Webinar – Management și Intervenție Nutrițională, 22-23 noiembrie 2024

Tema ediției: Comunicarea nutrițională bazată pe dovezi, indiferent de vârstă

Tema dezbaterii: Preferințele alimentare – risc sau beneficiu?

"Interventii terapeutice in SII : cand legumele bat pastilele"

Adrian Purcarea, Brasov/Sacele

Fără conflict de interese (sper)

Sumar

1. Introducere:
    1. criterii de clasificare, epidemiologie,
    2. “fiziopatologie”
    3. subtipuri clinice
    4. sindromul algic funcțional
3. Dovezi terapeutice
    1. farmacologice
    2. non-farmacologice.
4. Rolul dietei
5. Concluzii și takeaway.

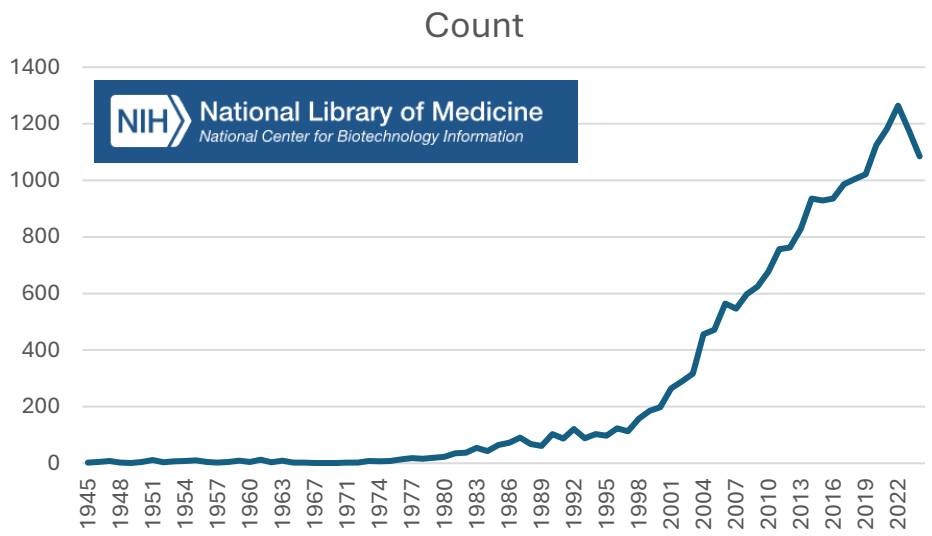
C1. IRRITABLE BOWEL SYNDROME

*Diagnostic criteria**

Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two 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

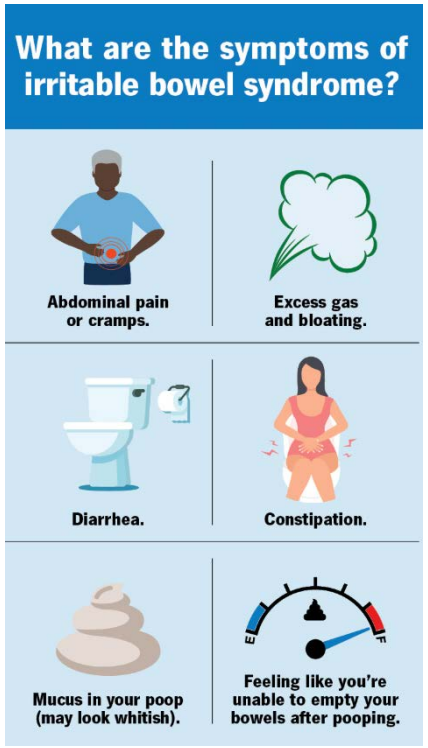
* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis



ROME FOUNDATION

Diagnostic

- AND



- NOT

CRITERII DE CLASIFICARE, EPIDEMIOLOGIE

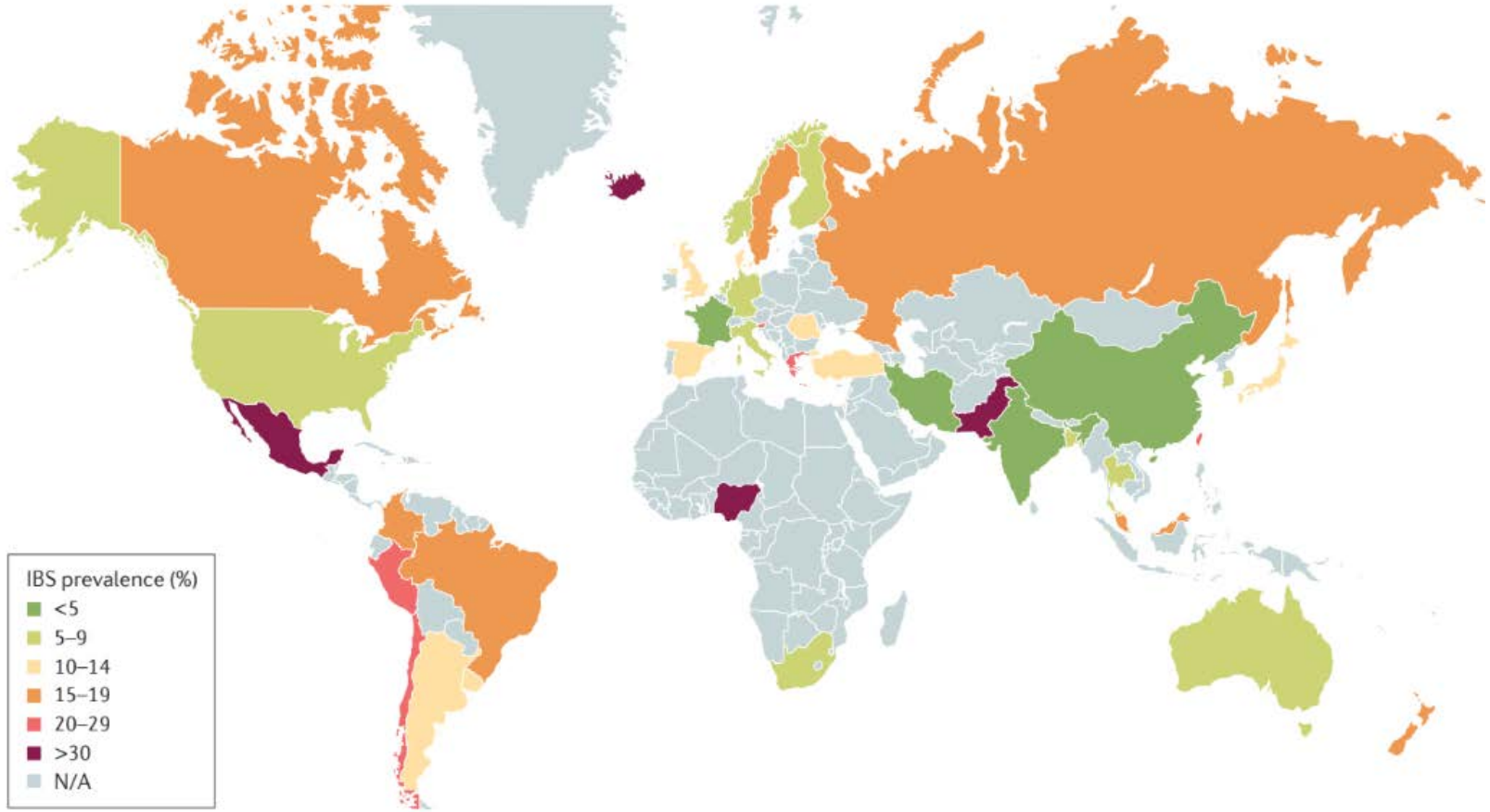


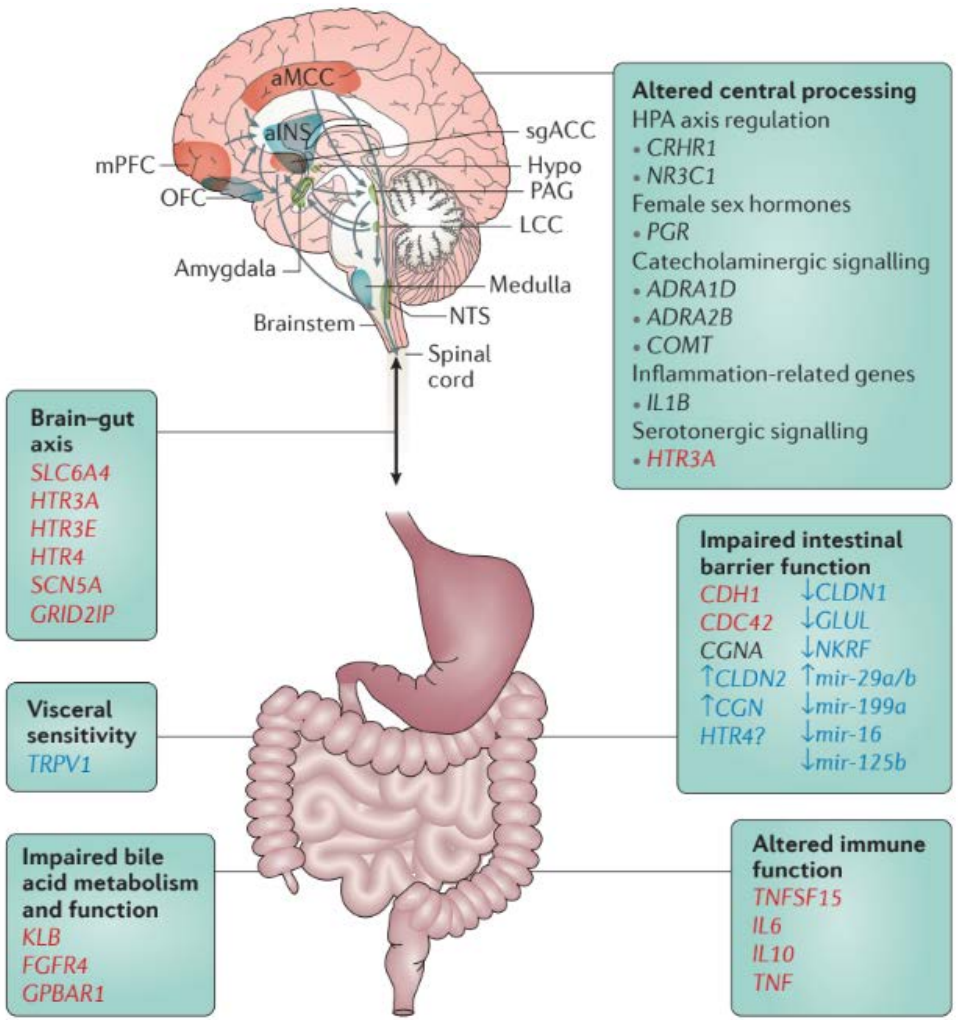
Figure 2 | **IBS prevalence in population studies around the world.** Pooled prevalence data per country are colour-coded. Data from REF. 1 are supplemented by studies from another nine countries (see Supplementary information S1 (table)). IBS, irritable bowel syndrome; N/A, not applicable.

PRIMER

Irritable bowel syndrome

Paul Enck[1], Qasim Aziz[2], Giovanni Barbara[3], Adam D. Farmer[2], Shin Fukudo[4], Emeran A. Mayer[5], Beate Niesler[6], Eamonn M. M. Quigley[7], Mirjana Rajilić-Stojanović[8], Michael Schemann[9], Juliane Schwille-Kiuntke[1], Magnus Simren[10], Stephan Zipfel[11] and Robin C. Spiller[12]

“FIZIOPATOLOGIE”



- **FODMAPs**: Poor absorption leads to fermentation, gas production, and water retention, causing luminal distension and motility changes.

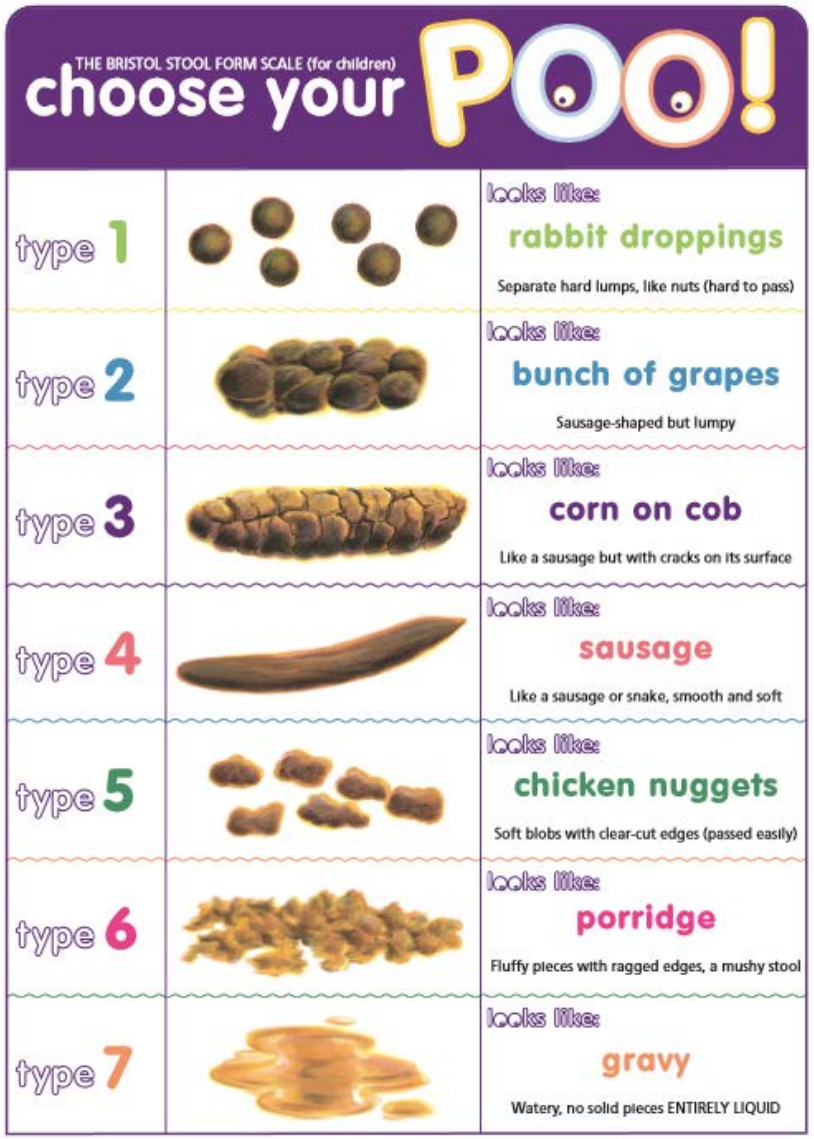
- **Gut-brain interactions**: Depression and somatization can amplify symptoms.

- **Local hypersensitivity**: Emerging evidence suggests local immune responses, including non-IgE-mediated food reactions

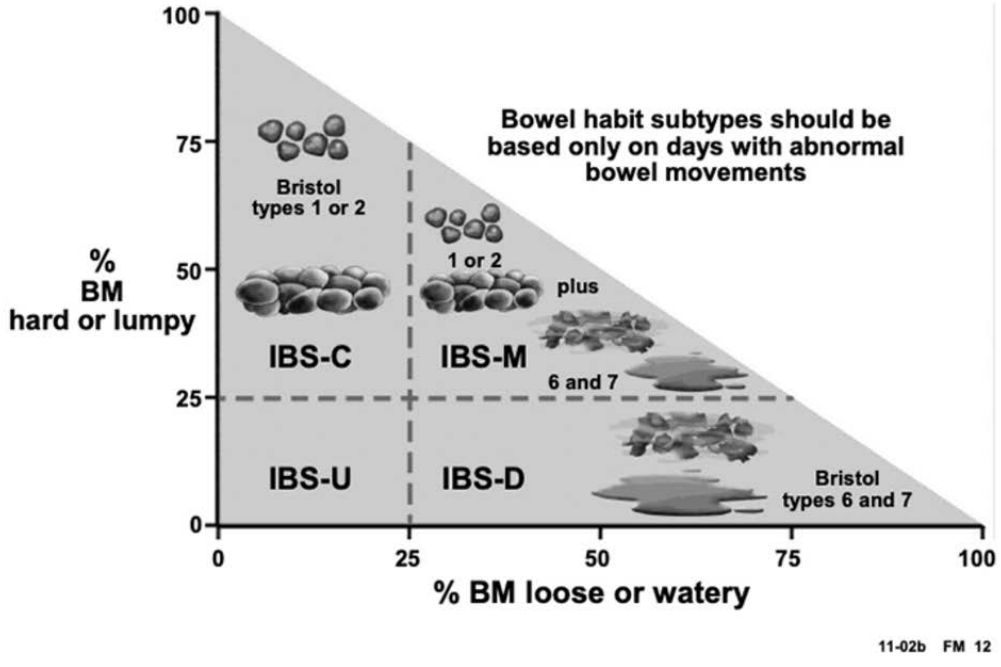
PRIMER

Irritable bowel syndrome

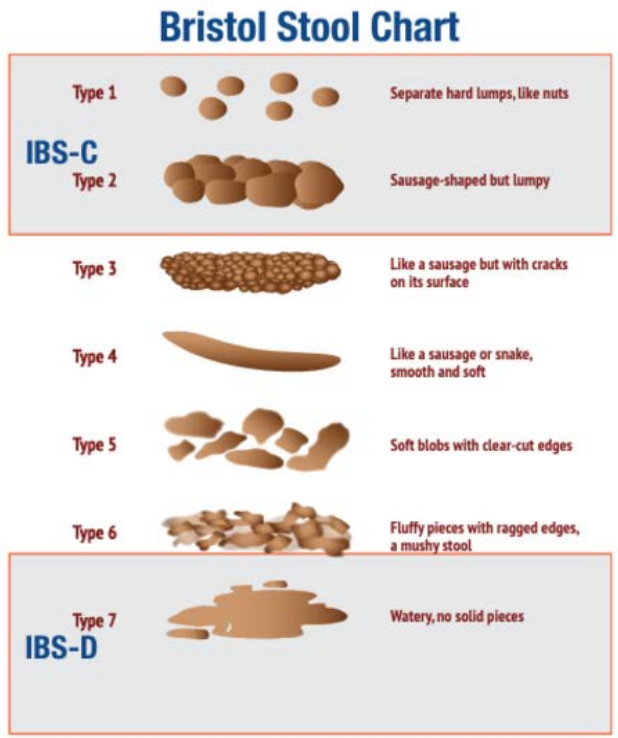
SUBTIPURI CLINICE



SUBTIPURI CLINICE



IBS SUBTYPES:



IBS Subtypes are based on >25% of abnormal BM (types 1,2 or 6,7)

- IBS-C Types 1, 2 not 6, 7 >25%
- IBS-D Types 6, 7 not 1, 2 >25%
- IBS-M Types 1, 2 and 6, 7 >25%
- IBS-U No Type >25%

Figure 11-11

ROME FOUNDATION

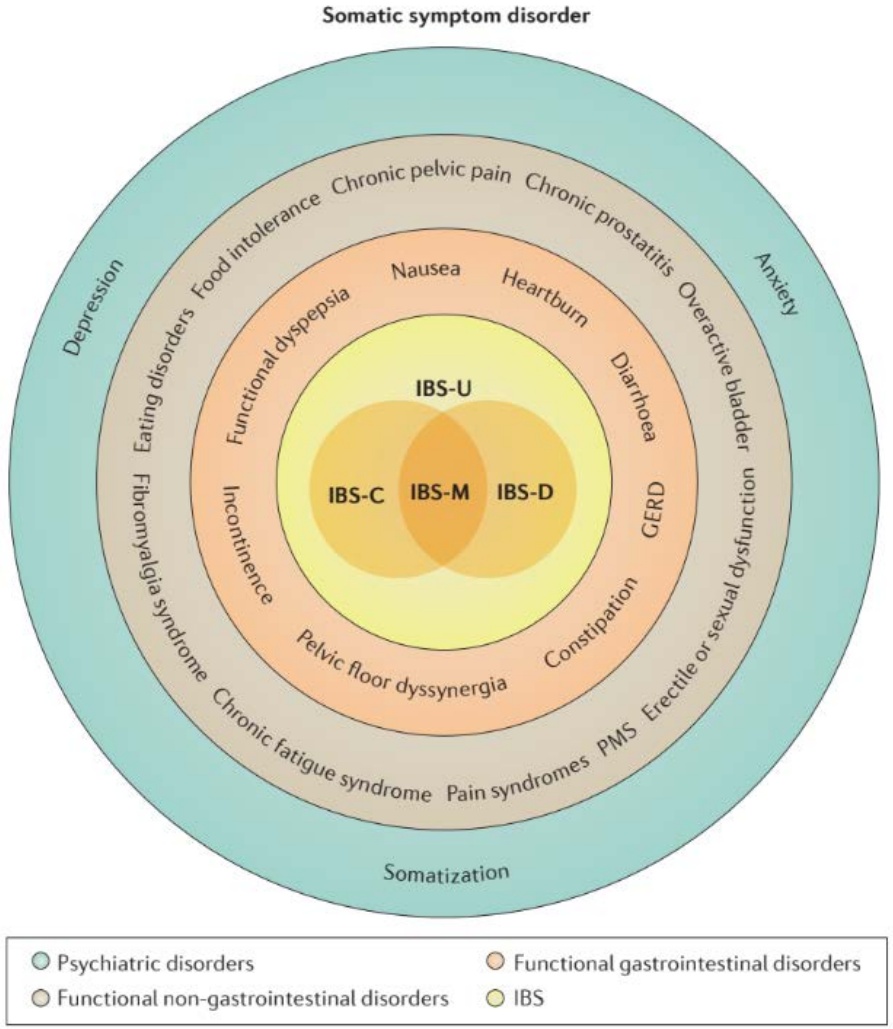
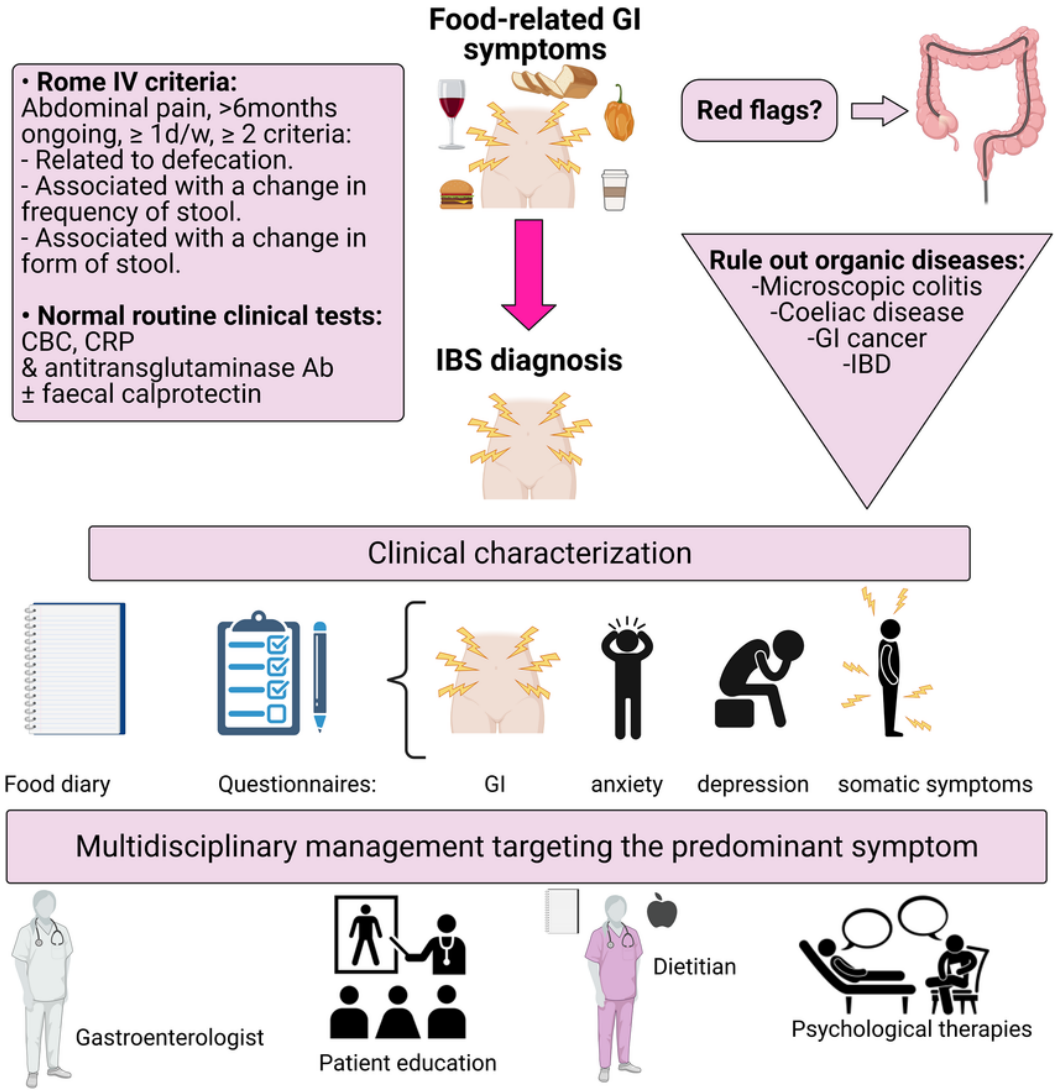


Figure 3 | **IBS-associated comorbidities.** A model of irritable bowel syndrome (IBS) and its associations with other clinical, intestinal, extra-intestinal and psychiatric conditions. For each of the listed disorders, overlap with IBS symptoms has been reported in the literature[11]. The different components should be viewed as layers of complexity: the IBS subtypes are part of the group of functional bowel disorders, these are part of all kinds of functional disorders and these again are part of a 'layer' of psychiatric disorders. GERD, gastroesophageal reflux disease; IBS-C, IBS with constipation; IBS-D, IBS with diarrhoea; IBS-M, mixed-type IBS; IBS-U, unsubtyped IBS; PMS, premenstrual syndrome.

Irritable bowel syndrome

Paul Enck[1], Qasim Aziz[2], Giovanni Barbara[3], Adam D. Farmer[2], Shin Fukudo[4], Emeran A. Mayer[5], Beate Niesler[6], Eamonn M. M. Quigley[7], Mirjana Rajilić-Stojanović[8], Michael Schemann[9], Juliane Schwille-Kiuntke[1], Magnus Simren[10], Stephan Zipfel[11] and Robin C. Spiller[12]



84% din pacienti descriu **triggerul ca fiind alimentar.**

35% raporteaza **stressul ca trigger**

IgG testing for food sensitivities is not recommended due to insufficient scientific support.

Received: 28 March 2022 | Accepted: 25 May 2022
DOI: 10.1002/ueg2.12265

REVIEW ARTICLE

ueg journal WILEY

Irritable bowel syndrome with food-related symptoms: Future directions in the clinical management

Chloé Melchior[1,2,3] | Joost Algera[1] | Esther Colomier[1,4] | Hans Törnblom[1] | Magnus Simrén[1,5]

Dovezi terapeutice:

- **Placebo:** eficacitate clinca intre 31%. De prima intentie si 42%% la retratament.

- **Rifaximina:** Dovezile principale reies din TARGET 1 si TARGET 2. Publicate in 2011. Randomizat, placebo controlat. IBS-D. Rezultate: reducere globala a turuor simptomelor (pooled) cu 40.7% in lotul tratat comparative cu 31.7% in lotul placebo (reducere de 9%) . NNT = 11. 550mg x3/zi. 14 zile. Reduce balonarea cu un NNT de 6. Nu scade durerea abdominala. Pret actual cca 500RON/ pacient/cura. In plus...a) ce zice TARGET 4? B) ce e mai relevant clinic? Balonarea sau durerea? C) Recidiva 64% in 18 saptamani . Retratament (contra placebo) cu eficaictate de 50% pt durere

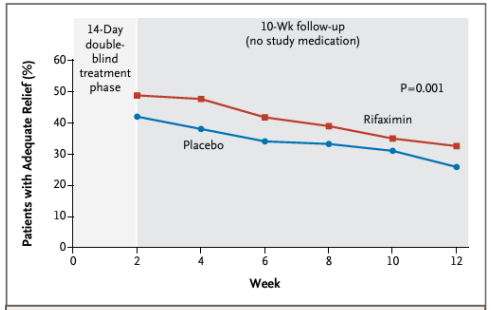


Figure 4. Percentage of Patients with Adequate Relief of Global IBS Symptoms in the TARGET 1 and TARGET 2 Studies Combined.

Adequate relief was defined as self-reported relief from symptoms for at least 1 week of every 2-week period. The P value was calculated on the basis of a longitudinal data analysis with the use of a generalized-estimating-equation model, with fixed effects of treatment, analysis center, and week. Similar figures for the individual TARGET 1 and TARGET 2 trials are shown in the Supplementary Appendix.

Dovezi terapeutice (2):

- **Antispastice :** 58% of antispasmodic patients improved compared to 46% of placebo; 13 studies; 1392 patients; RR 1.32; 95% CI 1.12 to 1.55; P < 0.001; NNT = 7) (ulei de menta, trimebutine, pinaverium)

- **Antidepressants** abdominal pain: 54% improved vs 37% of placebo; 8 studies; 517 patients; RR 1.49; 95% CI 1.05 to 2.12; P = 0.03; NNT = 5), dar si in ce priveste evalaurea globala si socrul simptomelor (53% of antidepressants patients improved compared to 26% of placebo; 3 studies; 159 patients; RR 1.99; 95% CI 1.32 to 2.99; P = 0.001; NNT = 4).

•Consumul ridicat de cofeină (≥106,5 mg/zi) crește șansele de a dezvolta IBS cu **47%** (OR: 1,47; 95% CI: 1,14–1,87).

•Consumatorii de cafea săptămânali prezintă un risc crescut de IBS cu **44%** comparativ cu cei care nu consumă cafea (OR: 1,44; 95% CI: 1,02–2,04).

•La femei (OR 1.48, IC 1,10-2) dar nu si la barbati

1-3 unitati

•**Diaree**: Odds Ratio (OR) = 2,1 (95% CI: 1,2–3,5, p = 0,006).
•**Greață**: OR = 2,4 (95% CI: 1,2–4,8, p = 0,01).
•**Durere abdominală**: OR = 2,1 (95% CI: 1,2–3,7, p = 0,009).
•**Indigestie**: OR = 2,0 (95% CI: 1,1–3,6, p = 0,004).

>4 unitati

- **Voluntari sănătoși**:
- Mesele picante și cele cu chili în capsule au indus doar **arsuri abdominale ușoare** comparativ cu mesele standard (**P < 0.05**).
- **Pacienți IBS-D**:
- Mesele picante și cele cu chili în capsule au provocat:
  - **Durere abdominală semnificativă** (**P < 0.05**).
  - **Arsuri abdominale semnificative** (**P < 0.05**).


Neurogastroenterology & Motility

Effects of chili on postprandial gastrointestinal symptoms in diarrhoea predominant irritable bowel syndrome: evidence for capsaicin-sensitive visceral nociception hypersensitivity

S. Gonlachanvit, A. Mahayosnond, P. Kullavanijaya

First published: 30 December 2008 | https://doi.org/10.1111/j.1365-2982.2008.01167.x | Citations: 80

Sutep Gonlachanvit MD, Gastrointestinal Motility Research Unit, Division of Gastroenterology, Department of Internal Medicine, Faculty of Medicine, Chulalongkorn University, Rama 4 Road, Patumwan, Bangkok 10330, Thailand.
Tel: 662 256 4265; fax: 662 252 7839; e-mail: fmedsgc@md2.md.chula.ac.th

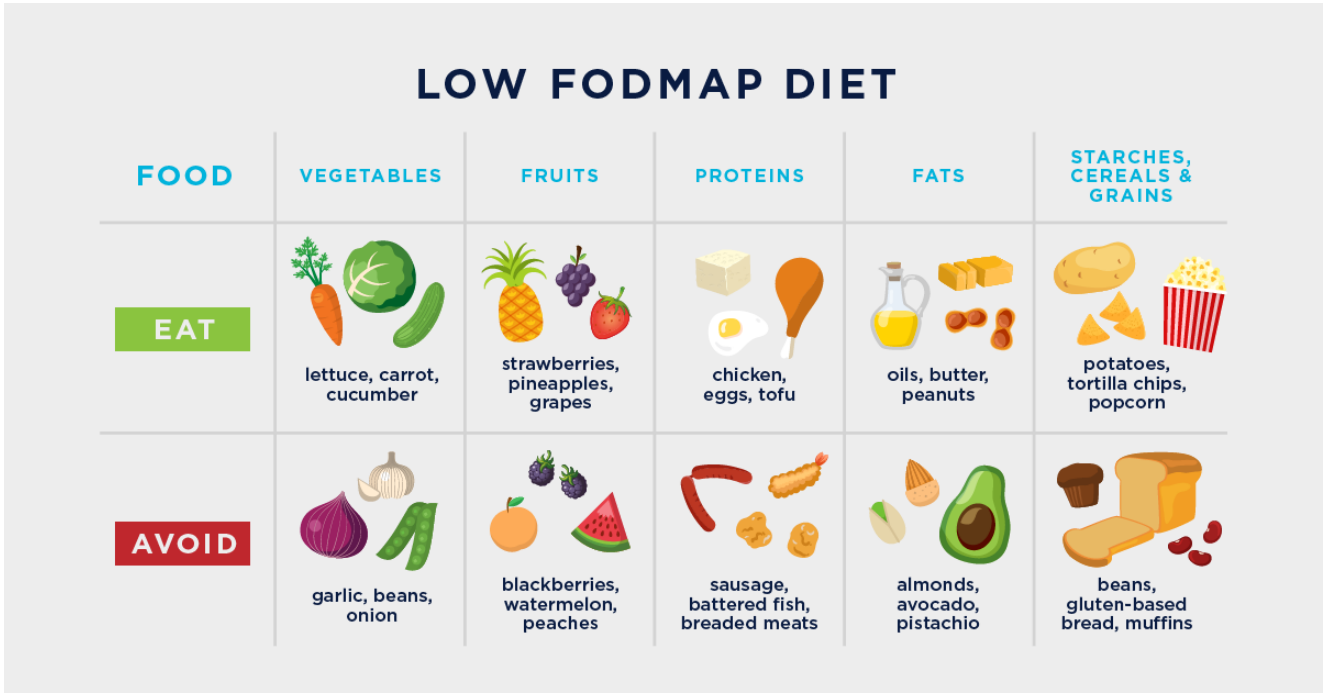

aga Gastroenterology
Volume 150, Issue 4, April 2016, Pages 875-887.e9

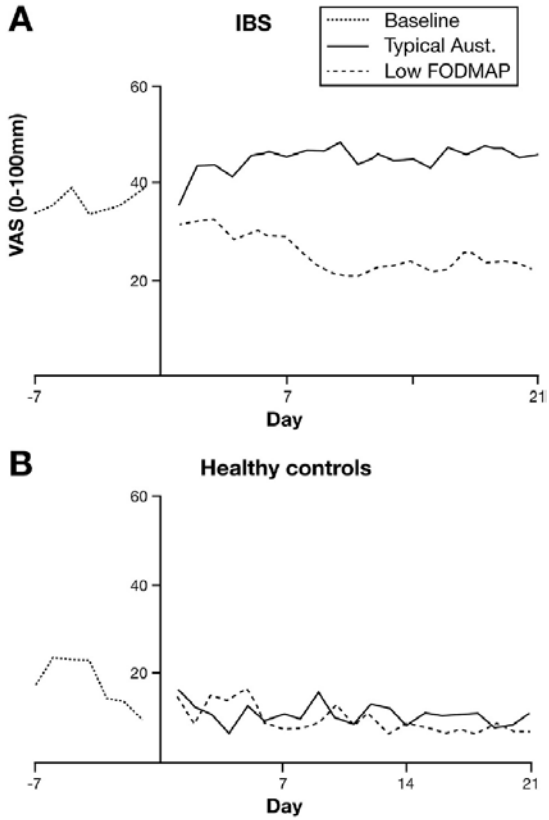
Original Research
Full Report: Clinical—Alimentary Tract

Histamine Receptor H1–Mediated Sensitization of TRPV1 Mediates Visceral Hypersensitivity and Symptoms in Patients With Irritable Bowel Syndrome

Mira M. Wouters, Dafne Balemans, Sander Van Wanrooy, James Dooley, Vincent Cibert-Goton, Yeranddy A. Alpizar, Eduardo E. Valdez-Morales, Yasmin Nasser, Paul P. Van Veldhoven, Winde Vanbrabant, Schalk Van der Merwe, Raf Mols, Bart Ghesquière, Carla Cirillo, Inge Kortekaas, Peter Carmeliet, Willy E. Peetermans, Séverine Vermeire, Paul Rutgeerts, Patrick Augustijns, Guy E. Boeckxstaens

FODMAP or no FODMAP





- The proportion of responders (≥50% improvement in symptoms):Low-FODMAP diet group: Approximately **75%.**
- Typical diet group: Approximately **40-50%.**

Randomized Controlled Trial > Gastroenterology. 2014 Jan;146(1):67-75.e5.
doi: 10.1053/j.gastro.2013.09.046. Epub 2013 Sep 25.

A diet low in FODMAPs reduces symptoms of irritable bowel syndrome

Emma P Halmos [1], Victoria A Power [2], Susan J Shepherd [2], Peter R Gibson [3], Jane G Muir [3]
Affiliations + expand
PMID: 24076059 DOI: 10.1053/j.gastro.2013.09.046

Table 1 High FODMAP foods and alternative low FODMAP foods[24,79,80]

FODMAP	High FODMAP foods	Low FODMAP foods
Oligosaccharides: fructans and/or galacto-oligosaccharides	Vegetables: artichokes, asparagus, beetroot, Brussels sprouts, broccoli, cabbage, fennel, garlic, leeks, shallots, okra, onions, peas	Vegetables: carrot, cucumber, potato, bell pepper, eggplant, green beans, lettuce, spinach, chives, parsnip, pumpkin, silverbeet, spring onion (green only), tomato, zucchini, bamboo shoots, bok choy, choko, choy sum
	Cereals: wheat & rye when eaten in large amounts (*e.g.*, bread, pasta, crackers)	Cereals: wheat-free grains or wheat-free flours and products made with these (*e.g.*, bread, pasta, crackers), spelt and spelt products, oats, corn, rice, quinoa
	Legumes: chickpeas, lentils, red kidney beans, baked beans	Legumes: canned chickpeas
	Fruits: watermelon, custard apple, white peaches, rambutan, kaki	
Disaccharides: Lactose	Milk (cow, goat, sheep), yoghurt, soft & fresh cheeses (*e.g.*, Ricotta, Cottage), ice cream	Lactose-free milk, rice milk, almond milk, lactose-free yoghurt, hard cheeses (*e.g.*, Cheddar, Parmesan, Swiss, Brie, Camembert), butter, ice-cream substitutes (*e.g.*, dairy-free gelato, sorbet)
Monosaccharides: Fructose	Fruits: apples, pears, nashi pears, clingstone peaches, mango, sugar snap peas, watermelon, tinned fruit in natural juice, dried fruits	Fruits: banana, blueberry, grapefruit, grape, honeydew melon, kiwifruit, lemon, lime, mandarin, orange, tangelo, raspberry, strawberry, pawpaw, star fruit, passion fruit, rockmelon, carambola, durian
	Honey	Honey substitutes: maple syrup
	Sweeteners: fructose, high fructose corn syrup	Sweeteners: sugar, glucose, artificial sweeteners not ending in "-ol"
Polyols	Fruits: apples, apricots, cherries, longon, lychee, nashi pears, nectarines, pears, peaches, plums, prunes, watermelon	Fruits: banana, blueberry, grapefruit, grape, honeydew melon, kiwifruit, lemon, lime, mandarin, orange, raspberry, pawpaw, star fruit, passion fruit, rockmelon, carambola, durian
	Vegetables: avocado, cauliflower, mushrooms, snow peas	
	Sweeteners: sorbitol, mannitol, xylitol & others ending in "-ol", isomalt	Sweeteners: sugar, glucose, artificial sweeteners not ending in "-ol" (*e.g.*, sucralose, aspartame)

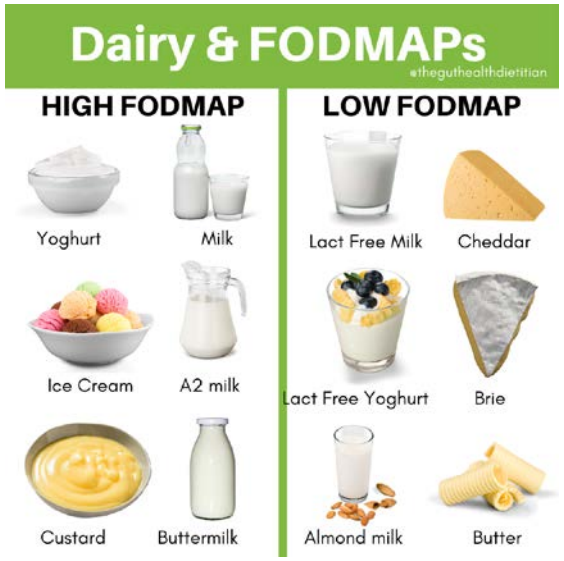
Review > World J Gastroenterol. 2017 Jun 7;23(21):3771-3783. doi: 10.3748/wjg.v23.i21.3771.

Diet in irritable bowel syndrome: What to recommend, not what to forbid to patients!

Anamaria Cozma-Petruţ [1], Felicia Loghin [1], Doina Miere [1], Dan Lucian Dumitraşcu [1]

Affiliations + expand

PMID: 28638217 PMCID: PMC5467063 DOI: 10.3748/wjg.v23.i21.3771



INTOLERANTA LA LACTOZA

•Mai frecventă la pacienții cu IBS-D comparativ cu grupul de control, pentru toate dozele de lactoză testate:

•**10g**: 18% la IBS-D față de 3% la control (OR = 6.51; 95% CI: 1.38–30.8).

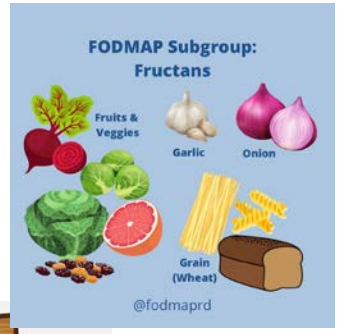
•**20g**: 47% la IBS-D față de 22% la control (OR = 3.16; 95% CI: 1.43–7.02).

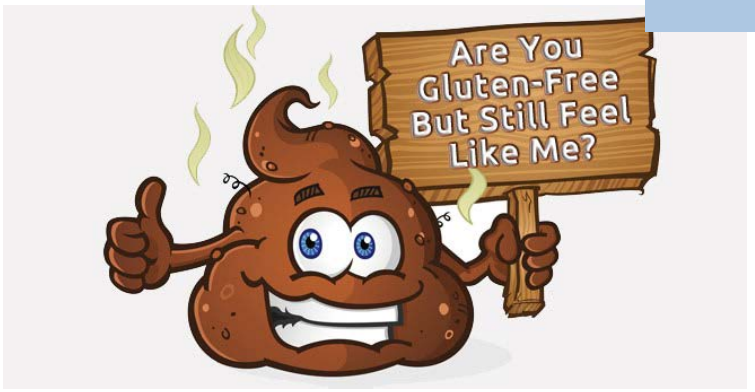
•**40g**: 85% la IBS-D față de 68% la control (OR = 2.63; 95% CI: 1.08–6.42).

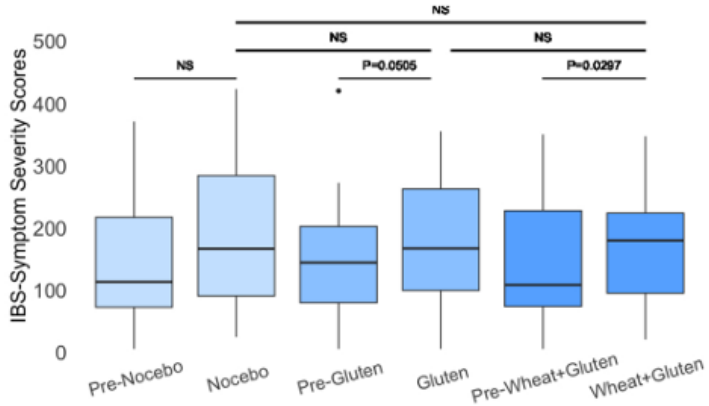
Intoleranță auto-raportată vs. obiectivă:

•**63%** dintre pacienții cu IBS-D au raportat auto-intoleranță la lactoză (LI), comparativ cu **22%** din grupul de control (OR = 6.25; 95% CI: 2.78–14.0; p < 0.001).

•nu a fost întotdeauna susținută de rezultatele testului respirator cu hidrogen (HBT)







INVESTIGATING MECHANISMS THAT DRIVE SYMPTOMS IN PATIENTS WITH IRRITABLE BOWEL SYNDROME AND PERCEIVED GLUTEN SENSITIVITY

Caroline Seiler, Gaston Rueda, Pedro Miranda, Andrea Nardelli, Rajka Borojevic, Detlef Schuppan, Paul Moayyedi, Elena F. Verdu, Stephen M. Collins, M. I. Pinto-Sanchez, Premysl Bercik

1. Simptomele generale (S-SSS - Scorul total al simptomelor):
•**Grupul cu gluten**: Scădere de **32%, Grupul placebo**: Scădere de **49%.**
2. Intensitatea durerii abdominale:
•**Grupul cu gluten**: Scădere de **45%. Grupul placebo**: Scădere de **52%.**
3. Frecvența durerii abdominale:
•**Grupul cu gluten**: Scădere de **26%. Grupul placebo**: Scădere de **46%.**
4. Distensia abdominală:
•**Grupul cu gluten**: Scădere de **29%. Grupul placebo**: Scădere de **63%.**
5. Interferența cu funcționarea socială:
•**Grupul cu gluten**: Scădere de **14%.Grupul placebo**: Scădere de **45%.**
6. Calitatea vieții:
•**Grupul cu gluten**: Creștere de **23%. Grupul placebo**: Creștere de **32%.**

doi: 10.1016/j.clnesp.2021.12.019. Epub 2021 Dec 24.

The effect of low FODMAP diet with and without gluten on irritable bowel syndrome: A double blind, placebo controlled randomized clinical trial

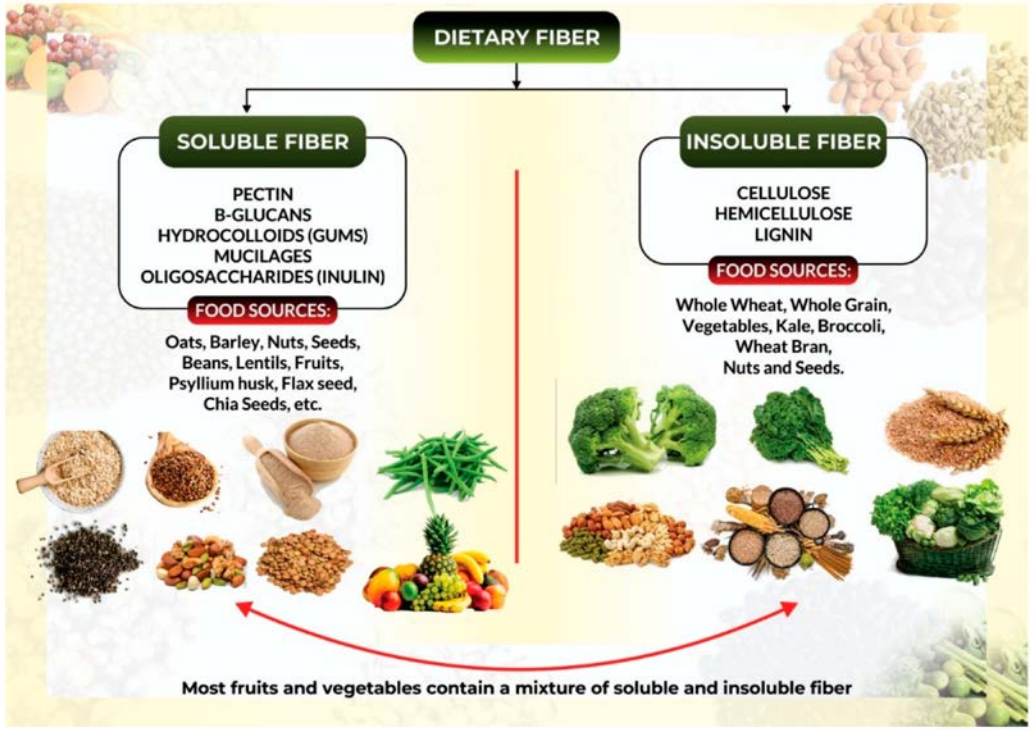
Fatemeh Mohseni [1], Shahram Agah [2], Nasser Ebrahimi-Daryani [3], Mohammad Taher [2], Elyas Nattagh-Eshtivani [4], Sara Karimi [3], Samira Rastgoo [1], Fatemeh Bourbour [1], Azita Hekmatdoost [5]

Affiliations + expand

PMID: 35063241 DOI: 10.1016/j.clnesp.2021.12.019

WHO ARE THE PLACEBO RESPONDERS IN IBS CLINICAL TRIALS?: A PROSPECTIVE STUDY OF A PLACEBO-CONTROLLED MULTISITE NIH TRIAL

Jeffrey M. Lackner, Brian M. Quigley, Sigal Zilcha-Mano, Sarah Mason, Gregory D. Gudleski, Susan S. Krasner, Christopher Radziwon, Alison Vargovich, Patricia O'Leary, Paul Enck



25-35g/zi
SII-D/SII-C
RR d'absence d'amélioration des symptômes de
SII =0,87 ; IC95 % : 0,80-0,94) vs placebo
NNT 7 vs placebo
IBS C dar si restul;


Clinical trial > Ann Intern Med. 1981 Jul;95(1):53-6. doi: 10.7326/0003-4819-95-1-53.

Psyllium therapy in the irritable bowel syndrome. A double-blind trial

G F Longstreth, D D Fox, L Youkeles, A B Forsythe, D A Wolochow

PMID: 7018836 DOI: 10.7326/0003-4819-95-1-53

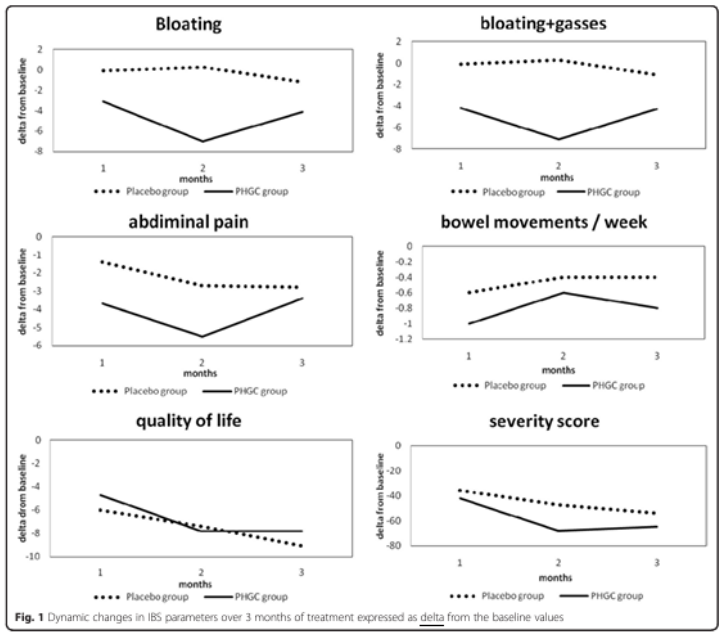
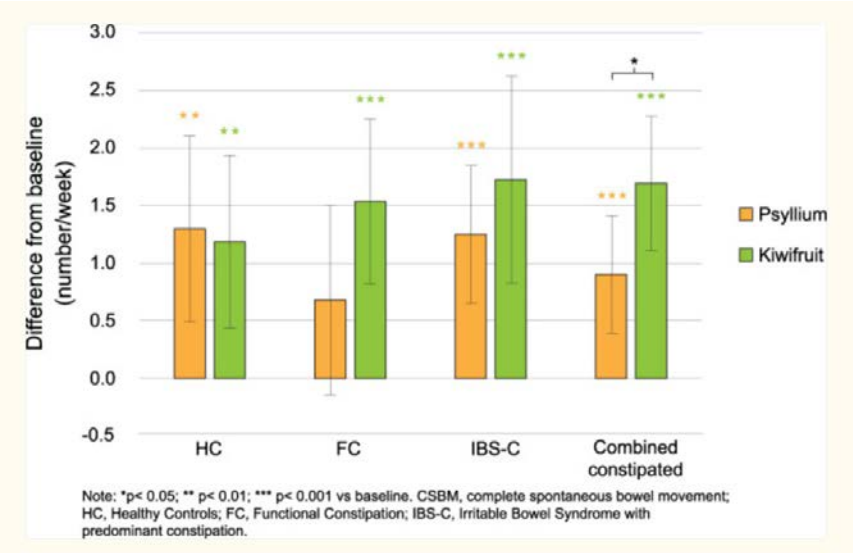


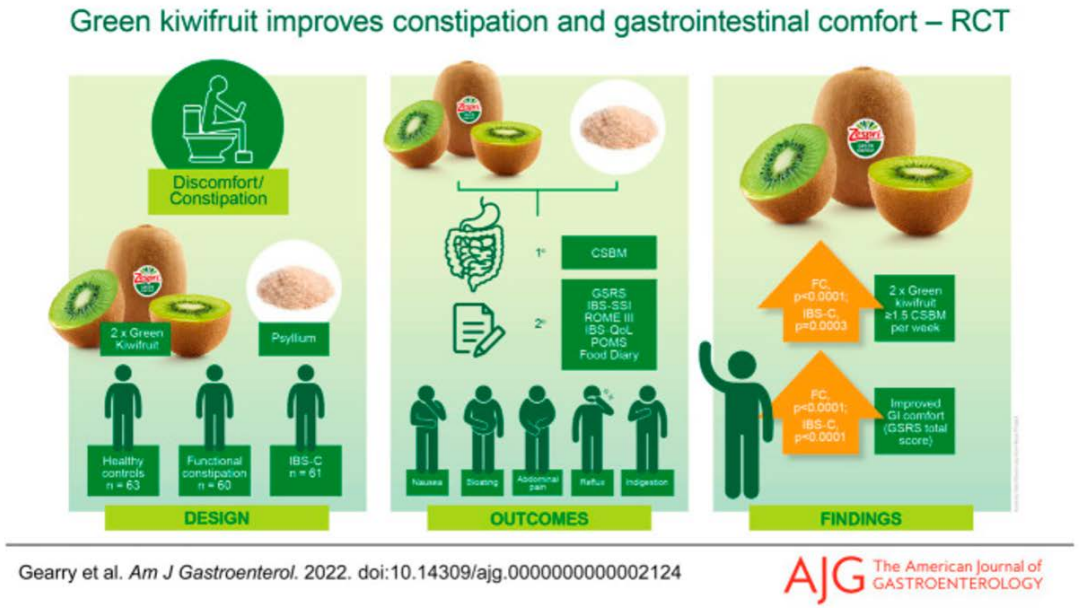
Fig. 1 Dynamic changes in IBS parameters over 3 months of treatment expressed as delta from the baseline values

6 g/day PHGG for IBS patients with an expected clinical effect on bloating and gasses.

NNT = **1 / ARR** = **1 / 0.20** = **5**. Pret 15lei 250g

IBS C dar si restul;





Principalele rezultate

1.Creșterea numărului de scaune spontane complete pe săptămână (CSBM):

- **Kiwi**:IBS-C: +1.73 pe săptămână
- **Psyllium** IBS-C: +1.87 pe săptămână

2.Reducerea scorului total al simptomelor gastrointestinale (GSRS):

- **Kiwi**: IBS-C: Scădere de -0.36
- **Psyllium**: IBS-C: Scădere de -0.17

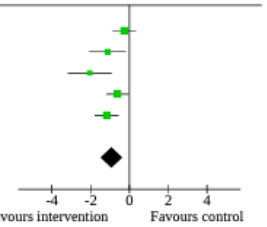
Consumption of 2 Green Kiwifruits Daily Improves Constipation and Abdominal Comfort—Results of an International Multicenter Randomized Controlled Trial

Richard Gearry [1,✉], Shin Fukudo [2,3], Giovanni Barbara [4], Barbara Kuhn-Sherlock [5], Juliet Ansell [6], Paul Blatchford [6], Sarah Eady [7], Alison Wallace [7], Christine Butts [7], Cesare Cremon [4], Maria Raffaella Barbaro [4], Isabella Pagano [4], Yohei Okawa [2], Tomohiko Muratubaki [2], Tomoko Okamoto [8], Mikiko Fuda [9], Yuka Endo [3], Michiko Kano [2], Motoyori Kanazawa [2,3], Naoki Nakaya [10], Kumi Nakaya [10], Lynley Drummond [11]

Analysis 1.1. Comparison 1: Physical activity compared with usual care, Outcome 1: IBS symptoms

Study or Subgroup	Intervention Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
Daley 2008	25.4	10.8	22	28.3	10.5	21	23.5%	-0.27 [-0.87 , 0.33]
Evans 2014	-2.27	2.27	11	0.44	2.36	10	16.1%	-1.12 [-2.06 , -0.19]
Fani 2019	69.6	51	10	212.8	79.81	10	12.9%	-2.05 [-3.17 , -0.92]
Hajizadeh Maleki 2018	290	59.1	24	329.2	66.3	27	24.4%	-0.61 [-1.18 , -0.05]
Jia 2016	142.5	33.4	30	189	46.3	20	23.1%	-1.17 [-1.79 , -0.56]
Total (95% CI)			**97**			**88**	**100.0%**	**-0.93 [-1.44 , -0.42]**

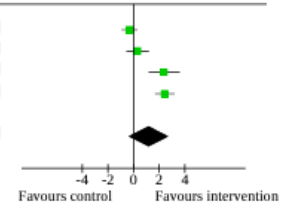
Heterogeneity: Tau² = 0.20; Chi² = 10.01, df = 4 (P = 0.04); I² = 60%
Test for overall effect: Z = 3.56 (P = 0.0004)
Test for subgroup differences: Not applicable



Analysis 1.3. Comparison 1: Physical activity compared with usual care, Outcome 3: Quality of life

Study or Subgroup	Intervention Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
Daley 2008	31.5	13.6	22	35.9	13.3	21	26.2%	-0.32 [-0.92 , 0.28]
Evans 2014	2.73	8.07	11	0	8.37	10	25.1%	0.32 [-0.54 , 1.18]
Fani 2019	90	8.5	10	57.9	16.1	10	23.2%	2.39 [1.18 , 3.59]
Jia 2016	76.5	6	30	61.8	5.9	20	25.6%	2.43 [1.68 , 3.18]
Total (95% CI)			**73**			**61**	**100.0%**	**1.17 [-0.30 , 2.64]**

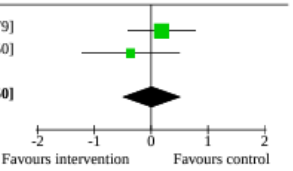
Heterogeneity: Tau² = 2.06; Chi² = 39.14, df = 3 (P < 0.00001); I² = 92%
Test for overall effect: Z = 1.56 (P = 0.12)
Test for subgroup differences: Not applicable



Analysis 1.5. Comparison 1: Physical activity compared with usual care, Outcome 5: Abdominal pain

Study or Subgroup	Intervention Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Fixed, 95% CI
Daley 2008	49.3	15	22	46.4	15.6	21	67.6%	0.19 [-0.41 , 0.79]
Evans 2014	-1.27	1.96	11	-0.5	2.15	10	32.4%	-0.36 [-1.23 , 0.50]
Total (95% CI)			**33**			**31**	**100.0%**	**0.01 [-0.48 , 0.50]**

Heterogeneity: Chi² = 1.04, df = 1 (P = 0.31); I² = 3%
Test for overall effect: Z = 0.04 (P = 0.97)
Test for subgroup differences: Not applicable



Cochrane Library
Cochrane Database of Systematic Reviews

Cochrane Database of Systematic Reviews | Protocol - Intervention

Fecal microbiota transplantation for treatment of irritable bowel syndrome

Sofie I Halkjær, Bobby Lo, Frederik Cold, Alice Hoejer H Christensen, Lise Lotte Gluud, Andreas M Petersen
Authors' declarations of interest

Version published: 18 May 2020 Version history
https://doi.org/10.1002/14651858.CD013602

Cochrane Database of Systematic Reviews | Review - Intervention

Homeopathy for treatment of irritable bowel syndrome

Emily J Peckham, Katy Cooper, E Rachel Roberts, Anurag Agrawal, Sally Brabyn, Garry Tew Authors' declarations of interest

Version published: 04 September 2019 Version history
https://doi.org/10.1002/14651858.CD009710.pub3

Cochrane Database of Systematic Reviews | Review - Intervention

Biofeedback for treatment of irritable bowel syndrome

Joshua Z Goldenberg, Matthew Brignall, Michelle Hamilton, Jennifer Beardsley, Richard D Batson, Jason Hawrelak, Brad Lichtenstein, Bradley C Johnston Authors' declarations of interest

Version published: 12 November 2019 Version history
https://doi.org/10.1002/14651858.CD012530.pub2

Etcetera

De luat acasa

- SII, patologie **frecventa**, **suparatoare**, **fara impact asupra supravietuirii**
- SII face parte din mai largul **sindrom algic functional**
- SII pare sa fie **ritmat de anumite alimente** insa mai degraba autoraportat decat demonstrate
- SII ritmat de stress
- SII pare sa raspunda la limitarea aportului de zaharide fermentabile, dar nu numai
- Educatia, increderea, cooperarea, suportul, sunt cel putin la fel de importante ca farmacoterapia

Webinar – Management și Intervenție Nutrițională, 22-23 noiembrie 2024

Tema ediției: Comunicarea nutrițională bazată pe dovezi, indiferent de vârstă

Tema dezbaterii: Preferințele alimentare – risc sau beneficiu?

Va multumesc!!

HOUSTON
NO PROBLEM. ACTION!
Noi ne facem partea noastră
15 ANI