

Transcript Details

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A New Blood Test for Identifying IBS and the Importance of Providing Clear Answers for Patients

Narrator: You are listening to ReachMD. Welcome to this Medical Industry Feature, sponsored by Quest Diagnostics. The following program is intended for healthcare professionals only. Your host is Mario Nacinovich.

Host: On today's program, we will be discussing IBS and the importance of testing to help your patients understand their gut problems.

I'm your host Mario Nacinovich and joining me today is Dr. Christine Frissora, Gastroenterologist and leading IBS expert.

Dr. Frissora, welcome to the program. We're looking forward to hearing your perspectives today.

Guest: Thank you so much Mario. I'm glad to be here to discuss something that affects millions of Americans and causes a lot of suffering in my patients.

Host: Dr. Frissora, let's start with some foundational updates on irritable bowel syndrome. How do we define the disease, who does it affect, and what do we think may cause it?

Guest: Most people have, at one time or another, experienced abdominal discomfort, constipation, or diarrhea from which they recover.

However, some patients have symptoms that persist for months and after 3 to 6 months we call it chronic abdominal pain. When the patients have pain or discomfort associated with irregular bowel movements we call it irritable bowel syndrome. Irritable bowel syndrome affects up to 21% of the global population and in the United States, it affects up to 15% of the population. Typically, women experience IBS more frequently than men; and in an analysis of insurance claims just over 77% of patients were diagnosed with IBS were women.

IBS can be separated into distinct groups, including IBS with constipation (IBS-C), IBS with diarrhea (IBS-D), IBS with constipation and diarrhea, IBS-Mixed or M type and IBS-U, for unclassified IBS, where the symptoms are all overlapping.

Gastroenteritis caused by C jejuni, E coli, Salmonella, or Shigella may lead to the development of IBS, primarily of the diarrhea and mixed subtypes; this disease is known as post-infectious IBS, or PI-IBS. It is thought that PI-IBS is the causing of a large proportion of IBS cases.

Host: What are the effects of IBS on the patient, considering this is a chronic disease?

Guest: In addition to the physical symptoms of IBS and limitations to diet and eating, patients who experience this disease typically report changes in their quality of life.

Patients report stress, anxiety, joblessness, and an inordinate amount of days that they are prevented from participating in their normal activities, so it's definitely critical that patients receive the diagnosis and treatment they are in need of.

Host: And how are these patients typically diagnosed with IBS?

Guest: One of the challenges in diagnosing IBS, regardless of the type, is the shared symptomology with other conditions. For example, other conditions presenting with shared symptoms include inflammatory bowel disease, celiac disease, lactose intolerance, colitis, or even ovarian cancer.

And, too often a diagnosis of IBS is one of exclusion. However, there are diagnostic criteria known as the Rome IV criteria that can help a physician diagnose IBS. The Rome IV criteria are the most up to date system used for classification of IBS. In order for a patient to

meet the criteria for IBS, the patient must have, one, recurrent abdominal pain at least once a week in the last 3 months, with symptom onset at least 6 months before diagnosis, and be associated with two of the following symptoms: defecation, change in frequency of the stool and change in appearance of the stool.

Testing such as colonoscopy, computed tomography scan, ultrasound and anorectal functioning tests are also used to help diagnose IBS; unfortunately, the lack of diagnostic standards of IBS leads to differences in types and frequency of testing across the country.

Additionally, there are other tools in the toolbox that can provide a confirmatory diagnosis, which helps alleviate uncertainty and allows for establishing a root cause and a path for both symptom management and treatment.

Host: What are some of these other tools that you mentioned that are available in the toolbox?

Guest: First, if a patient is suspected of having IBS, it is recommended that they also be tested for celiac disease, a disease characterized by an immune reaction to eating foods with gluten in them, including testing for celiac disease in those patients with suspected bowel disorders is crucial; celiac and IBS have overlapping features.

Nearly 38% of patients with celiac exhibit IBS-type symptoms. Celiac disease has a prevalence of 3.6% in patients with suspected IBS-D, as compared to a general population in which the prevalence of celiac is only 0.7%. Positive celiac serology and biopsy-proven celiac was higher in subjects who display IBS-like symptoms as compared to healthy controls.

There is evidence that screening patients with IBS for celiac is a cost-effective way to improve the quality of life with patients suffering from these GI disorders.

Testing for celiac includes looking for antibodies against tissue transglutaminase and gliadin, which are typically produced during the body's response to gluten. Another test that can help with a celiac diagnosis in patients is human leukocyte antigen profiling, although this can only rule out celiac disease.

Including testing for celiac in those patients with suspected bowel disorders is crucial. Since symptoms of IBS can also overlap with lactose intolerance and inflammatory bowel disease testing for lactose intolerance and IBD should be considered.

One of the tests for IBS is IBSDetex, which measures two biomarkers known to indicate bowel distress – cytolethal distending toxin B (CdtB) and vinculin, which is a toxin released by the four main bacteria known to cause gastroenteritis and a protein released as a result of nerve and intestinal tissue damage, respectively. Since gastroenteritis is thought to be the cause of a substantial number of cases of IBS, testing for these parameters can identify patients suffering from IBS.

Host: Let's talk about IBSDetex in a little more detail. What does it measure?

Guest: IBSDetex is a simple blood test that is highly predictive of an IBS diagnosis based on the presence of one or two antibodies, anti-CdtB and/or anti-vinculin. A clinical study of more than 2,500 patients confirmed testing for these two antibodies is both quick and reliable in diagnosing IBS. IBSDetex requires one blood draw and can be taken any time of day.

Host: Why should physicians incorporate this test into their practice?

Guest: With at least 10 million suffering with IBS, IBSDetex provides clear evidence that your patient has IBS, as opposed to IBD or celiac, and that their disease is real, which prevents treatment delays and avoids more invasive and costly testing.

Host: Turning to the therapeutic side, how is IBS currently treated?

Guest: There is no exact treatment specifically for IBS. No treatment currently exists that targets the few known biomarkers to restore normal gut function. Management of IBS is necessarily tailored to individual symptom severity and to the main symptoms.

Some of the treatments may include avoidance of certain foods to which a patient is sensitive particularly those that are high in fructose or other fermentable saccharides and targeting subtypes of IBS. For those with IBS-C, laxatives, and fiber, along with channel targeting pharmacotherapies may be utilized. For those with IBS-D, antidiarrheal medications, antibiotics, amongst other pharmacotherapies may be used. For post-infectious IBS-D, treatment with rifaximin may eradicate harmful bacteria, and eluxadoline may help control symptoms. For those with IBS-M, antibiotics, probiotics, and antispasmodics may be used.

Host: Given what you said about the lack of specific treatments, is recovery from IBS still possible?

Guest: Studies show that about 50% of patients with post infectious IBS will recover without treatment, though this could take years. The co-existence of severe, untreated anxiety or depression may reduce chances of recovery. In general, while symptoms may persist for years, the prospects for improvement are encouraging. The patient will be relieved to have a diagnosis they can be confident in without having to endure a multitude of time and resource consuming tests.

Host: As we begin to wrap up our discussion on the importance of achieving an accurate diagnosis for your patients, do you have any final thoughts you'd like to share?

Guest: With the availability of an additional tool in your armamentarium that provides an efficient, inclusionary diagnosis for a certain group of IBS patients who are struggling with a gastrointestinal disease, you have the power to provide a clear answer, peace of mind and potentially put the patient on the path to improvement.

Host: I want to thank Dr. Frissora for her time and insights in helping us understand more about the importance of testing for IBS in your patients presenting with lingering gastrointestinal distress. This has been a very helpful and eye-opening discussion. While we have covered a lot of important information, we encourage you to visit QuestIBS.com for many additional resources.

Narrator: You've been listening to this Medical Industry Feature on ReachMD, sponsored by Quest Diagnostics. To learn more about IBSDetex, please visit QuestIBS.com.

And, if you missed any part of this discussion, please visit ReachMD.com/QuestIBS to download the segment. That's ReachMD.com/QuestIBS.