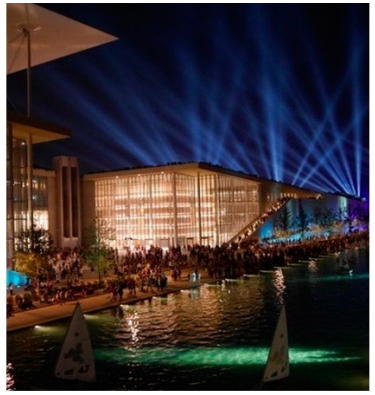
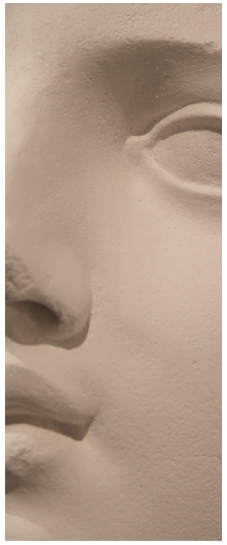


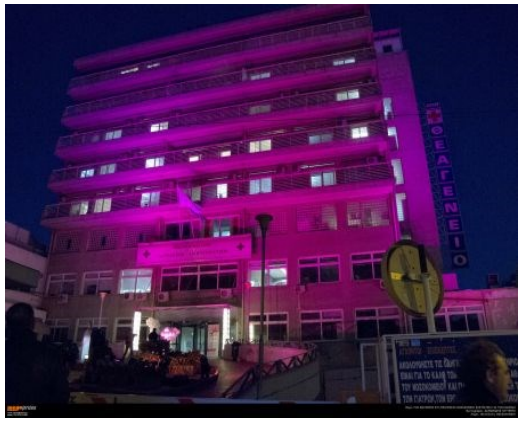


6-9 Δεκεμβρίου 2018
Ξενοδοχείο Divani Caravel, Αθήνα

«Επικάλυψη Οργανικών-Λειτουργικών Συνδρόμων»

Σύνδρομο Ευερέθιστου Εντέρου-ΙΦΝΕ

Κωνσταντίνος Σουφλέρης
Γαστρεντερολόγος
Επιμελητής Α΄Ε.Σ.Υ.,
Γαστρεντερολογική Κλινική, Θεαγένειο Α.Ν.Θ.
Θεσσαλονίκη



ΔΗΛΩΣΗ ΣΥΓΚΡΟΥΣΗΣ ΣΥΜΦΕΡΟΝΤΩΝ

Abbvie

Angelini

Enorasis

Ferring

Janssen

Merck

Pfizer

Roche

Sanofi

Takeda

IBS-IBD ομοιότητες

- Συχνές και χρόνιες διαταραχές του πεπτικού σωλήνα
- Κοινή συμπτωματολογία: κοιλιακό άλγος, διάρροιες
- Σημαντική επίπτωση σε ποιότητα ζωής
- Άγνωστη αιτιολογία (πολυπαραγοντική), άγνωστα εκλυτικά αίτια..

-διαταραγμένο μικροβίωμα;

-διαταραγμένη εντερική διαπερατότητα;

-ανοσιακή δυσλειτουργία;

-φλεγμονή;

ΙΦΝΕ ασθενής με ΣΕΕ:

περισσότερες ιατρικές επισκέψεις, περισσότερα στεροειδή, χειρότερη ποιότητα ζωής

TABLE 2. Comparison of the Health Resources and Medication Utilization Between IBD Patients with and Without Concomitant IBS Diagnosis Stratified by Disease Subtype

	CD (n = 3947)			UC/IC (n = 2362)		
Characteristics	IBD (n = 3158)	IBD/IBS (n = 789)	P[a]	IBD (n = 1872)	IBD/IBS (n = 490)	P
Patients with ≥5 GI clinic visit within the previous year	15.7	20.0	0.01	12	15	0.09
Patients with ≥5 PCP clinic visit within the previous year	10.9	19.1	<0.001	8.7	14.8	<0.001
Narcotics	10.5	16.5	<0.001	4.7	9.3	<0.001
Corticosteroids	12.7	9	0.01	11.8	13.3	0.41
5-aminosalicylates[b]	26.1	25.1	0.58	56.1	60.8	0.08
Immunomodulator	28.8	25.6	0.08	21.8	18.8	0.17
Biological therapy[c]	43	43	0.9	23	23.2	0.98

Data presented are percentages.

[a]Comparisons were made using Pearson's chi-square test for categorical variables.

[b]Azathioprine, 6-mercaptopurine, and methotrexate.

[c]Anti–tumor necrosis factor agents and antiadhesions (vedolizumab and natalizumab).

Abdalla, Inflamm Bowel Dis 2017

Από την χώρα του ΙΦΝΕ στην χώρα του IBS…

IBD 2018
(ACG Management of Crohn's Disease in Adults)

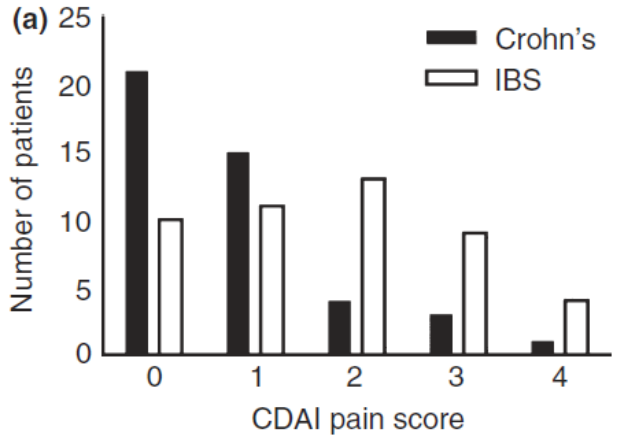
- *Sandborn, Feagan, Colombel, Danese…*
- Μεγάλες (pharma) RCTs…
- Strong Recommendations…
- Moderate Level of Evidence…
- Placebo με χαμηλή τιμή…
- Ενδοσκοπική εκτίμηση…
- Βιοδείκτες…
- Χειρουργεία…

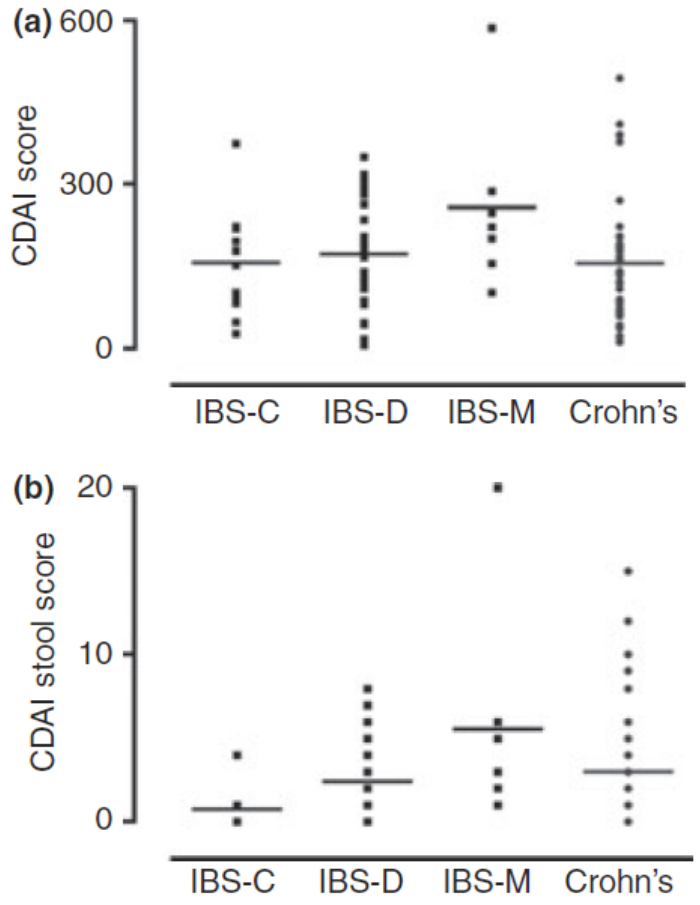
IBS 2018
(AGA Drug management of IBS)

- *Quigley, Gracie, Camilleri, Bernstein…*
- Μικρότερες ιατροκεντρικές μελέτες…
- Conditional Recommendations…
- Low level of Evidence…
- Placebo με υψηλή τιμή…
- Δίαιτες…
- Ψυχοθεραπείες…
- Δυστυχία…

Ή μήπως όχι;

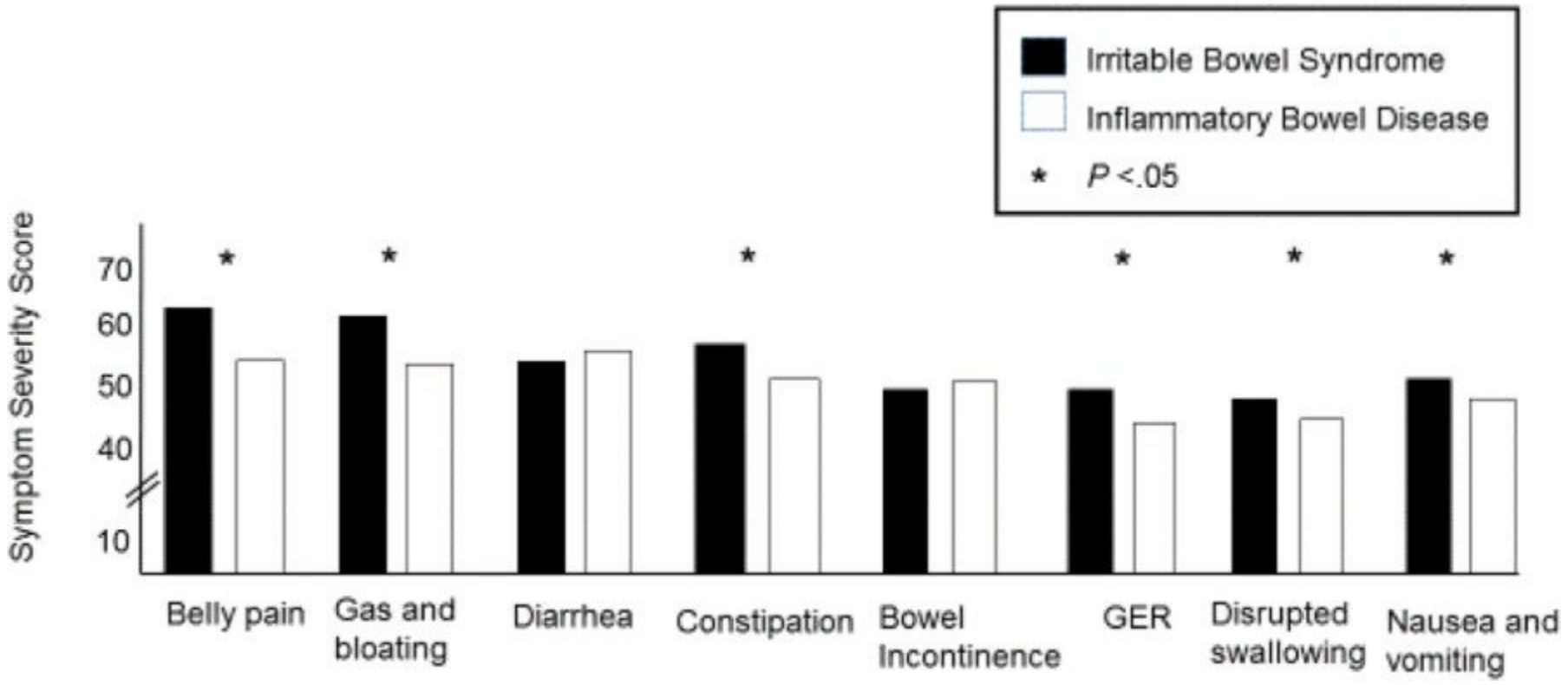
Το CDAI δεν διαχωρίζει ικανοποιητικά IBD (Crohn's Disease) από IBS





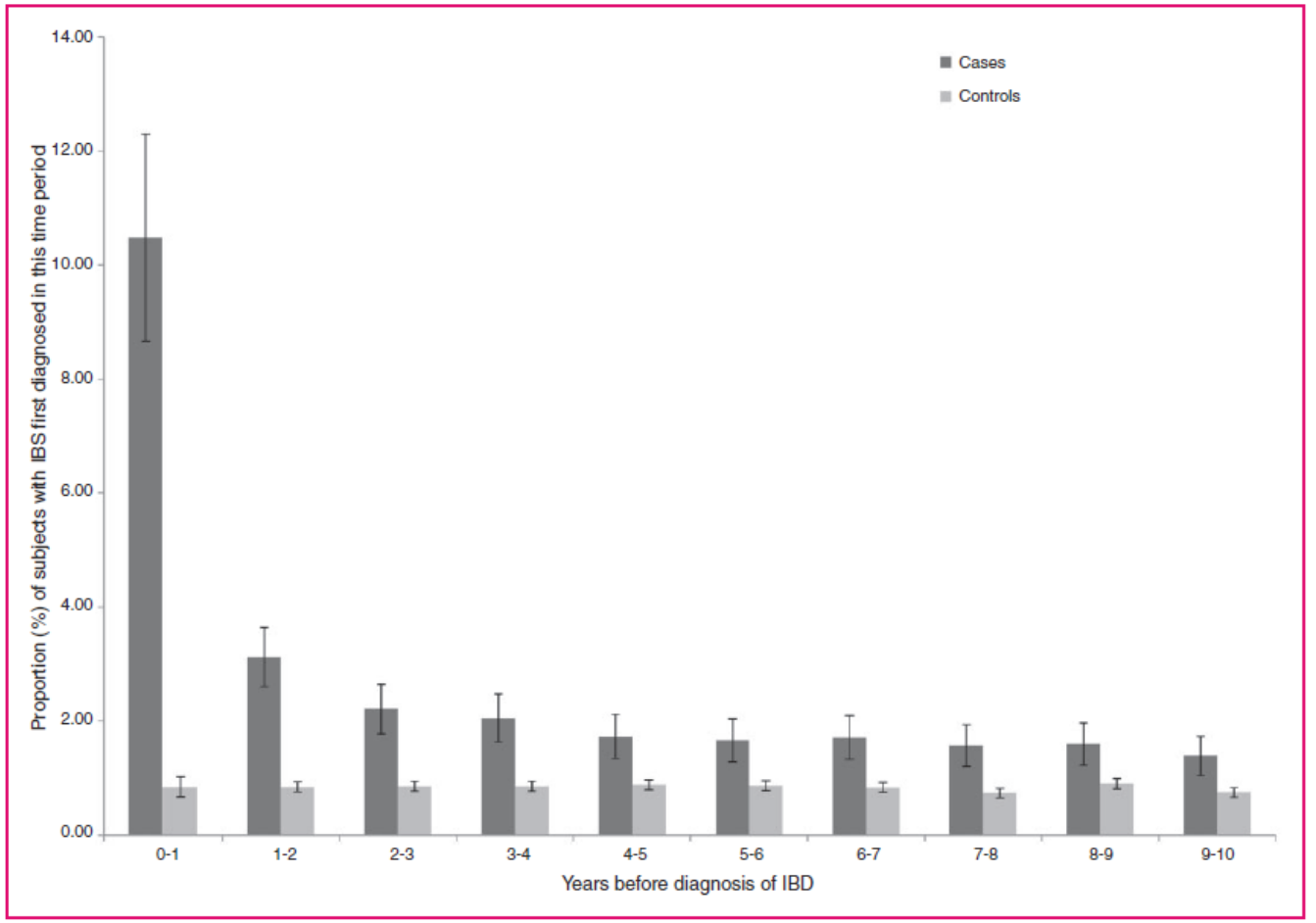
Lahiff, Aliment Pharmacol Ther 2013

Αντίληψη Συμπτωμάτων: IBS>IBD



Lee, Neurogastroenterol Motil 2017

IBS πριν από IBD: λάθος διάγνωση;



Συνολικά: 29.58% cases (IBD) vs 9.07% controls

Card, UEG Journal 2014

Development of Red Flags Index for Early Referral of Adults with Symptoms and Signs Suggestive of Crohn's Disease: an IOIBD Initiative

Item	Coefficient
Non-healing or complex perianal fistula or abscess or perianal lesions (apart from haemorrhoids)	4.648
First-degree relative with confirmed inflammatory bowel disease	4.282
Weight loss (5% of usual body weight) in the last 3 months	3.303
Chronic abdominal pain (>3 months)	2.928
Nocturnal diarrhoea	2.541
Mild fever in the last 3 months	2.169
No abdominal pain 30–45 min after meals, predominantly after vegetables	1.581
No rectal urgency[a]	1.569

Χρήση για πρώιμη διερεύνηση σε διαγνωσμένο ΙΦΝΕ ασθενή;

Danese, J Crohns Colitis 2015

IBS vs IBD: κλινικά;

- Άλγος κολικοειδές, πιο διάχυτο, ύφεση με κένωση
- Διάρροια υδαρής, χωρίς αίμα

(κολίτιδα)

- «Φούσκωμα», «Αέρια»
- Δυσπεψία, Καύσος
- Δυσκοιλιότητα

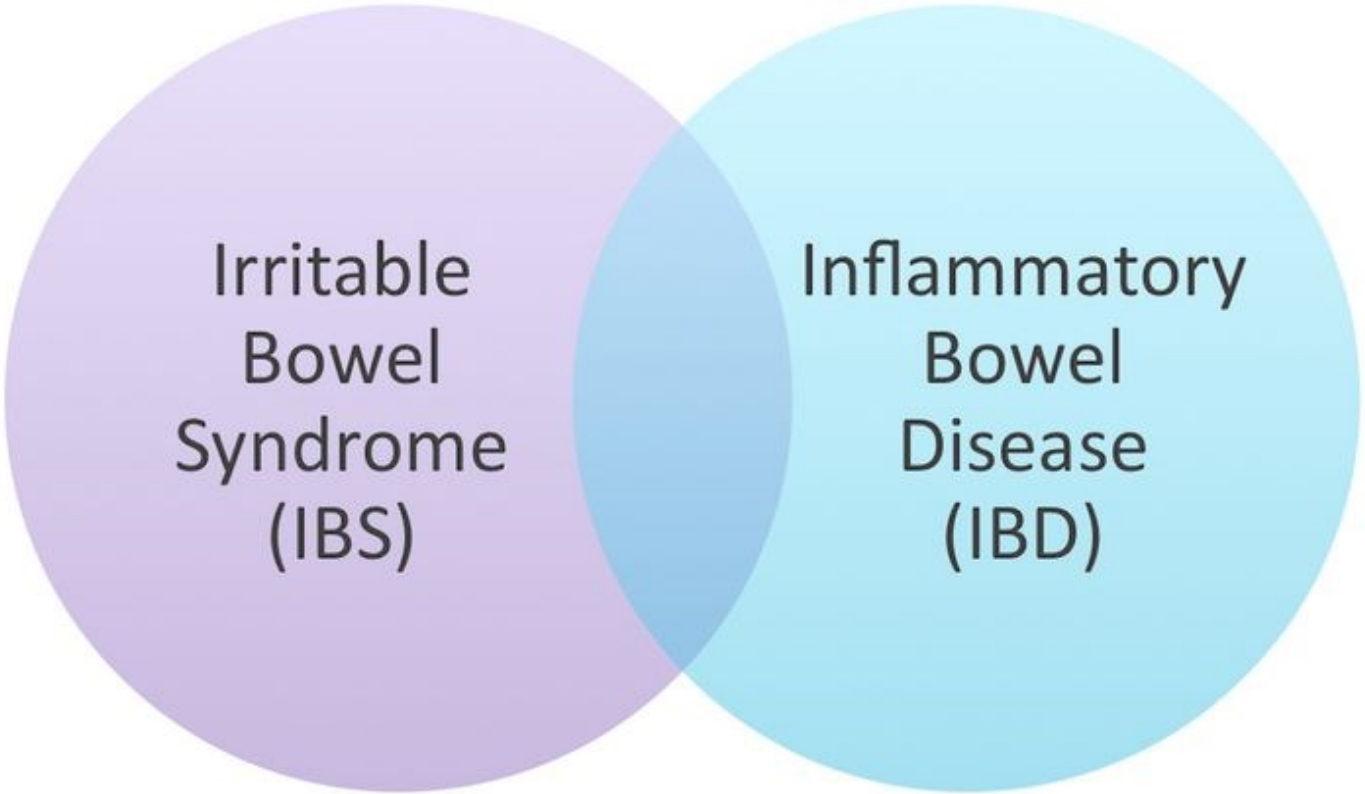
(αριστερόπλευρη κολίτιδα)

- Άλγος συνεχές, σταθερή εντόπιση, χωρίς ύφεση με κένωση
- Διάρροια με αίμα

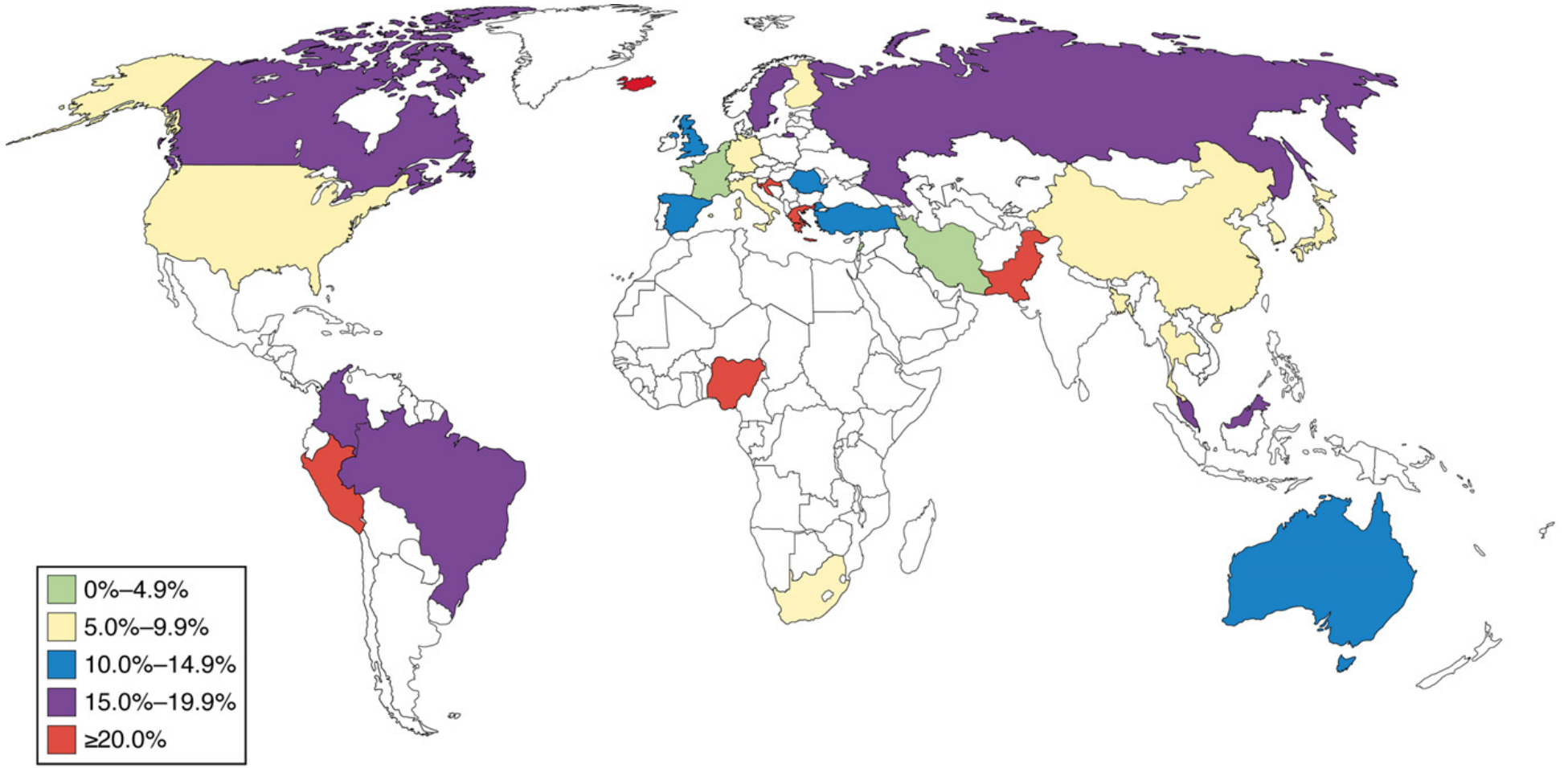
(κολίτιδα)

- Έμετοι, πυρετός, φρίκια
- Απώλεια βάρους

Επικάλυψη IBD-IBS
(true IBS or inflammation?)

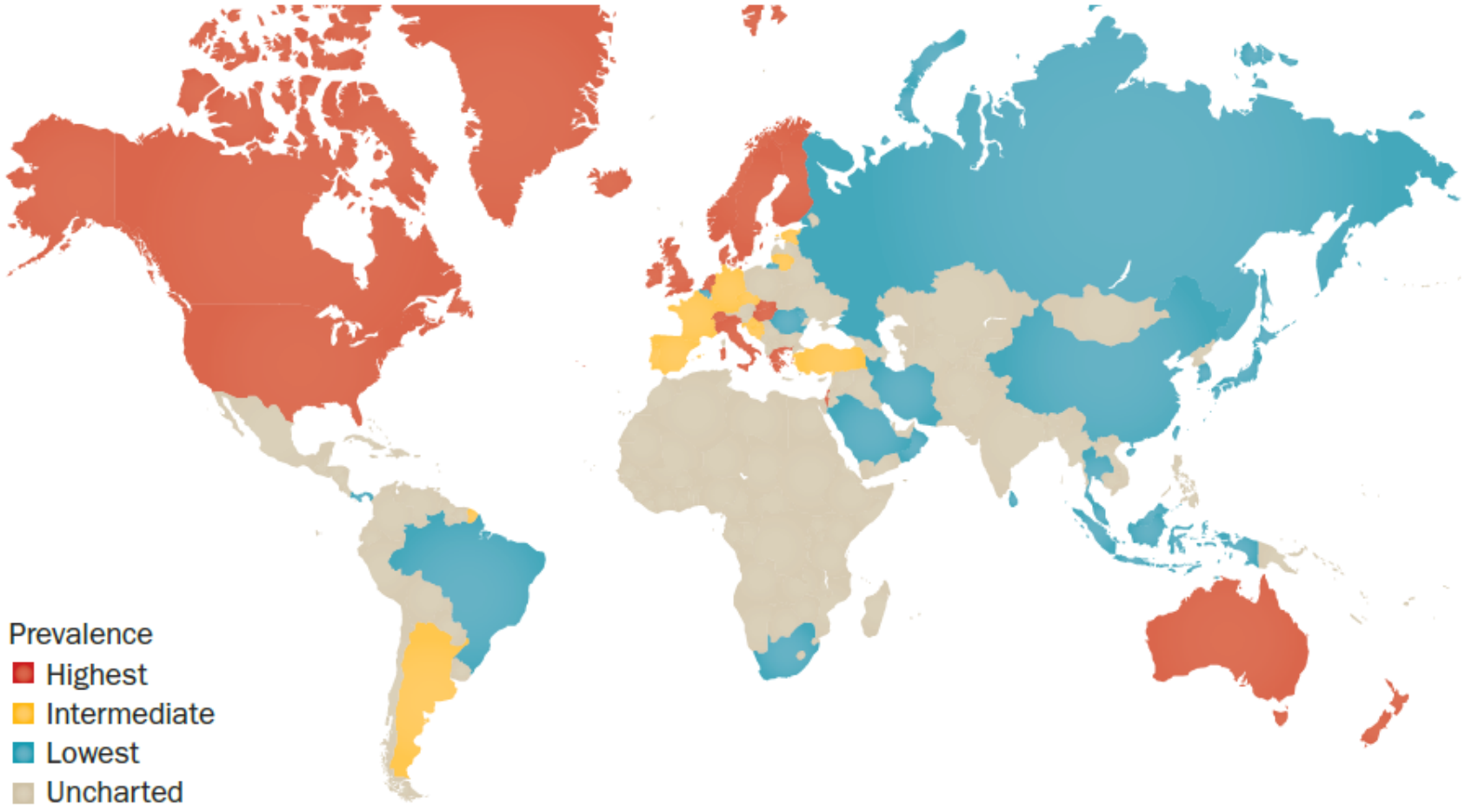


Επιπολασμός IBS (11%)



Lovell, CGH 2012

Επιπολασμός IBD (0.5%)



Kaplan, Gastro 2015

...Prevalence of Symptoms meeting Criteria for Irritable Bowel Syndrome in Inflammatory Bowel Disease...

Table 2. Prevalence of IBS in IBD according to disease activity and disease type

	Number of studies	Total number of subjects	Number meeting criteria for IBS	Pooled prevalence of IBS (%)	95% confidence interval	I^2	*P* value for I^2
All IBD patients	13	1703	583	39.0	30.0–48.0	92.6%	<0.001
IBD in remission	11	1197	363	35.0	25.0–46.0	63.5%	<0.001
Active IBD	3	299	115	44.0	24.0–64.0	NA[a]	NA[a]
All UC patients	10	772	251	36.0	25.0–47.0	89.9%	<0.001
UC in remission	9	596	163	31.0	21.0–43.0	88.2%	<0.001
Active UC	2	95	42	50.0	15.0–84.0	NA[a]	NA[a]
All CD patients	9	708	280	46.0	35.0–58.0	88.9%	<0.001
CD in remission	8	508	188	41.0	28.0–56.0	90.8%	<0.001
Active CD	2	135	52	48.0	20.0–77.0	NA[a]	NA[a]

CD, Crohn's disease; IBD, inflammatory bowel disease; IBS, irritable bowel syndrome; UC, ulcerative colitis.
[a]NA; not applicable, too few studies to assess heterogeneity.

Systematic Review and Meta-Analysis, Halpin, Am J Gastroenterol 2012

…IBS-type Symptoms in IBD: X4, CD>UC*

Table 3. Odds ratios for IBS in IBD patients vs. controls without IBD, and according to disease activity and disease type

	Number of studies	Number of subjects	Pooled OR	95% confidence interval	I^2	*P* value for I^2
All IBD patients						
IBD patients vs. controls without IBD	4	1325	4.89	3.43–6.98	0%	0.64
IBD patients in remission vs. controls without IBD	4	1143	4.39	2.24–8.61	65%	0.03
Active IBD patients vs. IBD in remission	3	756	3.89	2.71–5.59	NA[a]	NA[a]
UC patients						
UC patients vs. controls without UC	4	1061	4.43	2.92–6.71	12.9%	0.32
UC patients in remission vs. controls without UC	4	999	4.20	2.12–8.31	62.7%	0.04
Active UC patients vs. UC patients in remission	2	314	4.23	2.37–7.55	NA[a]	NA[a]
CD patients						
CD patients vs. controls without CD	2	678	5.52	3.40–8.95	NA[a]	NA[a]
CD patients in remission vs. controls without CD	2	558	4.08	1.12–14.8	NA[a]	NA[a]
Active CD patients vs. CD patients in remission	2	280	3.83	2.11–6.96	NA[a]	NA[a]
CD patients vs. UC patients	8	1240	1.62	1.21–2.18	16.8%	0.30
CD patients in remission vs. UC patients in remission	7	864	1.74	1.24–2.43	0%	0.47
Active CD patients vs. active UC patients	2	230	1.14	0.63–2.05	NA[a]	NA[a]

CD, Crohn's disease; IBD, inflammatory bowel disease; IBS, irritable bowel syndrome; OR, odds ratio; UC, ulcerative colitis.
[a]NA; not applicable, too few studies to assess heterogeneity.

*Objective evidence of inflammation: 1 μελέτη!

Systematic Review and Meta-Analysis, Halpin, Am J Gastroenterol 2012

IBS σε IBD: υποκλινική φλεγμονή, ή αλλιώς:
"Bottom line, IBD is IBD until proven otherwise"

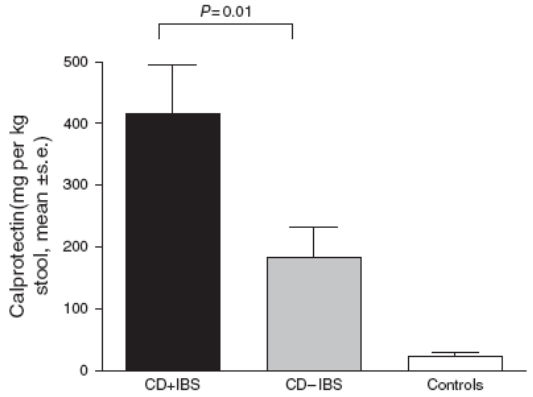


Figure 1. Fecal calprotectin levels in patients with Crohn's disease, with and without inflammatory bowel disease (IBS)-like symptoms.

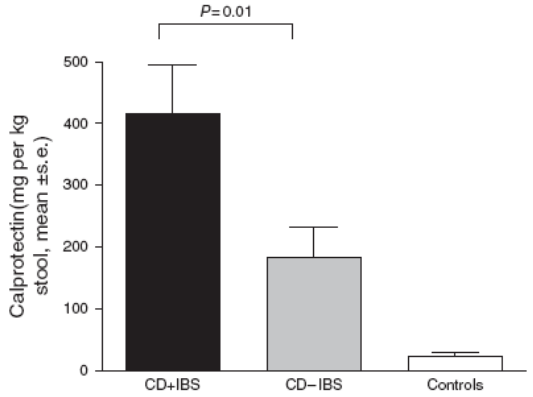


Figure 1. Fecal calprotectin levels in patients with Crohn's disease, with and without inflammatory bowel disease (IBS)-like symptoms.

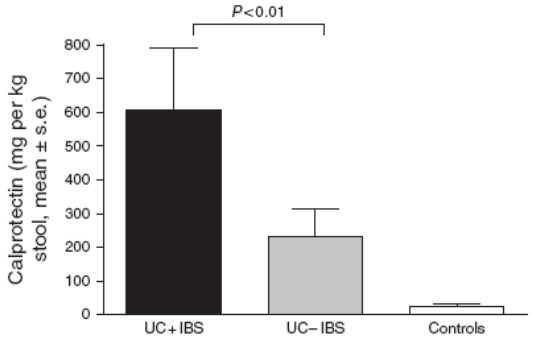


Figure 2. Fecal calprotectin in patients with ulcerative colitis, with and without inflammatory bowel disease (IBS)-like symptoms.

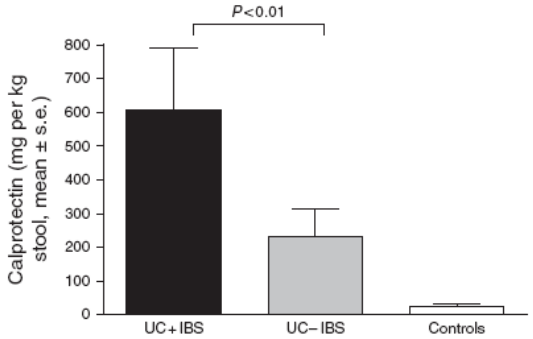
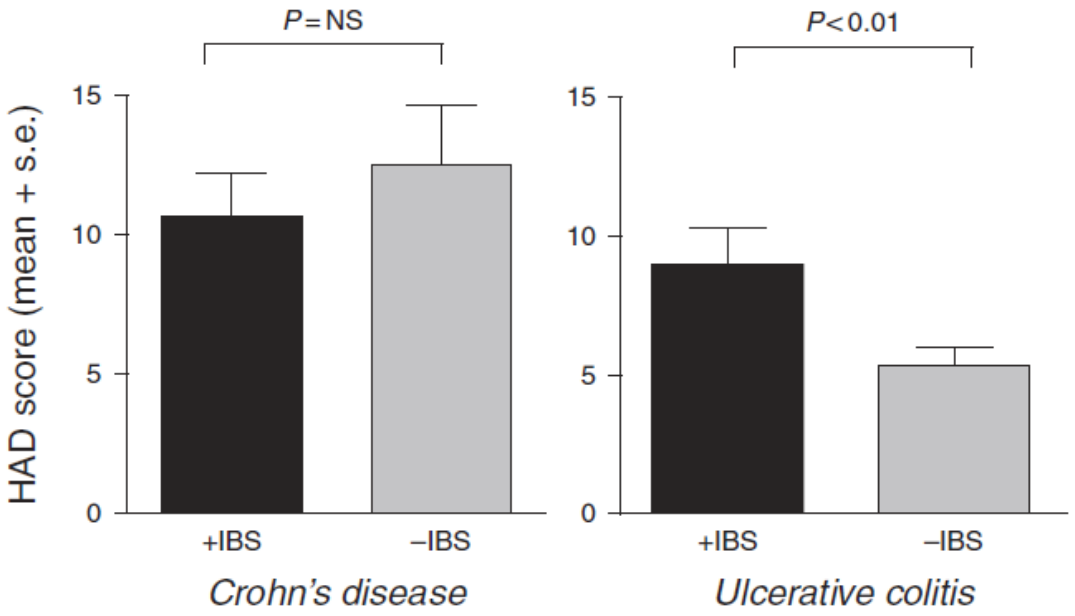
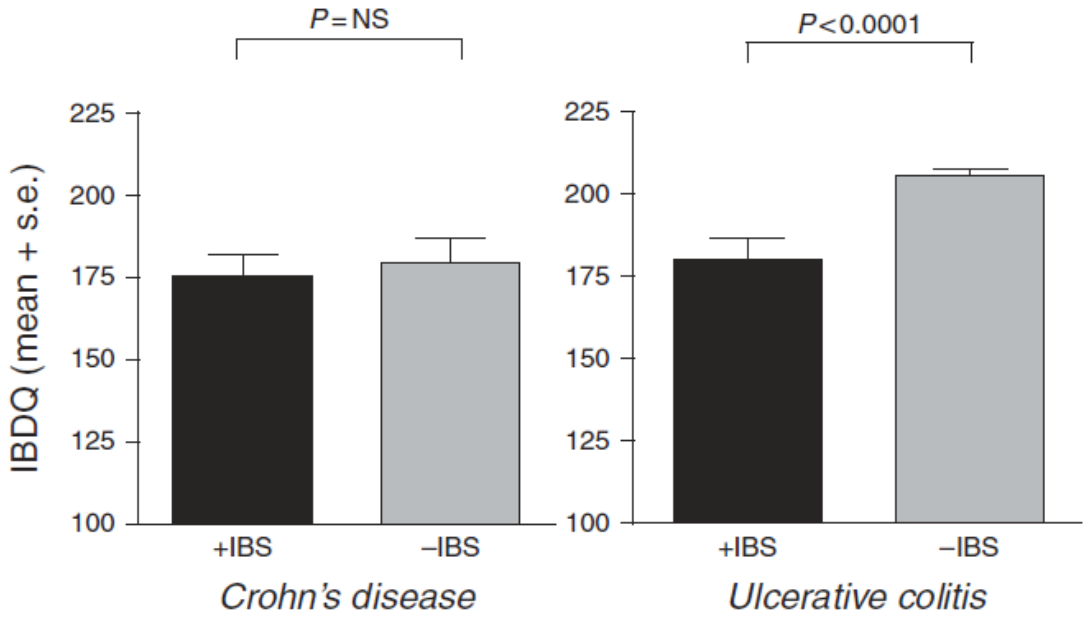


Figure 2. Fecal calprotectin in patients with ulcerative colitis, with and without inflammatory bowel disease (IBS)-like symptoms.

Keohane, Am J Gastoenterol 2010

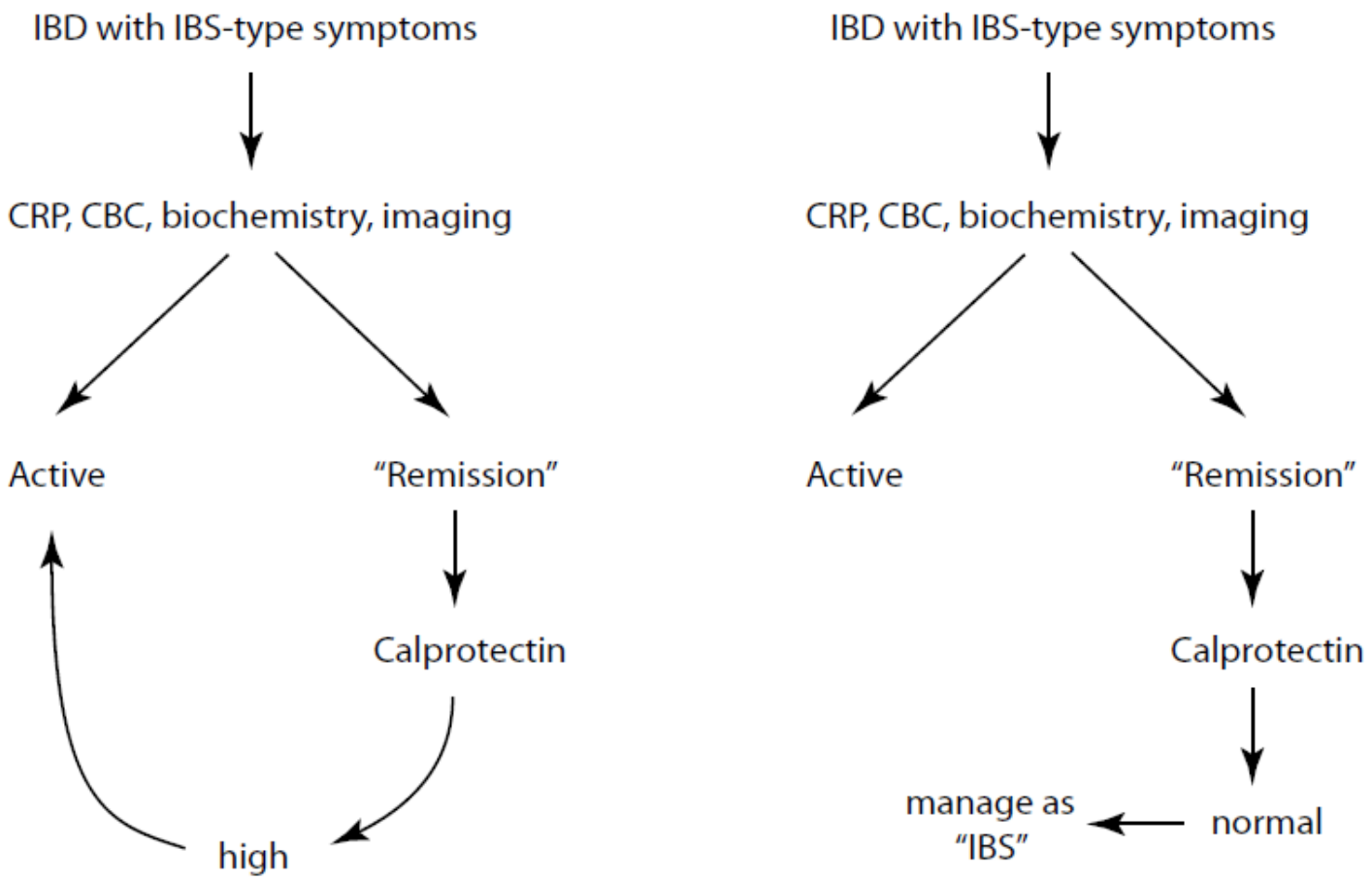
Άγχος-Κατάθλιψη (HAD-score), Ποιότητα Ζωής (IBDQ) σε ασθενείς με IBS συμπτώματα: χωρίς διαφορά (CD)





Keohane, Am J Gastoenterol 2010

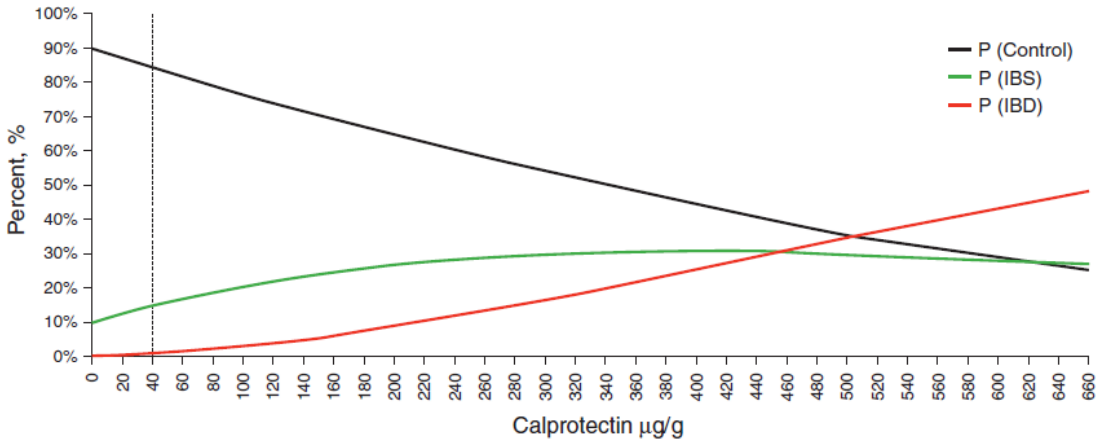
IBS σε IBD: καλπροτεκτίνη



Calprotectin cut-off;

Quigley, Ther Adv Gastroenterol 2016

Καλπροτεκτίνη για ανίχνευση IBS: <100, 100-250 γκρίζα ζώνη, >250



Calprotectin	Percent likelihood HC	Percent likelihood IBS	Percent likelihood IBD
10	88.6	11.0	0.4
20	87.1	12.4	0.5
30	85.5	13.7	0.8
40	84.1	14.9	1.0
50	82.7	16.0	1.3
60	81.4	17.0	1.6
70	80.1	18.0	1.9
80	78.8	18.9	2.3
90	77.6	19.7	2.7
100	76.3	20.6	3.1
120	73.9	22.1	4.0
140	71.6	23.4	5.0
160	69.2	24.6	6.2
180	66.9	25.7	7.4
200	64.7	26.6	8.7
220	62.5	27.4	10.1
240	60.3	28.2	11.5
260	58.1	28.8	13.1
280	56.0	29.3	14.7
300	53.9	29.7	16.4
320	51.8	30.0	18.2
340	49.8	30.2	20.0
360	47.9	30.4	21.7
380	46.0	30.5	23.5
400	44.1	30.5	25.4
420	42.3	30.4	27.3
440	40.6	30.3	29.1
460	38.9	30.1	31.0
480	37.3	29.9	32.8
500	35.7	29.7	34.6
520	34.2	29.4	36.4
540	32.7	29.1	38.2
560	31.3	28.7	40.0
580	30.0	28.3	41.7
600	28.7	27.9	43.4
620	27.4	27.5	45.1
640	26.2	27.1	46.7
660	25.1	26.6	48.3

40 → 1%

100 → 3.1%

250 → 13.1%

Conclusion: ***CRP and calprotectin of <0.5 or 40, respectively, essentially excludes IBD in patients with IBS symptoms.***

Menees, Am J Gastroenterol 2011

Καλπροτεκτίνη > 100 σε νόσο του Crohn, όχι IBS

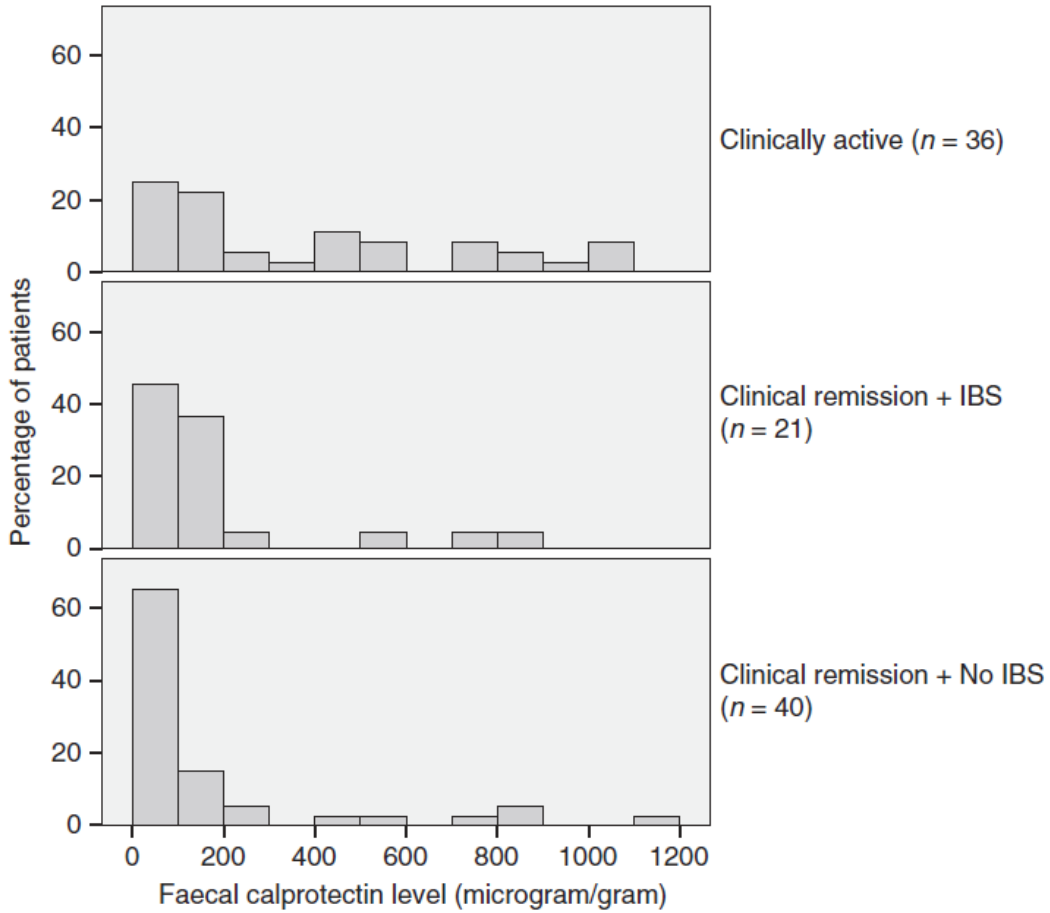
Table 2: Mean (SD) levels of calprotectin in IBD patients with or without IBS-like symptoms using a cutoff of <100 μg/g.

Calprotectin	IBS positive	IBS negative	*P* value
	Ulcerative colitis		
<100 μg/g	*n* = 9 40.5 (36.9)	*n* = 27 23.7 (26.4)	0.14
≥100 μg/g	*n* = 6 808.3 (353.6)	*n* = 12 562 (446.8)	0.26
	Crohn's disease		
<100 μg/g	*n* = 3 5.3 (4.6)	*n* = 9 19.4 (16.0)	0.17
≥100 μg/g	*n* = 3 872.7 (287.7)	*n* = 9 293.7 (191.9)	<0.01

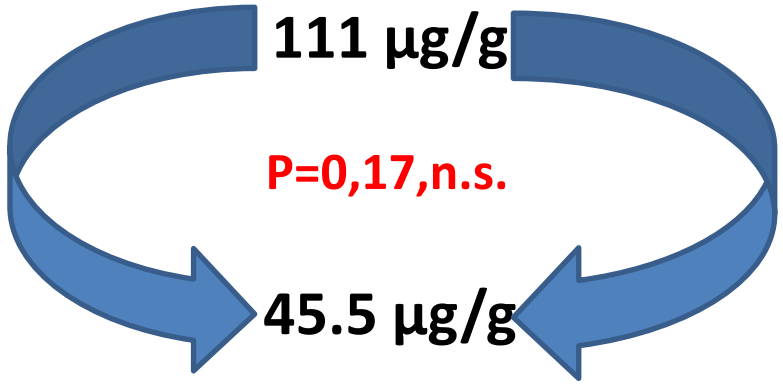
SD: standard deviation, IBD: inflammatory bowel disease, and IBS: irritable bowel syndrome.

Jelsness-Jorgensen, Gastroenterol Research and Practice, 2013

IBS σε IBD: “true IBS”



233 µg/g



Berill, Aliment Pharmacol Ther 2013

Ο ΙΦΝΕ ασθενής με IBS-like symptoms ίδιος με τον IBS ασθενή

	IBS-type symptoms (n = 31)	No IBS-type symptoms (n = 66)	P value
Gender			
Male	5 (16%)	34 (52%)	<0.01 (chi-square)
Female	26 (84%)	32 (48%)	
Mean age, years (s.d.)	46 (11)	46 (12)	0.82 (t-test)
Diagnosis			
UC	18 (58%)	39 (59%)	0.92 (chi-square)
CD	13 (42%)	27 (41%)	
Disease Location			
UC (n = 57)			
Proctitis	6 (33%)	7 (18%)	N/A‡
Left-Sided	7 (39%)	21 (54%)	
Pan-Colitis	5 (28%)	11 (28%)	
CD (n = 40)			
Ileal	5 (38%)	7 (26%)	N/A‡
Colonic	3 (23%)	10 (37%)	
Ileo-colonic	5 (38%)	10 (37%)	
Median disease duration, years (range)	9 (1-36)	8 (1-47)	0.99 (Mann–Whitney)
Current smoker			
Yes	4 (13%)	9 (14%)	1.00 (Fisher's Exact)
No	27 (87%)	57 (86%)	
Currently on immunosuppressant*			
Yes	11 (35%)	19 (29%)	0.51 (chi-square)
No	20 (65%)	47 (71%)	
Previous bowel resection (CD patients only, n = 40)†			
Yes	8 (62%)	9 (33%)	0.09 (chi-square)
No	5 (39%)	18 (67%)	
Psychological indices			
Mean anxiety score (s.d.)	9.0 (5.2)	5.8 (5.0)	<0.01 (t-test)
Mean depression score (s.d.)	5.8 (4.2)	3.5 (3.7)	<0.01 (t-test)

- ✓ Γυναίκες
- ✓ Άγχος
- ✓ Κατάθλιψη
- ✓ **Χειρουργείο σε νόσο του Crohn**

Berill, Aliment Pharmacol Ther 2013

Συμπτώματα χωρίς ΙΦΝΕ φλεγμονή, όχι ΣΕΕ

- **Εξέλιξη της νόσου**

-στένωση

-συρίγγιο

-απόστημα

-αλλαγή σε εντόπιση-κατανομή

-κακοήθεια

- **Συνέπειες χειρουργείου**

-διάρροια από χολικά (Bile Acid Malabsorbtion)

-βραχύ έντερο (στεατόρροια)

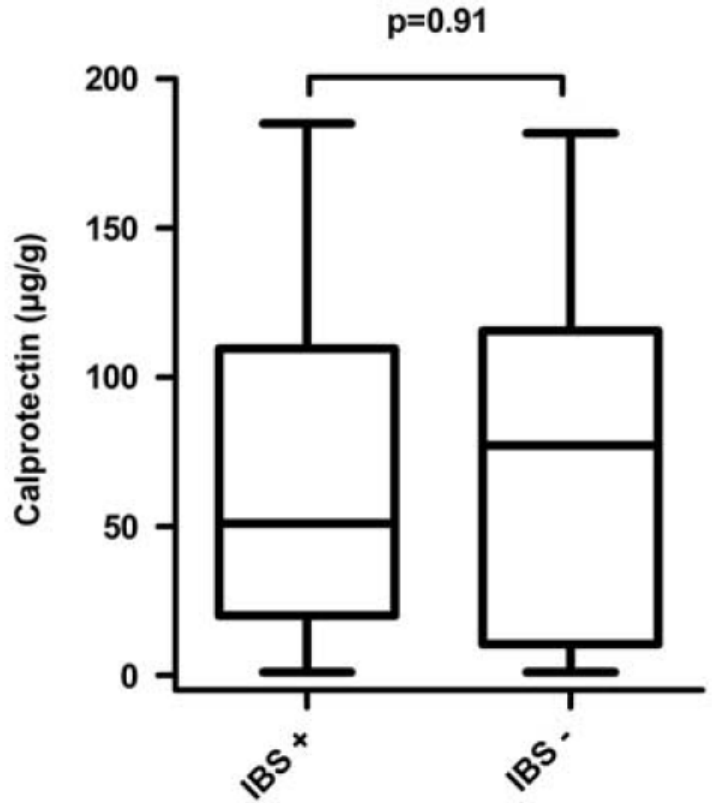
-μικροβιακή υπερανάπτυξη (Small Intestine Bacterial Overgrowth)

- **Λοιμώξεις** (C Diff, CMV)
- **Κοιλιοκάκη**
- **Παγκρεατική Ανεπάρκεια**
- **Πυελική Δυσλειτουργία**

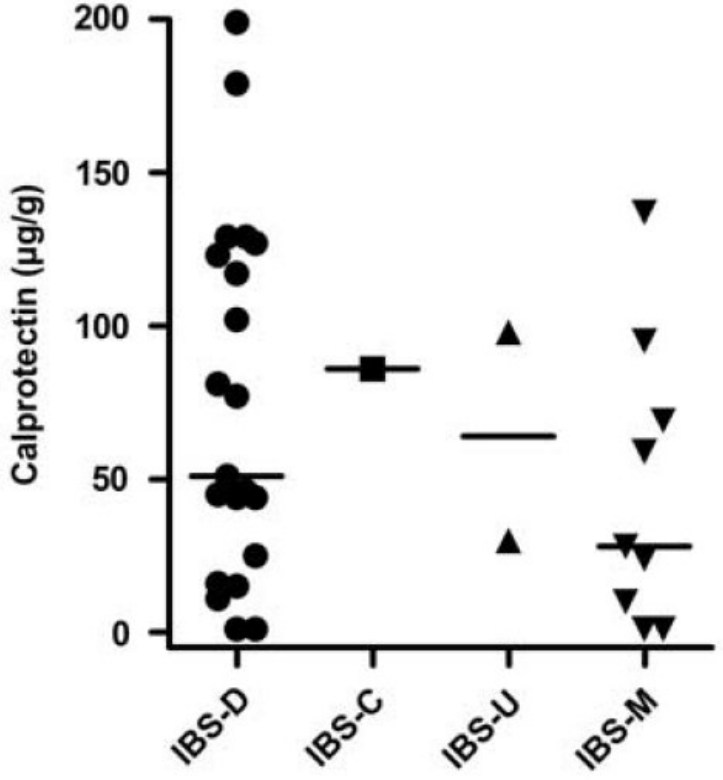
Τροποποιημένο, από Bruining, Clin Gastroenterol and Hepatol 2011

Συχνή η παρουσία IBS–like συμπτωμάτων σε ασθενείς με νόσο του Crohn σε πλήρη ύφεση

***εντόπιση σε τελικό ειλεό 55% vs 24% (p=0,03)**



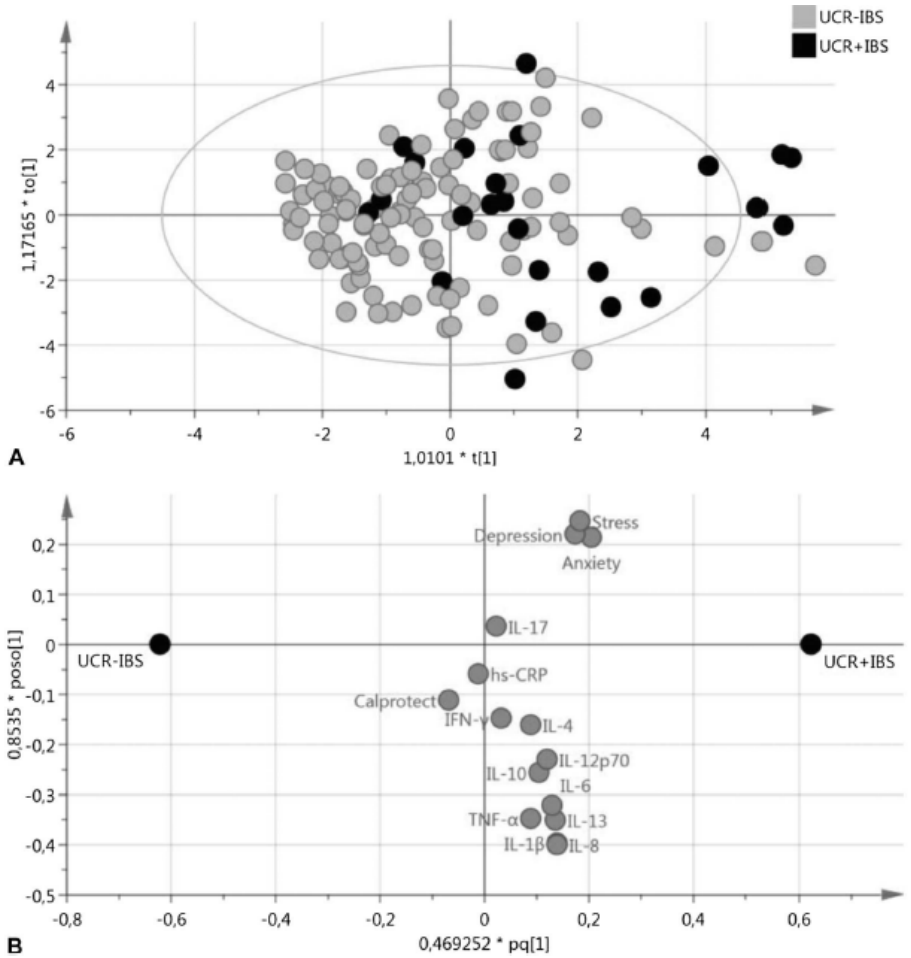
IBS-D 64%, IBS-M 27%



Hoekman, Eur J Gastroenterol and Hepatol 2017

IBS-like συμπτώματα σε ασθενείς με Ελκώδη Κολίτιδα σε Πλήρη Ύφεση:

συσχέτιση με αυξημένα επίπεδα κυτταροκινών, κακή ψυχολογικής κατάσταση, <u>όχι φλεγμονή</u>



Joenefalls, Inflamm Bowel Dis 2017

Irritable Bowel Syndrome-like Symptoms in Ulcerative Colitis are as common in patients in Deep Remission as in Inflammation

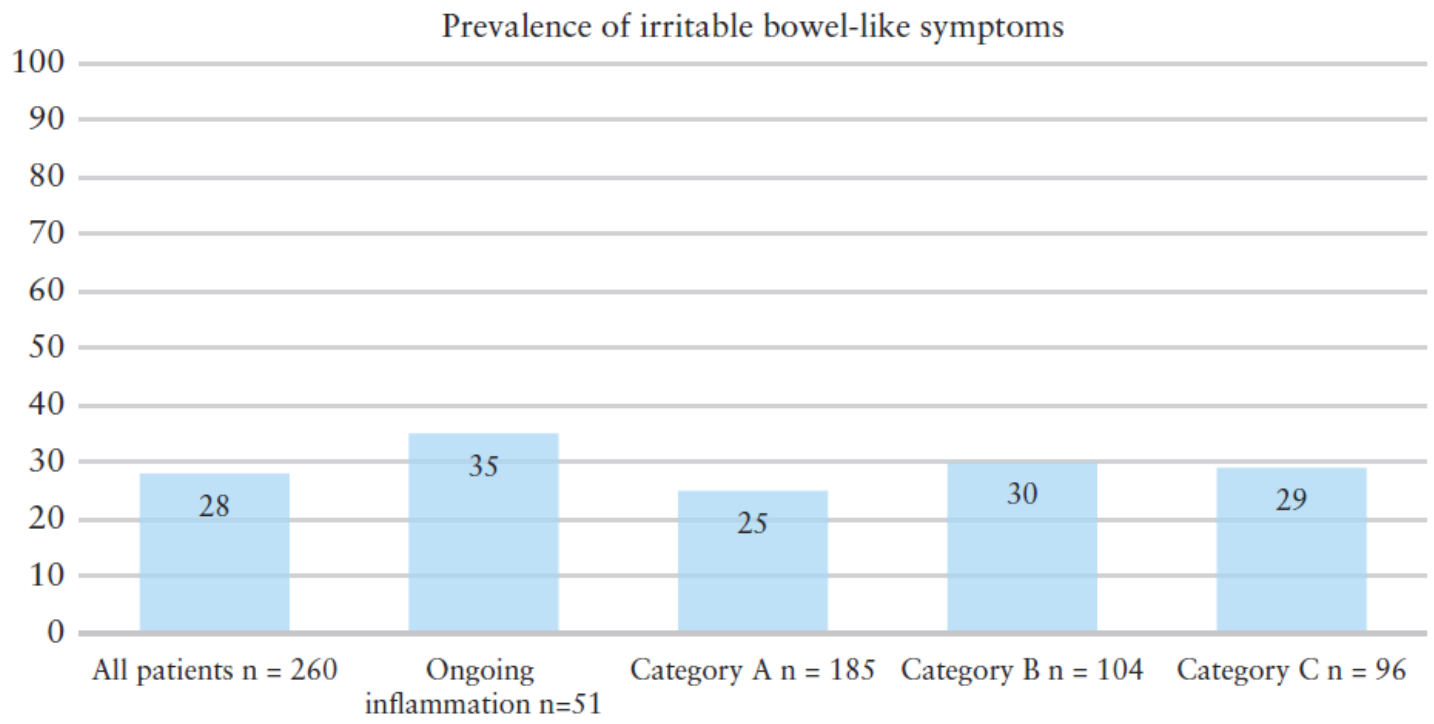


Figure 2. Prevalence [%] of reported irritable bowel syndrome [IBS]-like symptoms: in all patients with ulcerative colitis [category 'All patients']; in patients with ongoing inflammation [category 'Ongoing inflammation']; in patients with faecal calprotectin below 250 mg/kg or Mayo endoscopic subscore 0 or 1['Category A']; in patients with faecal calprotectin below 100 mg/kg or Mayo endoscopic subscore 0 ['Category B']; and in patients with normal biopsies ['Category C'].

IBSEN, Henriksen, Journal of Crohn's and Colitis 2018

Συμπτώματα χωρίς ΙΦΝΕ φλεγμονή, όχι ΣΕΕ

- **Εξέλιξη της νόσου**

-στένωση
-συρίγγιο
-απόστημα
-αλλαγή σε εντόπιση-κατανομή
-κακοήθεια

- **Συνέπειες χειρουργείου**

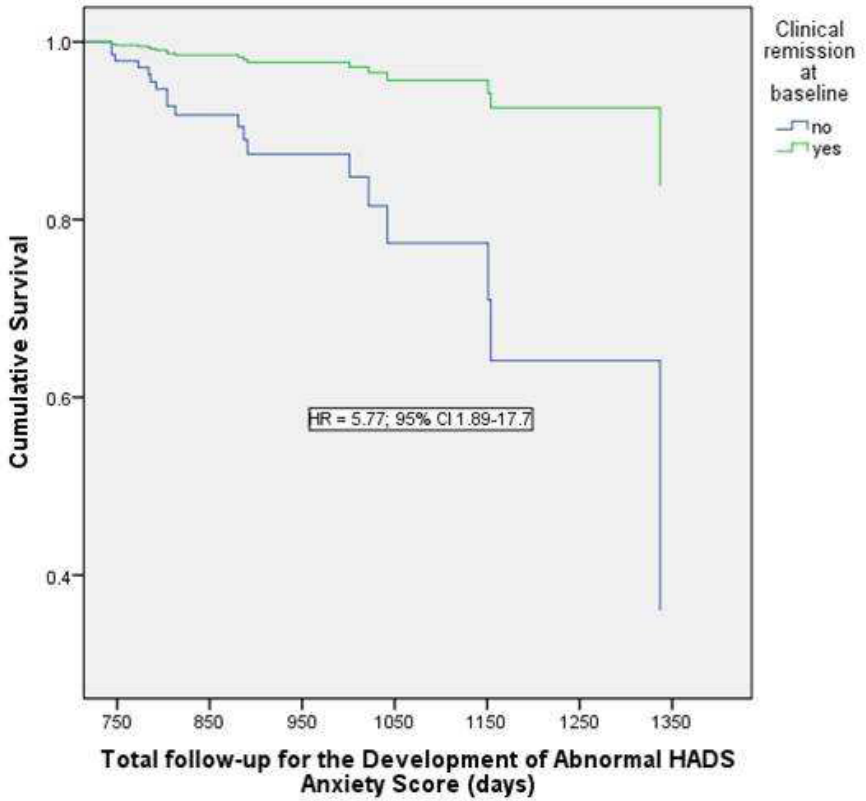
-διάρροια από χολικά (Bile Acid Malabsorbtion)
-βραχύ έντερο (στεατόρροια)
-μικροβιακή υπερανάπτυξη (Small Intestine Bacterial Overgrowth)
-irritable pouch syndrome

- **Λοιμώξεις** (C Diff, CMV)
- **Κοιλιοκάκη**
- **Παγκρεατική Ανεπάρκεια**
- **Πυελική Δυσλειτουργία**

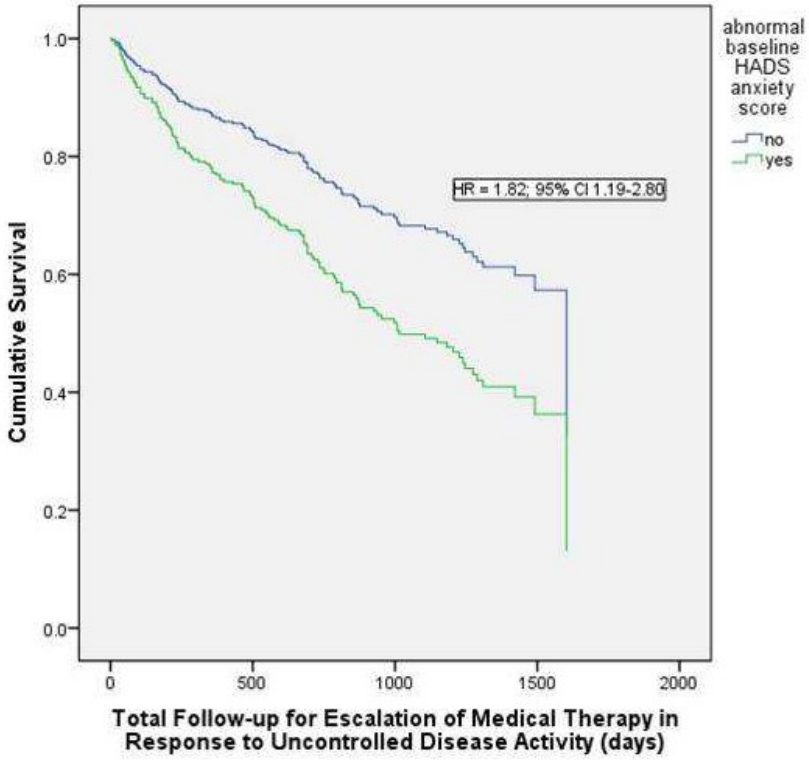
Τροποποιημένο, από Bruining, Clin Gastroenterol and Hepatol 2011

Αμφίδρομη Σχέση ΙΦΝΕ δραστηριότητας και Ψυχολογικών Διαταραχών

Baseline Disease Activity → Anxiety
HR: 5,77; 95% CI 1,89-17,7



Baseline Anxiety → Escalation of Medical Therapy
HR: 1.82; 95% CI 1,19-2,80



Gracie, Gastroenterology 2018

Άξονας Εγκεφάλου-Εντέρου, Στρες και ΙΦΝΕ

- Πνευμονογαστρικό νεύρο και φλεγμονή
- Αυξημένη εντερική διαπερατότητα
- Εντερικό μικροβίωμα και εγκέφαλος
- Άγχος και κατάθλιψη
- Αμφίδρομη σχέση στρες και συμπτωμάτων, (φλεγμονή;)
- Συνήθη αίτια στρες
- Έλεγχος ψυχικής υγείας, έλεγχος ΙΦΝΕ

Bernstein, Gastroenterol Clin N Am 2017

Κίνδυνος Έξαρσης ΙΦΝΕ
Στρες: Συμπτώματα, όχι φλεγμονή (calprotectin)

	Odds Ratio	Adjusted OR
NSAIDs	1.07	.97
Antibiotics	1.21	1.08
Infections	1.00	.86
Perceived stress	2.63	2.38
Major life events	1.69	1.30

Bernstein, Am J Gastroenterol 2010
Targownik,Am J Gastroenterol 2015

Manitoba Living with IBD Study

- Συμπτώματα → Στρες, Στρες → Συμπτώματα, αλλά:

-Στο 40% των εξάρσεων απουσία φλεγμονής του εντέρου (calpro<250)!

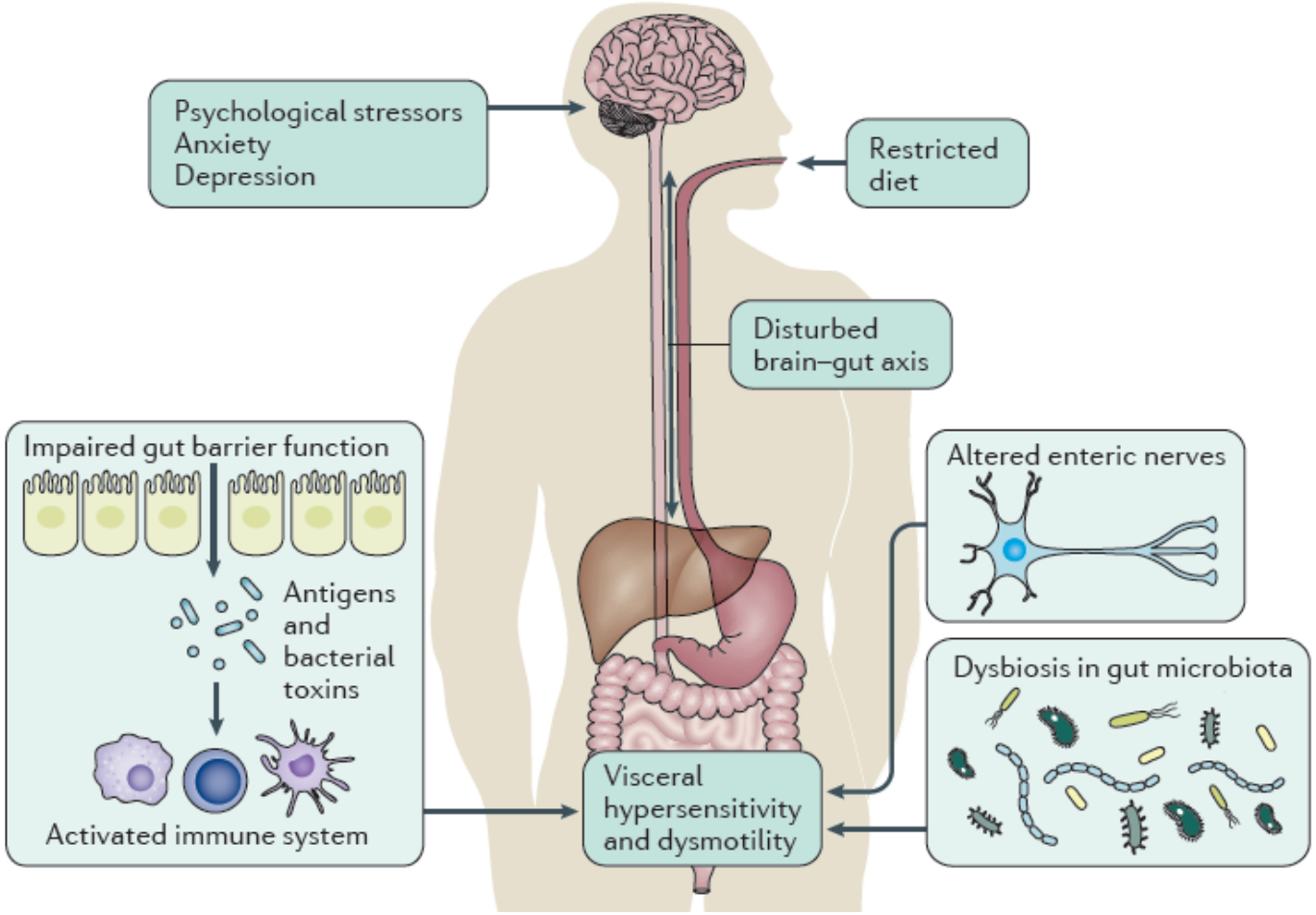
-Στο 10% επίμονα συμπτώματα για 26 εβδομάδες χωρίς φλεγμονή του εντέρου!

-Στο 30% χωρίς φλεγμονή μετά 26 εβδομάδες σε ασυμπτωματική φλεγμονή στην αρχή!

-Στο 25% μόνο κλιμάκωση anti-TNF θεραπείας με αντικειμενική παρουσία φλεγμονής!

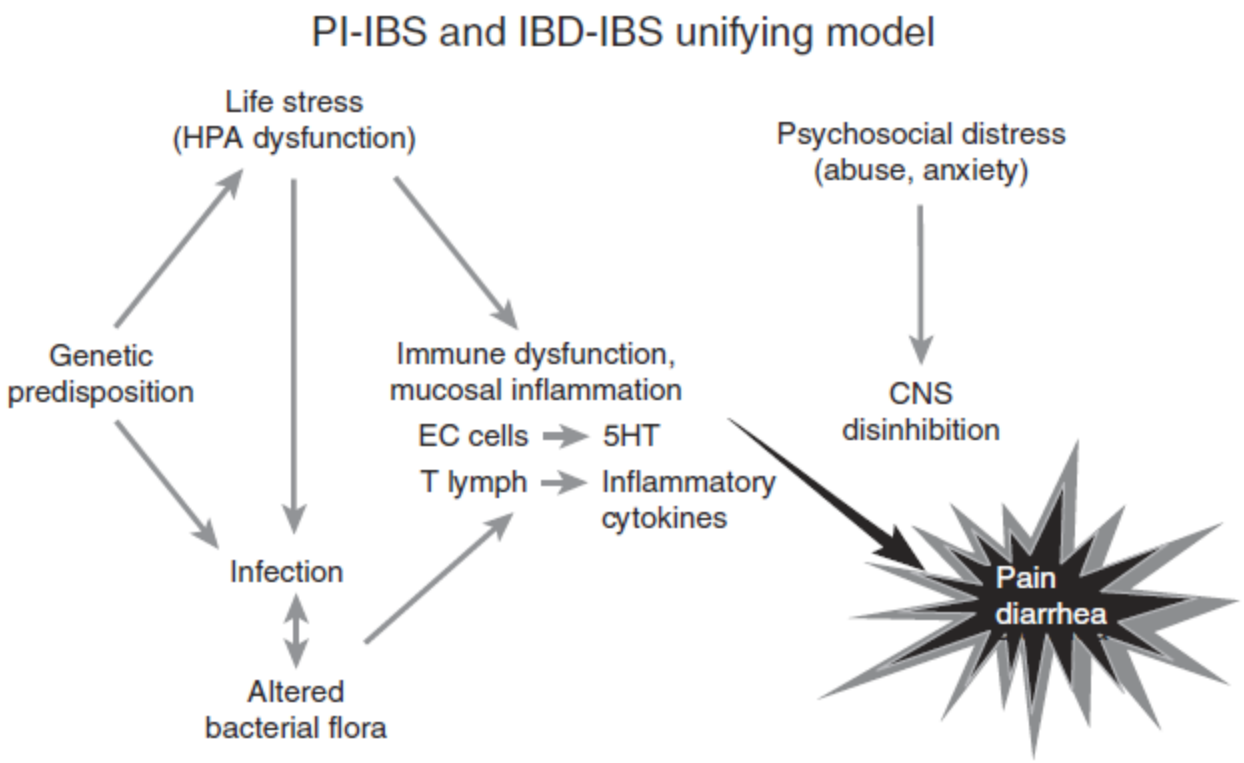
Bernstein, AGA PostGraduate Course, DDW 2018

IBS/IBD Spectrum
"Irritable Inflammatory Bowel Syndrome"



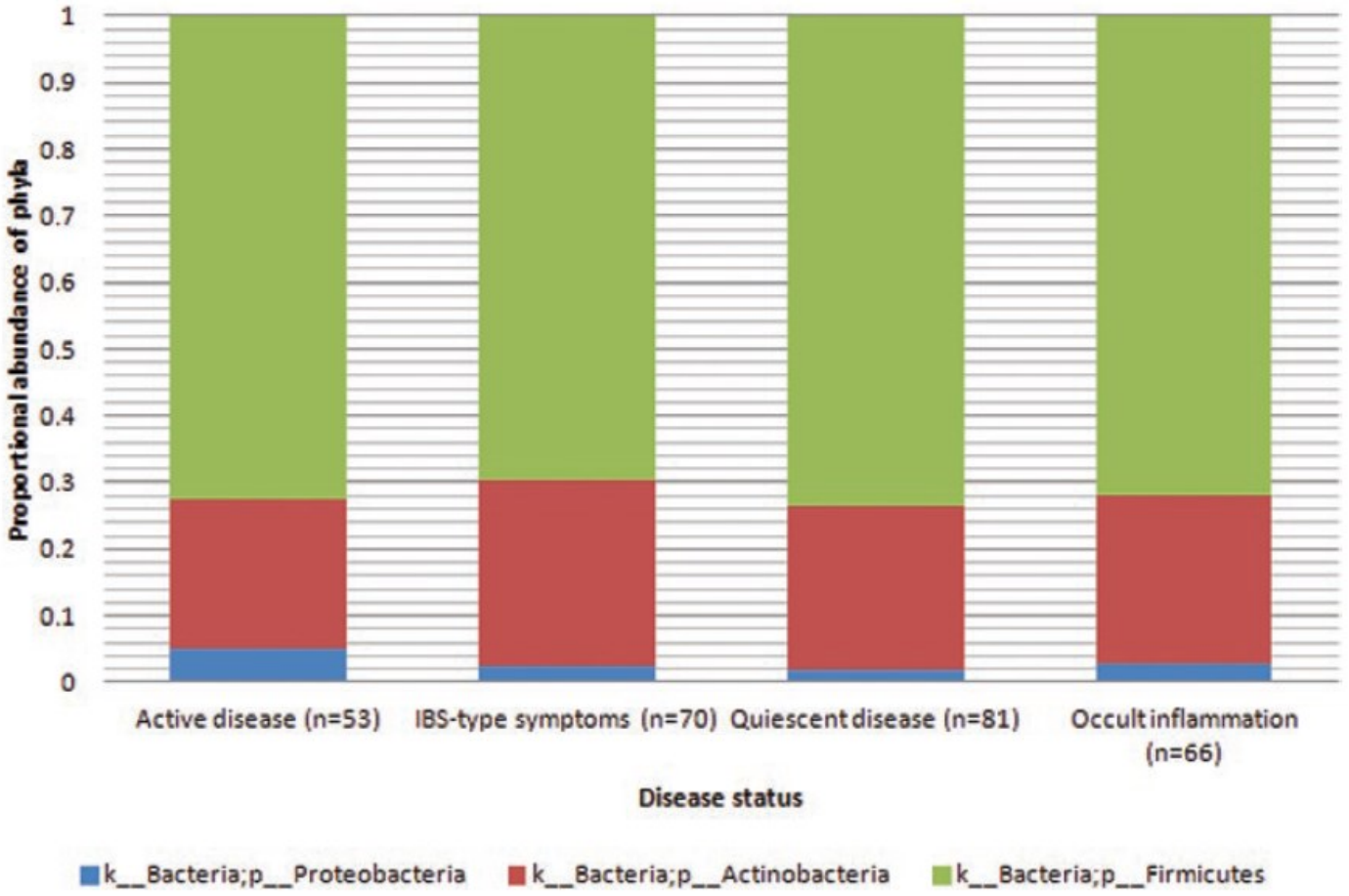
Spiller, Nature Reviews in Gastroenterol and Hepatol 2016
Stanisic, Exp Rev Gastroenterol Hepatol 2014

Post-Infectious IBS και IBD-IBS: κοινό παθοφυσιολογικό μοντέλο;



Long, Am J Gastroenterol 2010

Η παρουσία IBS-like συμπτωμάτων σε ΙΦΝΕ ασθενή δεν σχετίζεται με διακριτές αλλαγές στο μικροβίωμα



Shutkever, Inflamm Bowel Dis 2016

Δίαιτες…

TABLE 1. Richard P. MacDermott MD Food and Beverage Intolerance, Avoidance Diet Handout: Foods and Beverages that Induce and Aggravate Irritable Bowel Syndrome Symptoms

Irritable Bowel Syndrome patients have gastrointestinal symptoms (diarrhea, cramps, abdominal pain, nausea, gas, bloating, heartburn, etc.) caused by many of the following foods. Food induced gastrointestinal symptoms can begin within 5–15 minutes after eating, or up to twelve to forty eight hours later (due to fermentation). Foods and beverages are additive within and between meals. Foods and beverages eaten out at restaurants will cause problems due to sauces, spices, and hidden ingredients. Listed below are examples of some of the foods and beverages that IBS patients have found to aggravate their GI symptoms. Your problem foods and beverages may differ or may be similar. Keep a list of all foods and beverages eaten. Record what symptoms occur and when, to determine what foods and beverages are causing your symptoms.

1. Milk and milk containing products: such as ice cream, cream cheese, cheese, cottage cheese, yogurt, ice milk, cream soups, butter, pudding, whipped cream, cream, cheesecake, chocolate, pastries, crackers, pretzels, cookies, etc.
2. Caffeine containing products such as coffee, tea, colas, sodas, chocolate, etc.
3. Alcohol products: beer, wine, coolers, foods containing or cooked in alcohol.
4. Fruits and fruit juices, particularly apples, apple juice or cider, citrus fruits, orange juice, tomatoes, tomato juice, etc.
5. Spices and seasonings; hot sauce; barbecue sauce; chili sauce; salsa.
6. Diet beverages, diet foods, diet candies, diet gum, sugar free products, "lite or light" products look good and taste good, but to not put on weight, go right through you, causing diarrhea, or stay in the GI tract and cause symptoms.
7. Fast foods and Chinese food: contain spices, sauces, and hidden ingredients.
8. Condiments: ketchup; mustard; mayonnaise; relish.
9. Fried foods and fatty foods.
10. Whole grain or multigrain breads; sourdough breads and bagels.
11. Salads: usually not the lettuce, but rather added ingredients such as bacon bits, croutons, onions, peppers, etc.
12. Salad dressings, particularly those containing mayonnaise, cheese and spices.
13. Vegetables, particularly cabbage, broccoli, cauliflower and corn.
14. Legumes: beans, lentils, chili, etc. Popcorn. Foods with high fiber content.
15. Red meats, i.e., steak, hamburger, sausage, bacon, prime rib. Spicy marinades or gravies tend to cause even greater problems.
16. Gravies, spaghetti sauce, cream sauces, cheese sauces, soups, stews, and stuffing.
17. Artificial flavorings, preservatives, and sweeteners.
18. Foods containing large amounts of fructose or high fructose corn syrup (honey, grapes, raisins, nuts, etc).
19. Cookies, crackers, pretzels, cakes and pies.

TABLE 2. Richard P. MacDermott MD Food and Beverage Intolerance, Avoidance Diet Handout: Foods and Beverages that are Well Tolerated by Patients with Irritable Bowel Syndrome

Listed below are examples of some of the foods and beverages that IBS patients have found to well tolerated. The foods and beverages that are easy on your GI tract may differ or may be similar. For each type of food that causes symptoms, appropriate substitutes and alternatives are available. Note that the foods and beverages, which cause problems, differ from person to person and thus finding well tolerated foods and beverages must be individualized. Remember: what you eat and drink is in large part determined by your taste buds, which makes your brain happy, but your stomach, small bowel and colon do not have taste buds and suffer the consequences of eating foods and beverages that please the tongue, but not the gastrointestinal tract. With a modified diet, such as this it is important to use daily vitamins (Multivitamin, Calcium with Vitamin D, Folic Acid, Vitamin B Complex, and Vitamin C).

1. Water. Flavored, noncarbonated water, ginger ale, Sprite. Gatorade.
2. Rice: cooked white, without sauces or additives.
3. Plain pasta, noodles—(avoid tomato, spicy, or cream sauces).
4. Potato—boiled or baked without sour cream; Sweet potatoes. No French Fries.
5. Breads—French, Italian, whole white; English muffins; white rolls; cornbread.
6. Plain fish—broiled, without sauces. Tuna fish without mayonnaise.
7. Chicken or turkey—broiled or baked without spices or sauces.
8. Ham—plain, not smoked.
9. Eggs—soft boiled, poached, and scrambled (use water, not milk).
10. Cereals—dry or with soymilk or rice milk. Plain Cornflakes, Rice Krispies, Corn or Rice Checks, Cheerios. Avoid artificial colorings, flavorings, and sweeteners.
11. Soy or rice milk. Soy or rice based products.
12. Salads—lettuce, tomatoes, hard-boiled egg slices, oil and vinegar dressing.
13. Peas, carrots, cooked (avoid raw vegetables).
14. Crackers—Oyster, saltines, or animal crackers.
15. Applesauce, in small amounts.
16. Cantaloupe, watermelon, honeydew melon, in small amounts.
17. Fruit cocktail, peaches—nondietetic, canned or frozen.
18. Margarine, jams, jellies, peanut butter.

MacDermott, Inflamm Bowel Dis 2007

Δίαιτα FODMAPs σε IBS/IBD

Table 2 Results of main outcomes in inflammatory bowel disease patients on low-FODMAP diet

	Number	Week 0	Week 6	*P* value
Irritable Bowel Syndrome-Symptom Severity System (IBS-SSS)				
Low-FODMAP	37	210 (190-270)	115 (33-169)	< 0.001
Normal diet	41	245 (180-320)	170 (91-288)	< 0.001
				0.02[1]
Simple Clinical Colitis Index (SCCAI)				
Low-FODMAP	24	3 (1-4)	1 (0-3)	0.04
Normal diet	29	2 (1-4)	2 (1-4)	0.98
				0.02[1]
Harvey and Bradshaw Index (HBI)				
Low-FODMAP	9	7 (3-8)	3 (1-5)	0.05
Normal diet	12	5 (4-11)	6 (3-9)	0.25
				0.09[1]
Irritable Bowel Syndrome Quality of Life (IBS-QOL)				
Low-FODMAP	36	73 (19-99)	78 (18-99)	< 0.01
Normal diet	41	77 (30-98)	81 (26-99)	0.30
				0.09[1]
Short Inflammatory Bowel Disease Questionnaire (SIBDQ)				
Low-FODMAP	34	47 (42-55)	60 (51-65)	< 0.01
Normal diet	40	50 (40-57)	50 (39-60)	0.54
				< 0.01[1]

Pedersen, World J Gastroenterol 2017

Τρικυκλικά Αντικαταθλιπτικά για IBS/IBD

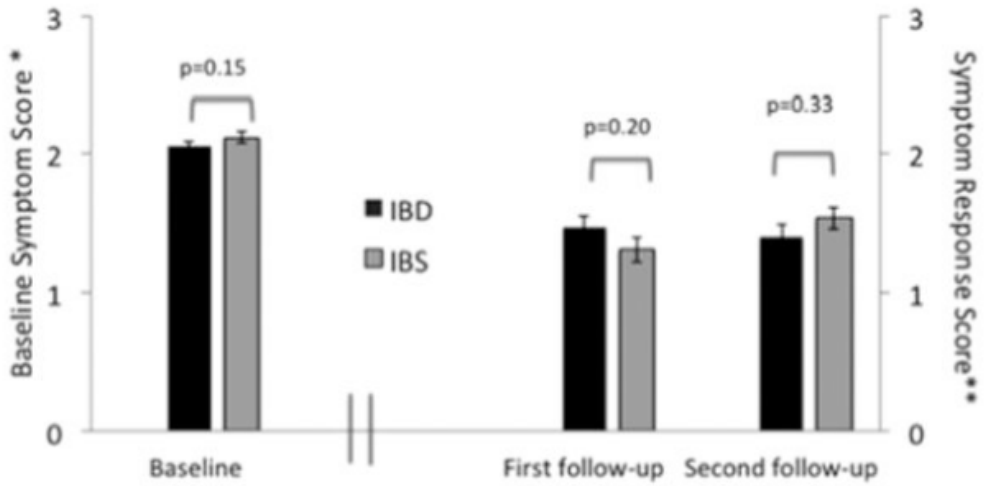


Figure 2.
Baseline and symptom response Likert scores on 81 IBD and 77 IBS patients at baseline and first follow-up. *Higher baseline symptom scores indicate more severe symptoms. **Higher follow-up symptom response scores indicate better symptom improvement. Second follow-up symptom response (54 IBD and 60 IBS patients) represents further symptom improvement over the first follow-up. IBD indicates inflammatory bowel disease, IBS, irritable bowel syndrome.

Iskandar, J Clin Gastroenterol 2014

Συμπεράσματα

- ✓ Συχνή η ΣΕΕ συμπτωματολογία σε ΙΦΝΕ ασθενείς σε ύφεση
- ✓ Συντηρητικός έλεγχος για υποκλινική φλεγμονή, αρχικά με καλπροτεκτίνη
- ✓ Προσοχή σε Crohn λεπτού εντέρου ή μετεγχειρητική (στενώσεις)
- ✓ Προσοχή σε ασθενείς χωρίς IBS χαρακτηριστικά (άνδρες χωρίς άγχος και κατάθλιψη)
- ✓ Προσοχή σε IBS-D
- ✓ Σύνδρομο Ευερέθιστου Φλεγμονώδους Εντέρου: ελκυστικό concept
- ✓ Αμφίδρομη σχέση φλεγμονής και stress
- ✓ Θεραπευτικό οπλοστάσιο: δίαιτες, ψυχοθεραπεία, ψυχοτρόπα φάρμακα, προβιοτικά
- ✓ Θεραπεύω ΣΕΕ=Θεραπεύω ΙΦΝΕ: Ολιστική προσέγγιση

Καλές Γιορτές, 2019 και ΙΦΝΕ