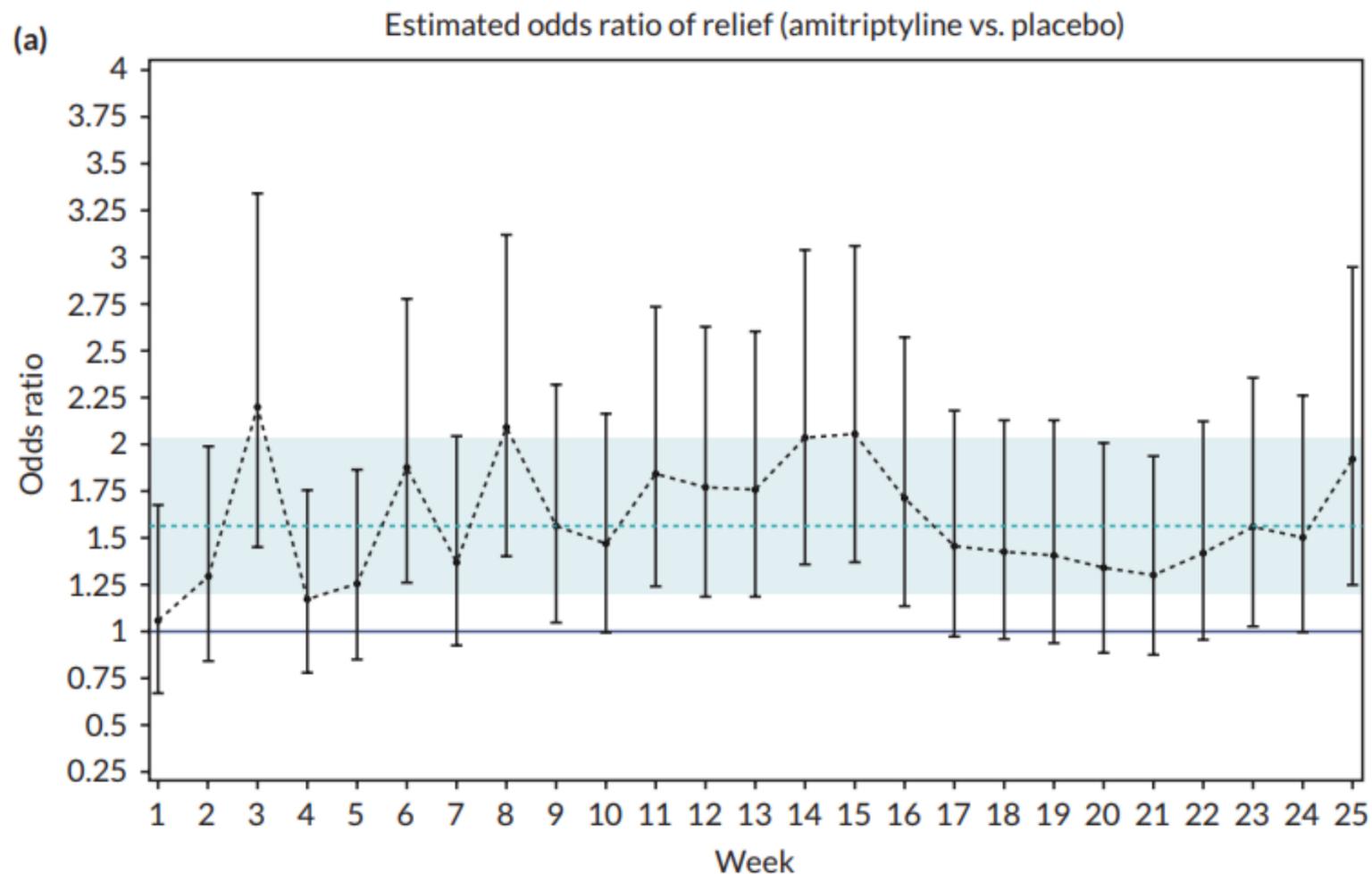
Psicofármacos

Disminuir la hipervigilancia.

# Amtriptilina en IBS refractarios a antiespasmódicos.

## *RND vs placebo*

Low-dose titrated amitriptyline as second-line treatment for adults with irritable bowel syndrome in primary care: the ATLANTIS RCT



378 pacientes  
OR 1.78 alivio adecuado

**Los neuromoduladores son efectivos  
Como segunda linea**



gracias.

# Diagnostico SII

## Otros síntomas

Si pertenecen

Dolor  
Cambio frec/consistencia  
Cambia con depos

Distension  
Fatiga  
Ansiedad

Frecuentes  
INESPECIFICOS

No pertenecen

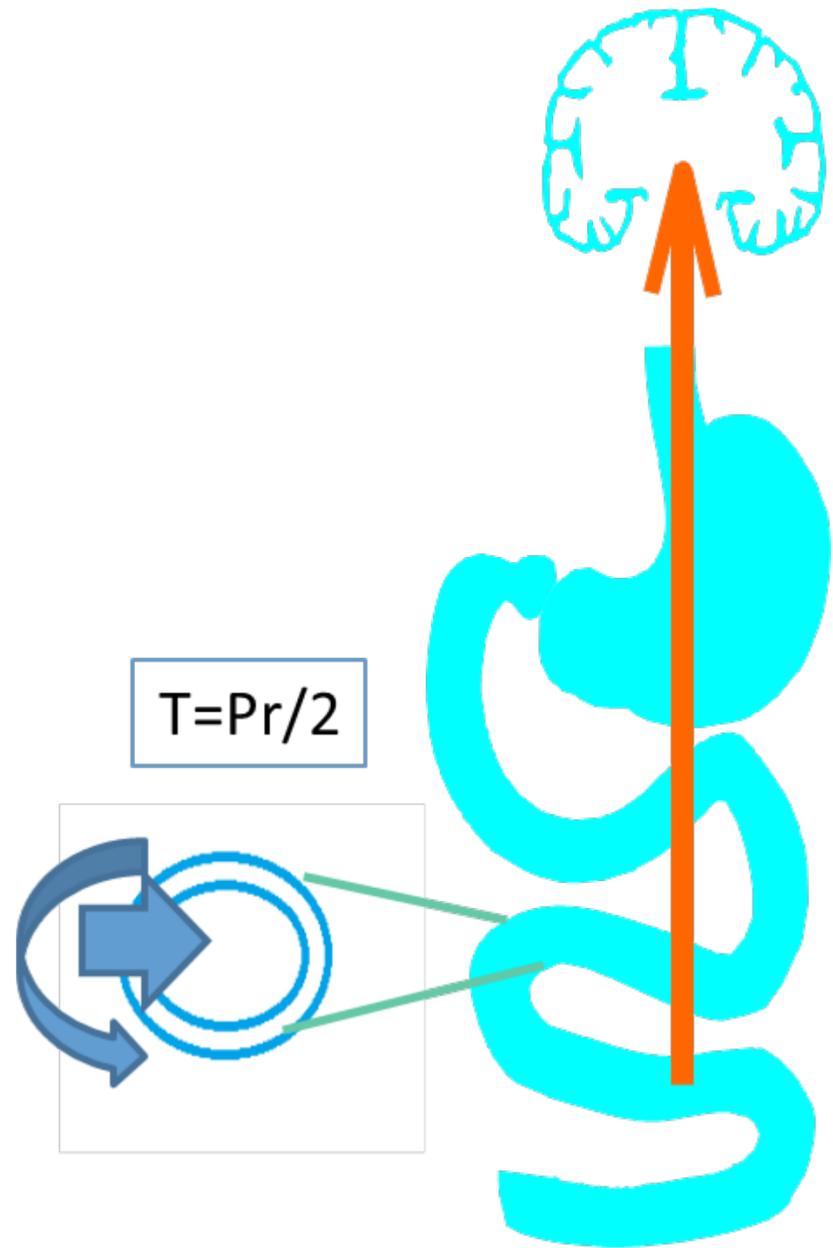
Vomitos

Alarma

Sugieren otro  
diagnostico

# SII

## Mecanismos fisiopatológicos

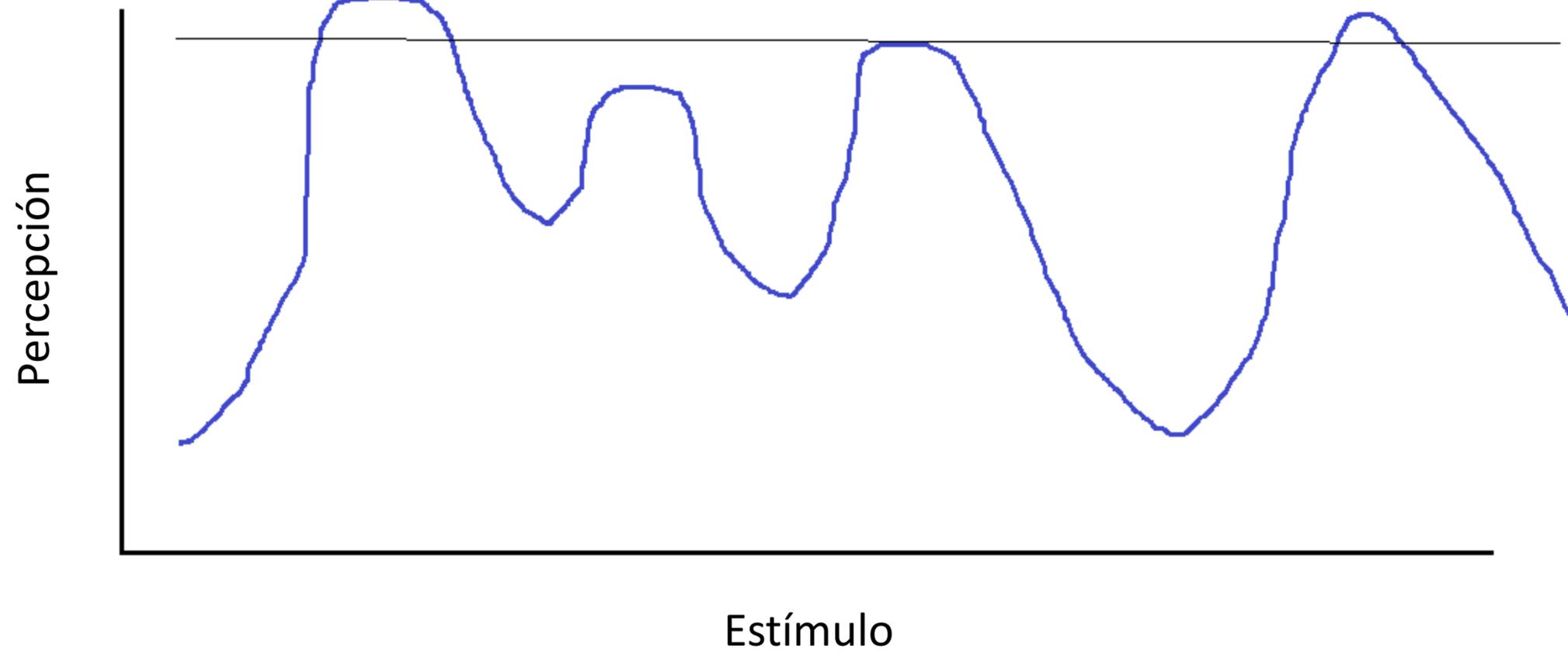


Ocupación Intestinal

Nivel tensión pared

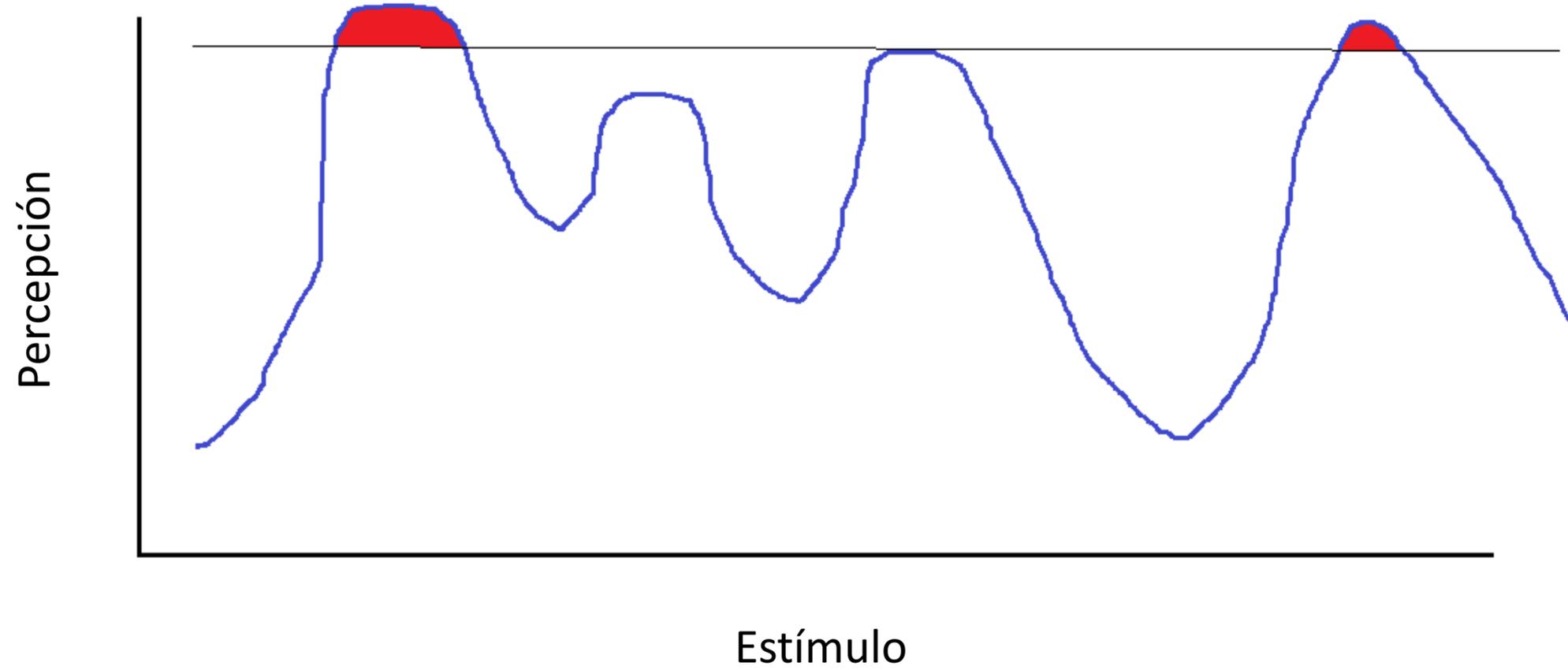
# SII

## Fisiopatología



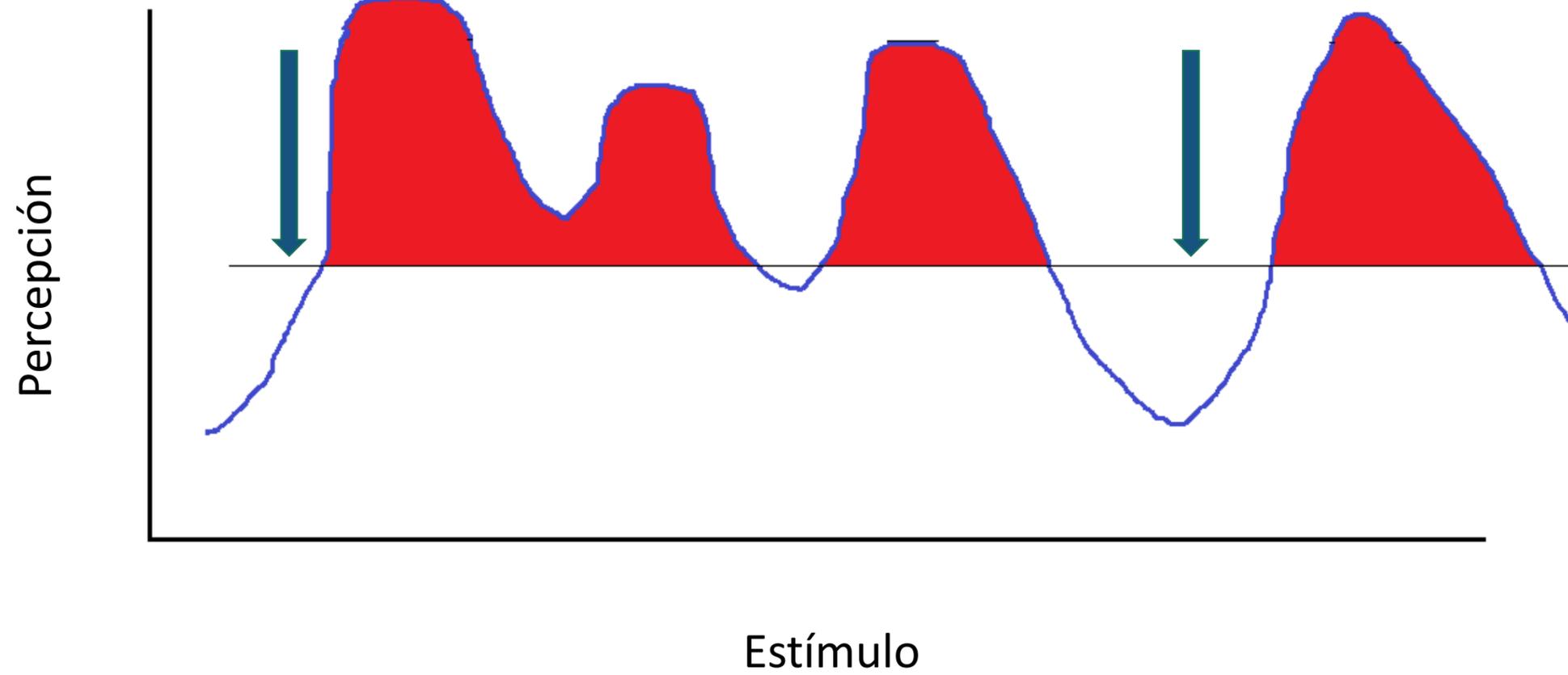
# SII

## Fisiopatología



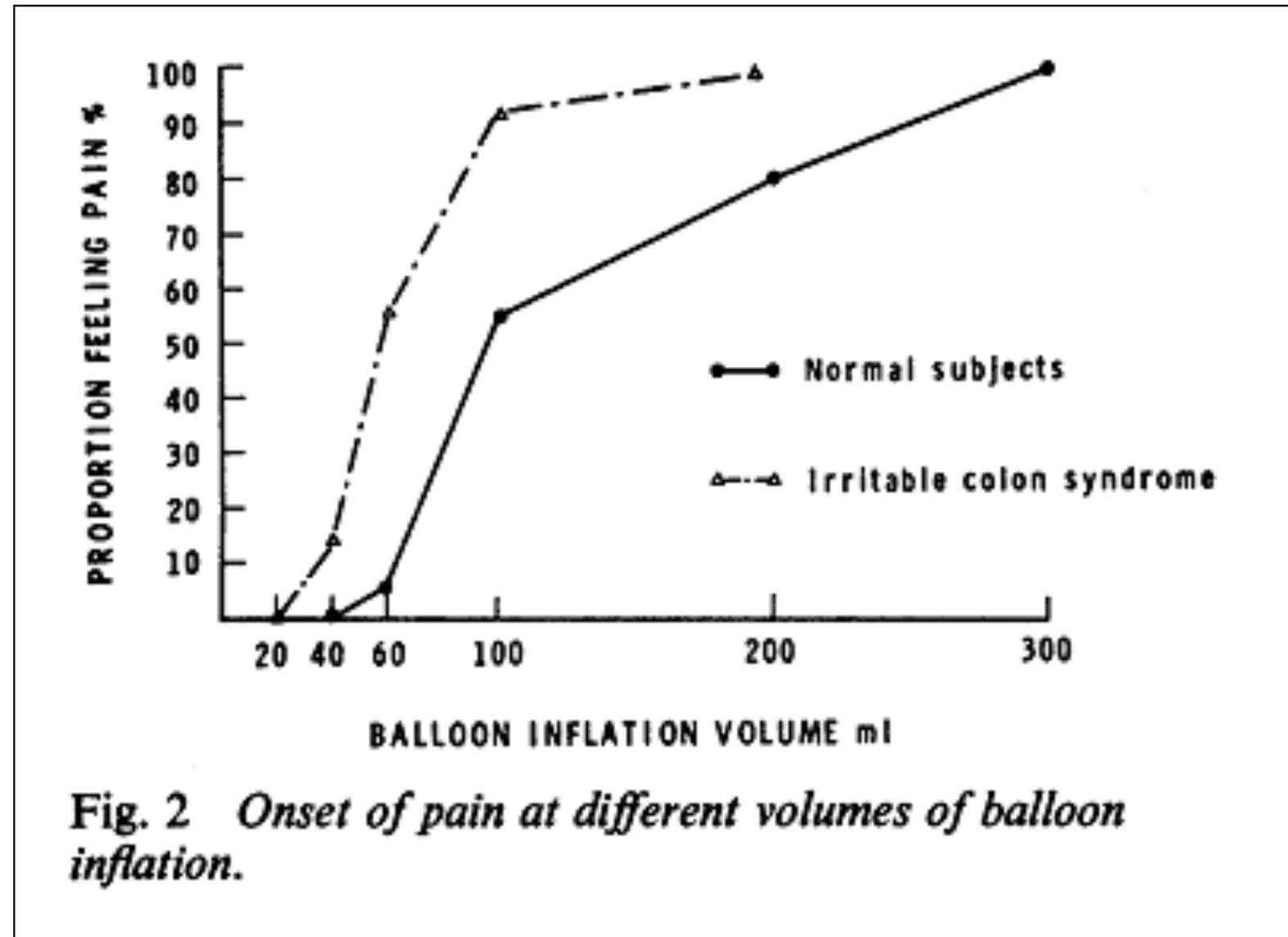
# SII

## Fisiopatología



# SII

## Fisiopatología

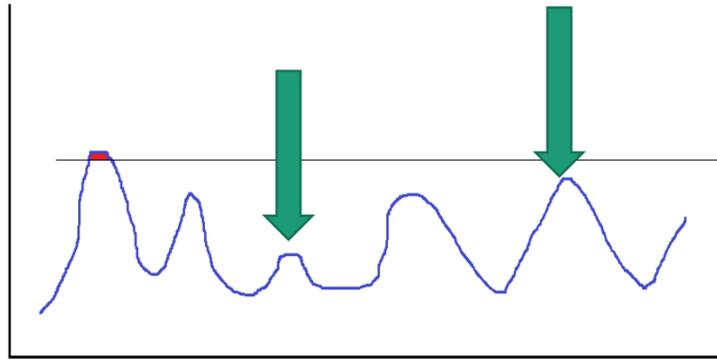


80%

「tratamiento.」

# SII

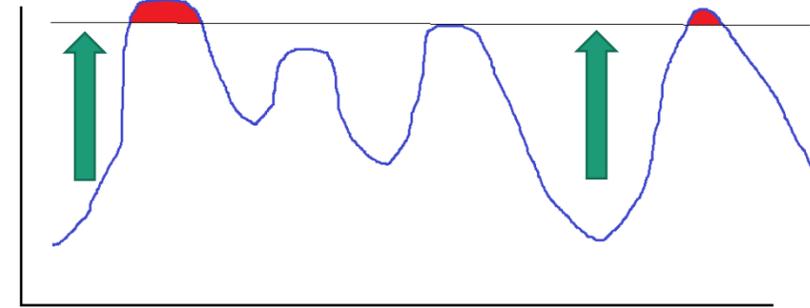
## Estrategias de manejo



### Disminuir la tension/distensión

Antiespasmódicos

Buen transito intestinal.



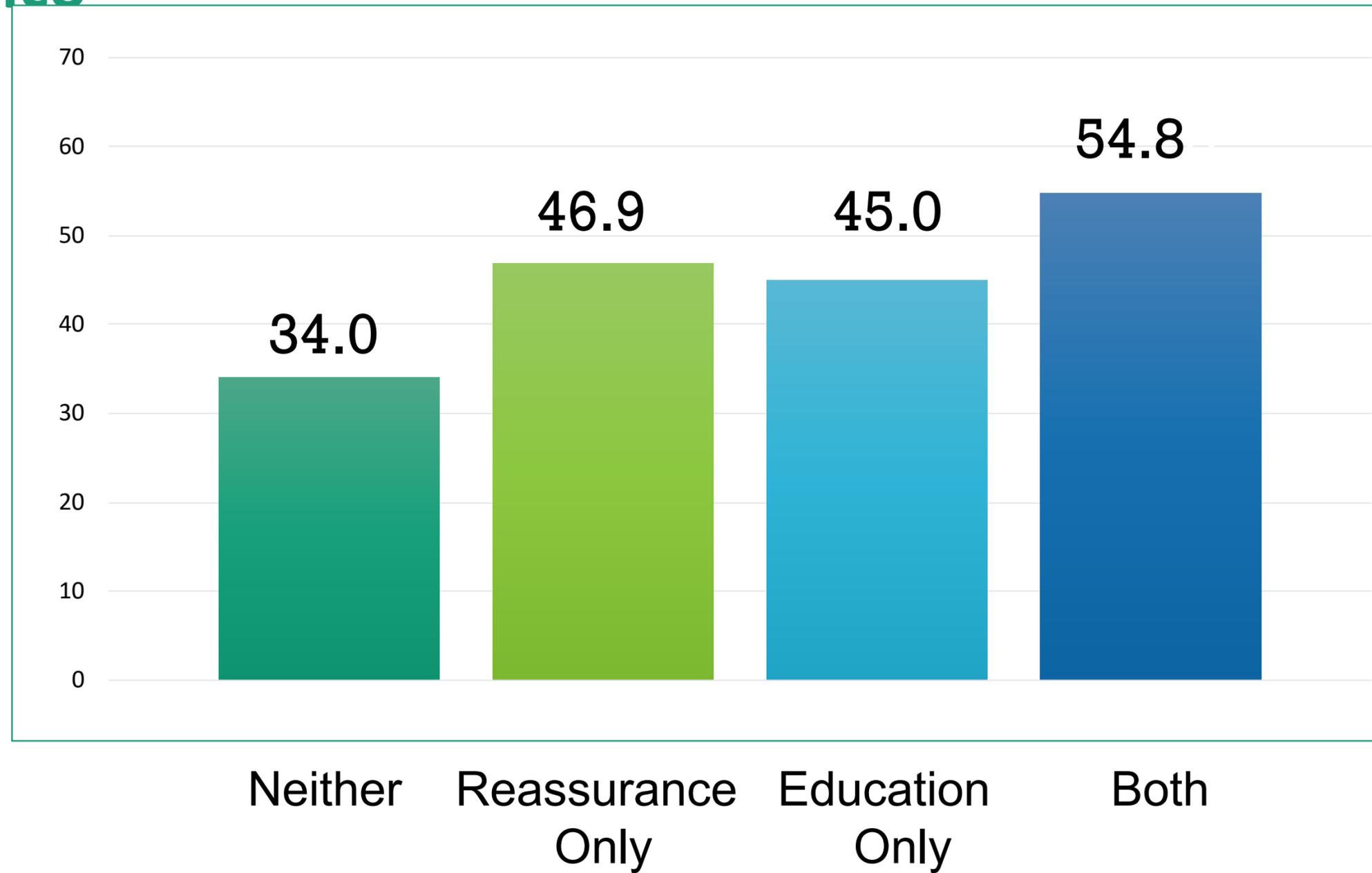
### Disminuir la hipersensibilidad

Psicofármacos

Disminuir la hipervigilancia.

SII tto

No farmacológico



**CORREGIR  
EL ESTREÑIMIENTO!!**

# SII

## Antiespasmódicos

*Meta-analysis of smooth muscle relaxants in the treatment of irritable bowel syndrome*

T. POYNARD, C. REGIMBEAU & Y. BENHAMOU

Service d'Hépatogastroentérologie, Groupe Hospitalier Pitié-Salpêtrière, Paris, France

Alivio Global

NNT 5-6.



60%

Dolor

NNT 6-8



50-60%

Distension

NNT 11



40%

## SII

# Antiespasmódicos

No hay comparaciones directas  
Pinaverio/Otilonio/Trimebutino mejores

Efecto en un par de días  
Mantener semanas para evaluar respuesta

Prn

Escaso efecto múltiples asociaciones

# Rifaximina en SII

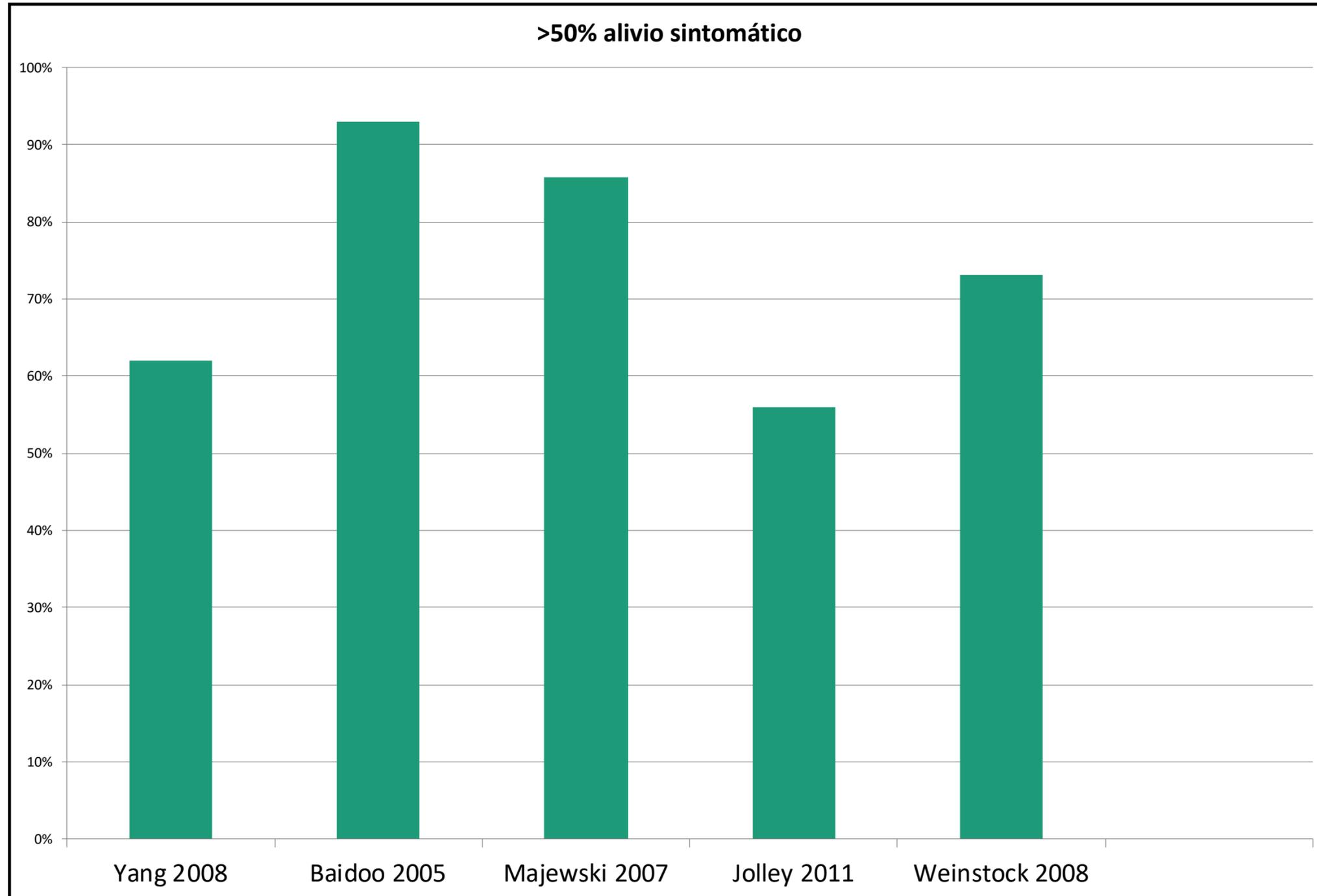
**Table 2.** Primary outcome: global improvement of IBS symptoms, rifaximin vs. placebo

Study	Dose duration	Response rate, % (response/N)		Therapeutic Gain, %	NNT	OR
		Rifaximin	Placebo			
Sharara <i>et al.</i>	400mg b.i.d., 10 days	27.0 (10/37)	9.1 (3/33)	17.9	5.6	3.70
Pimentel <i>et al.</i>	400mg t.i.d., 10 days	32.6 (14/43)	9.1 (4/44)	23.5	4.3	4.83
Lembo <i>et al.</i>	550mg b.i.d., 14 days	52.3 (100/191)	44.2 (87/197)	8.1	12.3	1.39
Target 1	550mg t.i.d., 14 days	40.8 (126/309)	31.2 (98/314)	9.6	10.4	1.52
Target 2	550mg t.i.d., 14 days	40.6 (128/315)	32.2 (103/320)	8.4	11.9	1.44
Pooled OR	—	42.2 (378/895)	32.4 (295/908)	9.8	10.2	1.57

IBS, irritable bowel syndrome; NNT, number needed to treat; OR, odds ratio.

**Alivio Global: 42.2% vs 32.4%. NNT 10-12**

Dg por  
Test de aire  
espirado



# Psicofarmacos

## ¿Entonces es un problema del animo?

- Trastornos del animo más bien marcadores de severidad-conducta de consulta

*Drossman et al. Gastroenterol. 1988; 95:701*

*Whitehead WE et al. Gastroenterol. 1988; 95:709*

- Dosis NO terapeuticas para depresión (Triciclicos 12.5-125 mg/d)

*Clouse RE. Gut. 2003 April; 52(4): 598*

*Wald A. J Clin Gastroenterol 2002;35(Suppl):S53*

- No se modifica el ánimo en los estudios

*Clouse RE, et al. APT 1994;8:409*

- La presencia de depresión NO predice respuesta a tto

*Halpert A ,et al. Am J Gastroenterol 2005 ; 100 : 664*

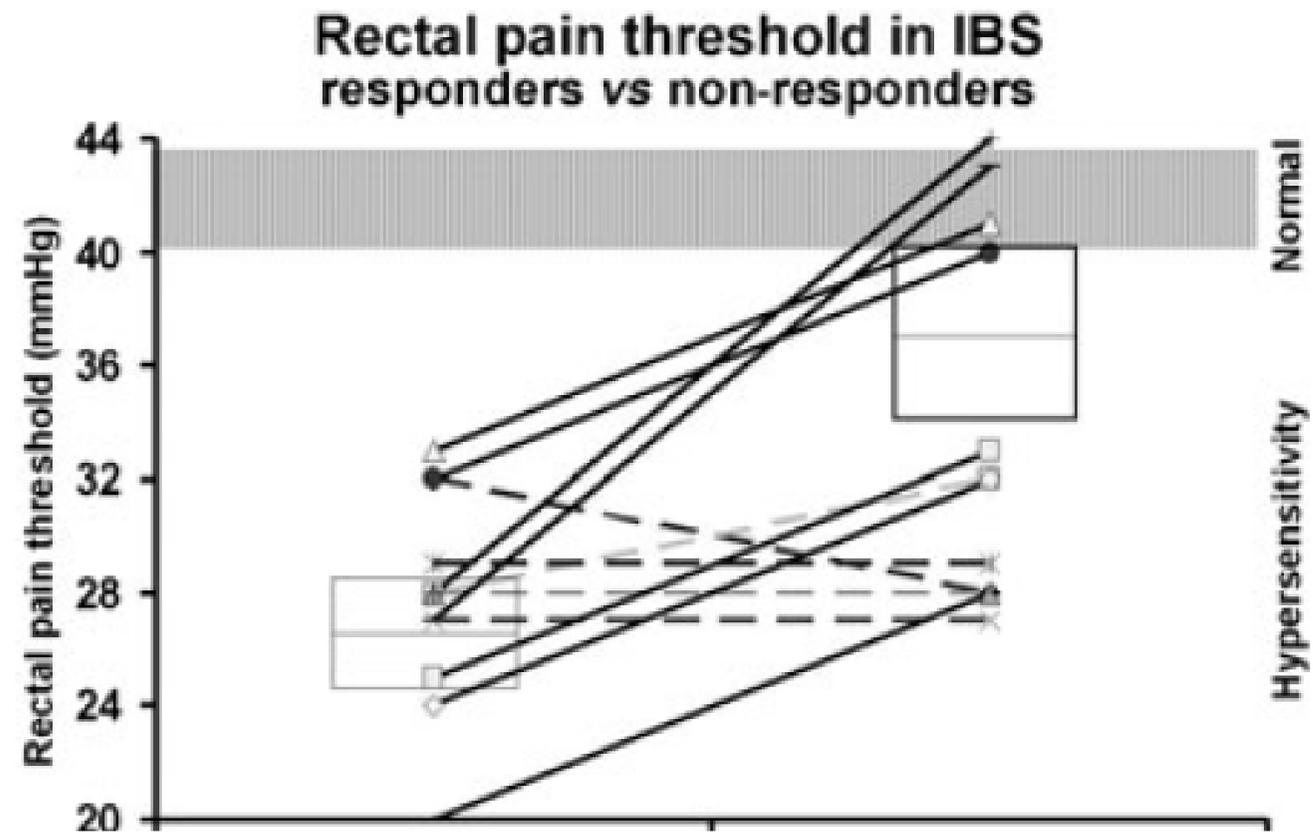
# SII. Psicofarmacos

## Sensibilidad

*Digestive Diseases and Sciences, Vol. 47, No. 4 (April 2002), pp. 914-920 (© 2002)*

### Evolution of Visceral Sensitivity in Patients with Irritable Bowel Syndrome

PIERRE POITRAS, MONIQUE RIBERDY POITRAS, VICTOR PLOURDE, MICHEL BOIVIN, and PIERRE VERRIER

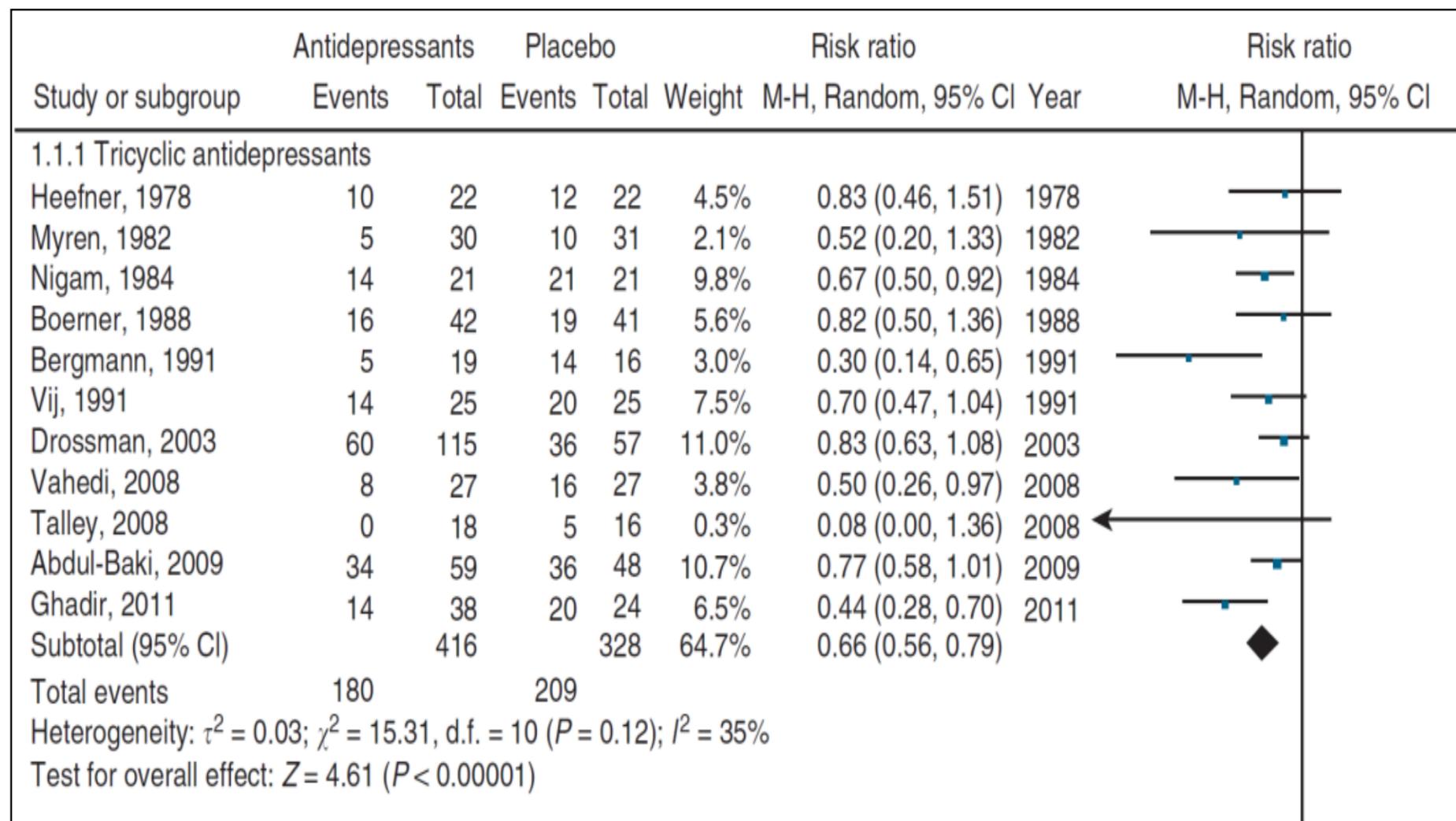


# SII Triciclicos

## Effect of Antidepressants and Psychological Therapies, Including Hypnotherapy, in Irritable Bowel Syndrome: Systematic Review and Meta-Analysis

Alexander C. Ford, MBChB, MD<sup>1,2</sup>, Eamonn M.M. Quigley, MD, FRCP, FACP, FACG, FRCPI<sup>3</sup>, Brian E. Lacy, MD, PhD<sup>4</sup>, Anthony J. Lembo<sup>5</sup>, Yuri A. Saito<sup>6</sup>, Lawrence R. Schiller, MD, MSHS, RFE, FACG, AGAF<sup>7</sup>, Edy E. Soffer<sup>8</sup>, Brennan M.R. Spiegel, MD, MSHS, RFE, FACG, AGAF<sup>9</sup> and Paul Moayyedi, MBChB, PhD, MPH, FACG<sup>10</sup>

*Am J Gastroenterol* 2014; 109:1350–1365



Mejoría:  
56.7% vs 36.3%  
NNT 5

# Effect of Antidepressants and Psychological Therapies, Including Hypnotherapy, in Irritable Bowel Syndrome: Systematic Review and Meta-Analysis

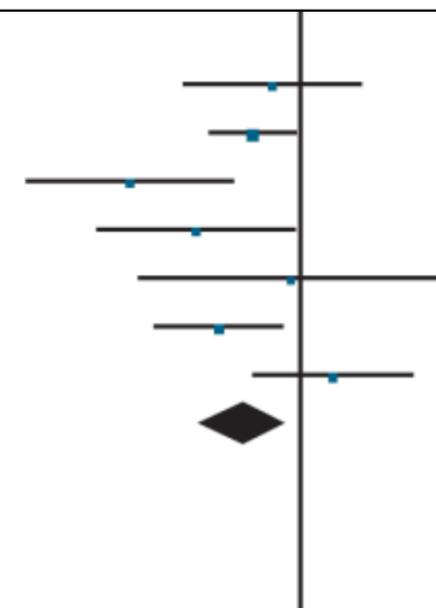
Alexander C. Ford, MBChB, MD<sup>1,2</sup>, Eamonn M.M. Quigley, MD, FRCP, FACP, FACG, FRCPI<sup>3</sup>, Brian E. Lacy, MD, PhD<sup>4</sup>, Anthony J. Lembo<sup>5</sup>, Yuri A. Saito<sup>6</sup>, Lawrence R. Schiller, MD, MSHS, RFF, FACG, AGAF<sup>7</sup>, Edy E. Soffer<sup>8</sup>, Brennan M.R. Spiegel, MD, MSHS, RFF, FACG, AGAF<sup>9</sup> and Paul Moayyedi, MBChB, PhD, MPH, FACG<sup>10</sup>

*Am J Gastroenterol* 2014; 109:1350–1365

## 1.1.2 Selective serotonin re-uptake inhibitors

Kuiken 2003	9	19	12	21	4.4%	0.83 (0.45, 1.51)	2003
Tabas 2004	25	44	36	46	10.0%	0.73 (0.54, 0.98)	2004
Vahedi 2005	6	22	19	22	3.5%	0.32 (0.16, 0.64)	2005
Tack 2006	5	11	11	12	3.7%	0.50 (0.25, 0.97)	2006
Talley 2008	5	17	5	16	1.8%	0.94 (0.33, 2.65)	2008
Masand 2009	15	36	26	36	6.8%	0.58 (0.37, 0.89)	2009
Ladabaum 2010	15	27	12	27	5.1%	1.25 (0.73, 2.15)	2010
Subtotal (95% CI)		176		180	35.3%	0.68 (0.51, 0.91)	

Total events 80 121  
 Heterogeneity:  $\tau^2 = 0.07$ ;  $\chi^2 = 11.85$ , d.f. = 6 ( $P = 0.07$ );  $I^2 = 49\%$   
 Test for overall effect:  $Z = 2.57$  ( $P = 0.01$ )



Mejoría: 54.5% vs 32.8%  
**NNT 5**

Menor efecto sobre dolor

## SII. Psicofarmacos

- Tricíclicos (Amitriptilina, Desipramina, Imipramina) son eficientes moduladores de la sensibilidad visceral
- Inh Recaptura Serotonina (Sertralina, Fluoxetina) menor efecto sobre sensibilidad visceral. Menos estudios
- Ambos eficaces en tratar síntomas globales de SII (50-60%). Sólo TCA efecto significativo sobre el dolor (50-60%)
  
- Psicofármacos en gral:
  - **Alivio global. 59% vs 39%. NNT 4**
- Tricíclicos
  - **Dolor. 54% vs 37%. NNT 4**
  
- **Muchos efectos colaterales. Frecuente suspensión.**

# SII Psicofarmacos

CME

## American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome and Chronic Idiopathic Constipation

Alexander C. Ford, MB ChB, MD, FRCP<sup>1,10</sup>, Paul Moayyedi, BSc, MB ChB, PhD, MPH, FACG<sup>2,11</sup>, Brian E. Lacy, MD, PhD, FACG<sup>3</sup>, Anthony J. Lembo, MD<sup>4</sup>, Yuri A. Saito, MD, MPH<sup>5</sup>, Lawrence R. Schiller, MD, FACG<sup>6</sup>, Edy E. Soffer, MD, FACG<sup>7</sup>, Brennan M.R. Spiegel, MD, FACG<sup>8</sup> and Eamonn M.M. Quigley, MD, FACG<sup>9</sup>, for the Task Force on the Management of Functional Bowel Disorders

*Am J Gastroenterol* 2014; 109:S2–S26; doi:10.1038/ajg.2014.187

**Table 1.** Summary of results of monograph on interventions for IBS

Statement	No. of trials	No. of patients	RR symptoms (95% CI)	NNT (95% CI)	Recommendation	Quality of evidence
As a class, antidepressants are effective in symptom relief in IBS.	17	1,084	0.67 (0.58–0.77)	4 (3–6)	Weak	High

*Antidepressants (tricyclic antidepressants and selective serotonin reuptake inhibitors) are effective in symptom relief in IBS. Side effects are common and may limit patient tolerance. Recommendation: weak. Quality of evidence: high.*

# SII

## En suma....

