



con il patrocinio di



PROGRESSI E NUOVE FRONTIERE IN
GASTROENTEROLOGIA
ED ENDOSCOPIA DIGESTIVA



BELLUNO
15-16 GIUGNO 2023

Cosa c'è all'orizzonte in epatologia, pancreatologia e Lower GI

IBS

Cesare Cremon

Policlinico di Sant'Orsola

Azienda Ospedaliero - Universitaria di Bologna

IRCCS Istituto di Ricovero e Cura a Carattere scientifico



(1088 – 2023)

Functional Gastro-Intestinal Disorders (FGIDs): Disorders of Gut-Brain Interaction

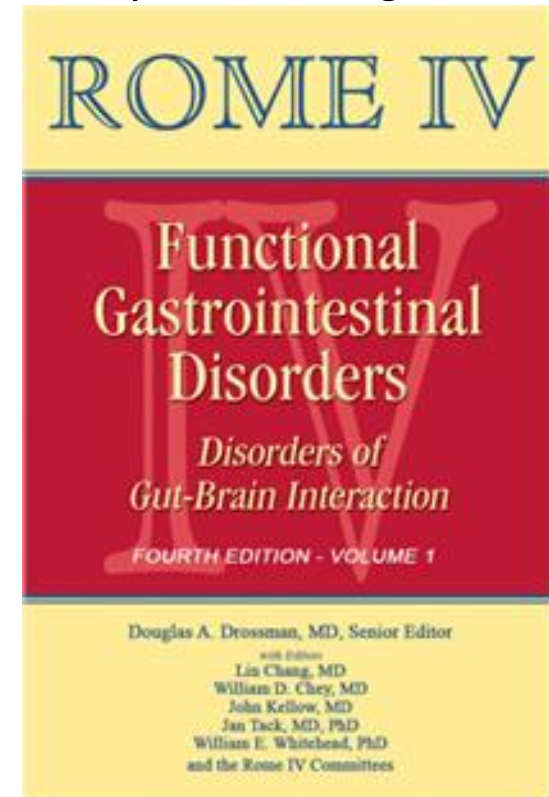
the old days...

"a young anxious woman", "an exclusion diagnosis"



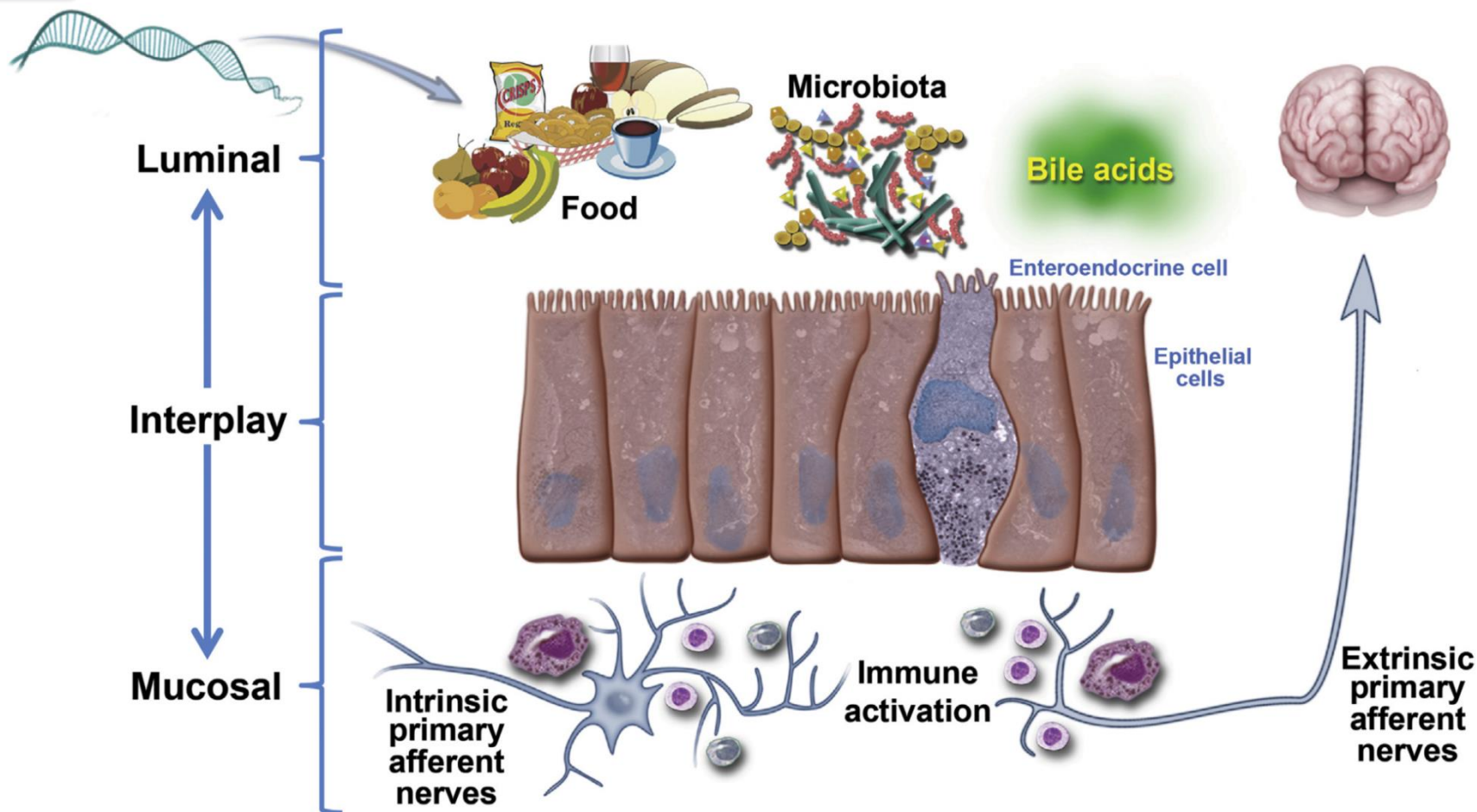
the present...

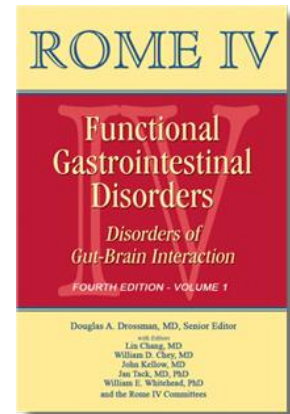
"a positive diagnosis"



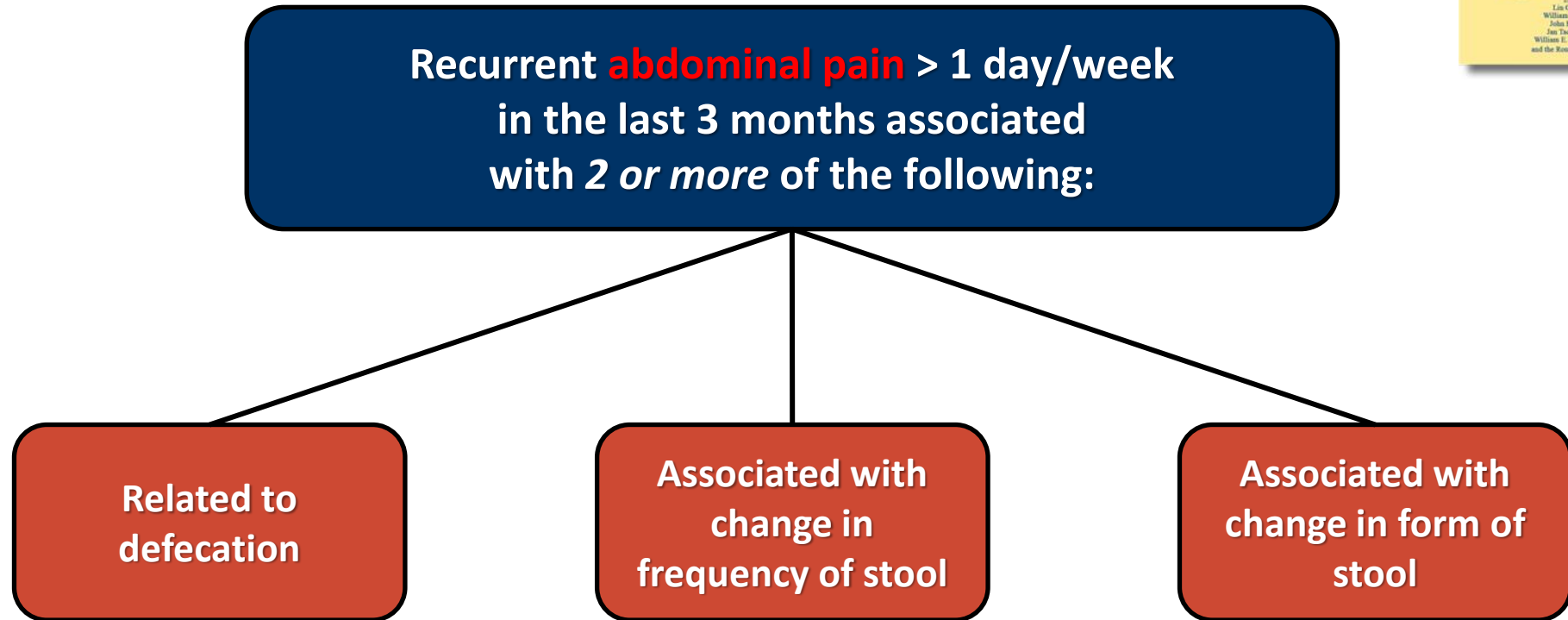
The Intestinal Microenvironment and Functional Gastrointestinal Disorders

Giovanni Barbara,¹ Christine Feinle-Bisset,² Uday C. Ghoshal,³ Javier Santos,⁴ Stephen J. Vanner,⁵ Nathalie Vergnolle,⁶ Erwin G. Zoetendal,⁷ and Eamonn M. Quigley⁸





Rome IV Criteria* for IBS

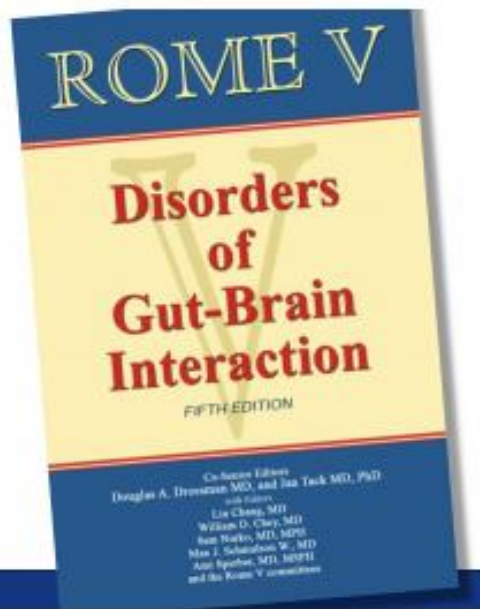


*Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis

Rome V, Disorders of Gut-Brain Interaction 5th Edition

About Rome V

144 Experts Representing 27 Countries



Rome V, Disorders of Gut-Brain Interaction 5th Edition

Rome V Chapter Committees – Vol 1

1. Disorders of Gut-Brain Interaction and the Rome V Process
2. Fundamentals of Neurogastroenterology – Basic Science
3. Fundamentals of Neurogastroenterology – Clinical Aspects of Brain- Gut Axis
4. Intestinal Microenvironment and Disorders of Gut Brain Interaction
5. Pharmacological, Pharmacokinetic and Pharmacogenomic Aspects of Disorders of Gut Brain Interaction
6. Age, Gender, Woman's Health and the Patient
7. Socio-Cultural Aspects of Disorders of Gut-Brain Interaction
8. Biopsychosocial Aspects of Gut-Brain Interaction

Rome V Chapter Committees – Vol 2

9. Esophageal Disorders of Gut Brain Interaction
10. Gastroduodenal Disorders of Gut Brain Interaction
11. Bowel Disorders of Gut Brain Interaction
12. Centrally Mediated Disorders of Gastrointestinal Pain
13. Gallbladder and Sphincter of Oddi Disorders of Gut Brain Interaction
14. Anorectal Disorders of Gut Brain Interaction
15. Childhood Disorders of Gut-Brain Interaction: Upper GI
16. Childhood Disorders of Gut-Brain Interaction: Lower GI/Pain
17. Design of Treatment Trials for Disorders of Gut-Brain Interaction
18. Development and Validation of the Rome V Diagnostic Questionnaire
19. History of Disorders of Gut-Brain Interaction and the Rome Foundation

Rome V, Disorders of Gut-Brain Interaction 5th Edition

Challenges for Rome V

- **Updates on Key Knowledge** (microbiome, food/diet, CNS mechanisms and treatments, sex differences)
- **Address Diagnostic Overlap** (FD and gastroparesis, bloating/distension with other diagnoses, GI and Non-GI)
- **Harmonize Cross-Cultural Differences in Diagnosis** (e.g., IBS pain/discomfort, bloating)
- **Role of Biomarkers in Diagnosis and Treatment**
- **Development of Clinical Criteria**
- **Incorporate Brain-Gut Treatment and Integrated Care**
- **Improve Communication Skills to Optimize Patient- Provider Relationship in the Modern Era**

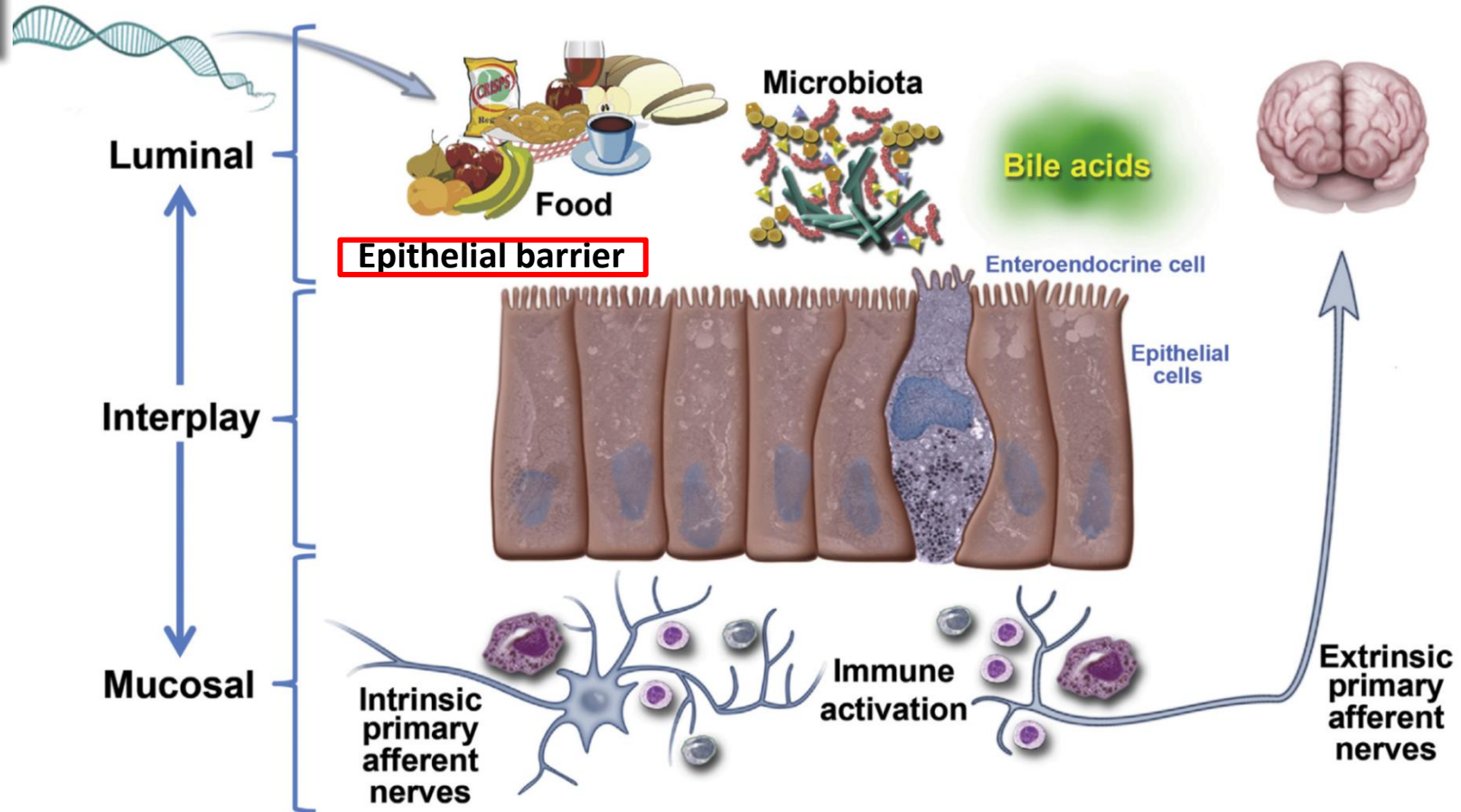
Rome V, Disorders of Gut-Brain Interaction 5th Edition

The Work has Begun- Timetable for Rome V



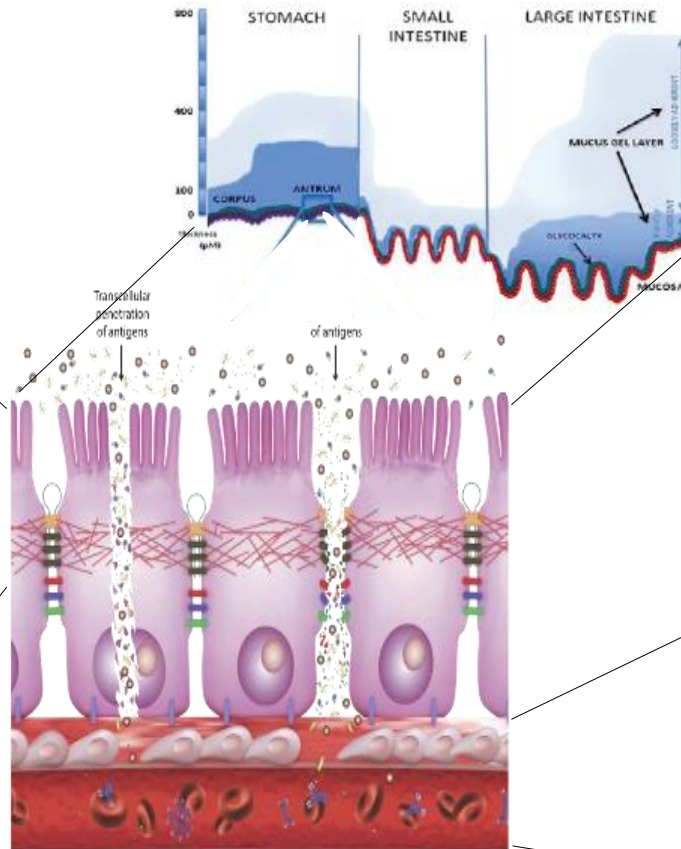
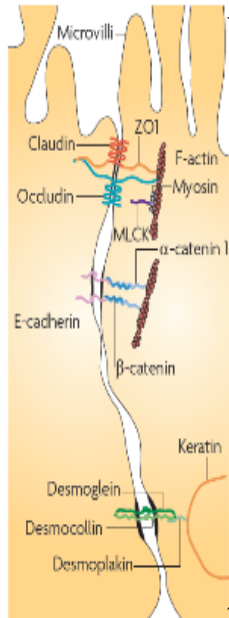
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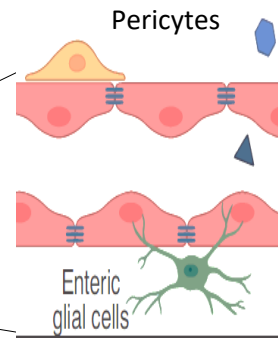
Gut Mucus, Epithelial & Vascular Barriers: three layers of defence

Epithelial Barrier



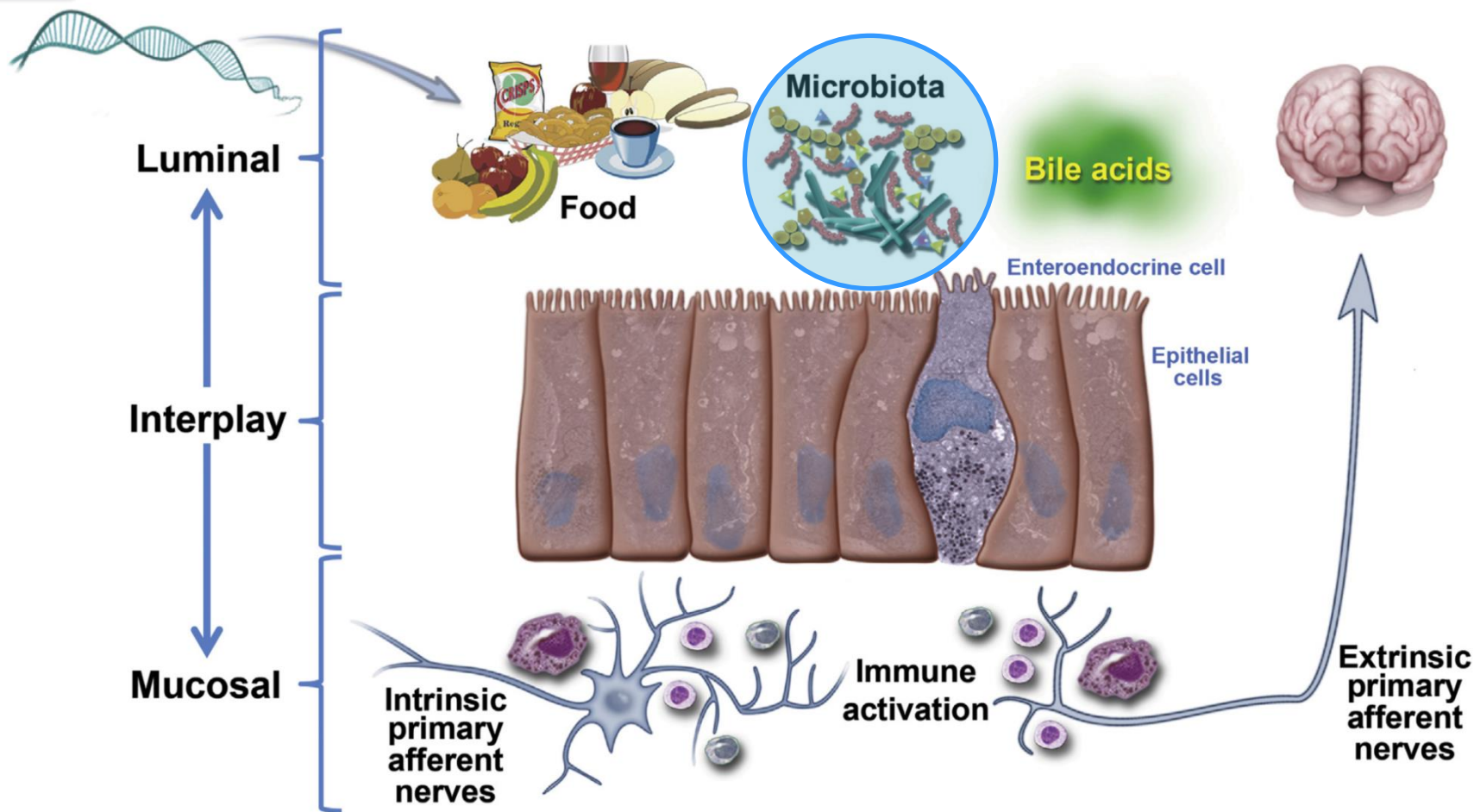
Mucus Barrier

Vascular Barrier



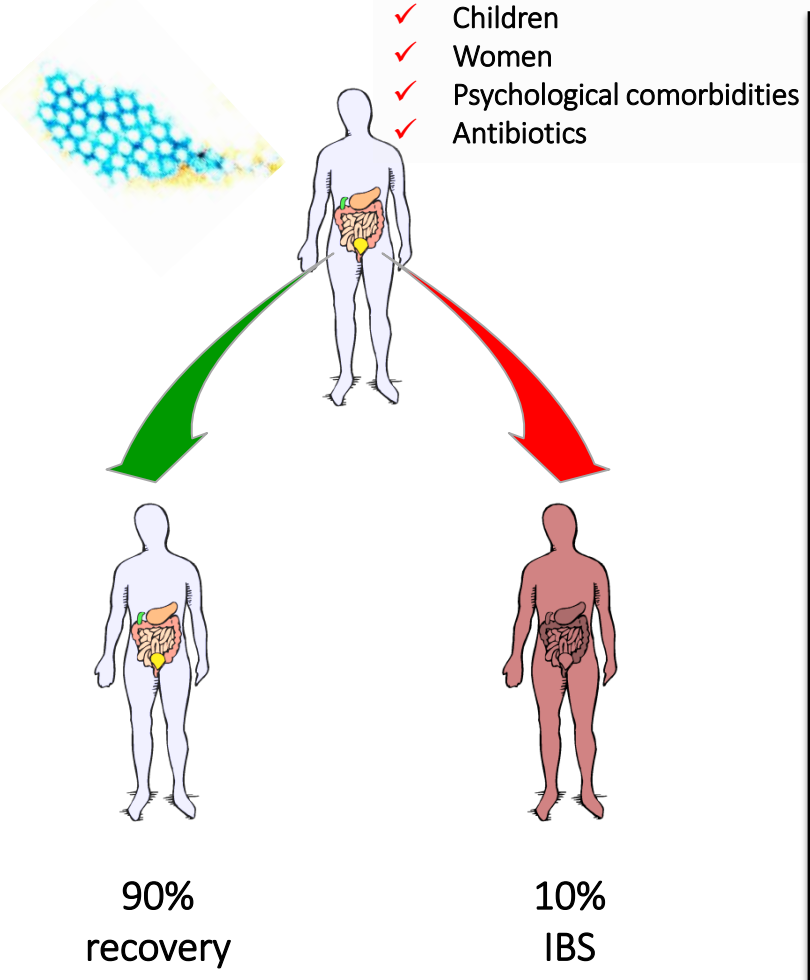
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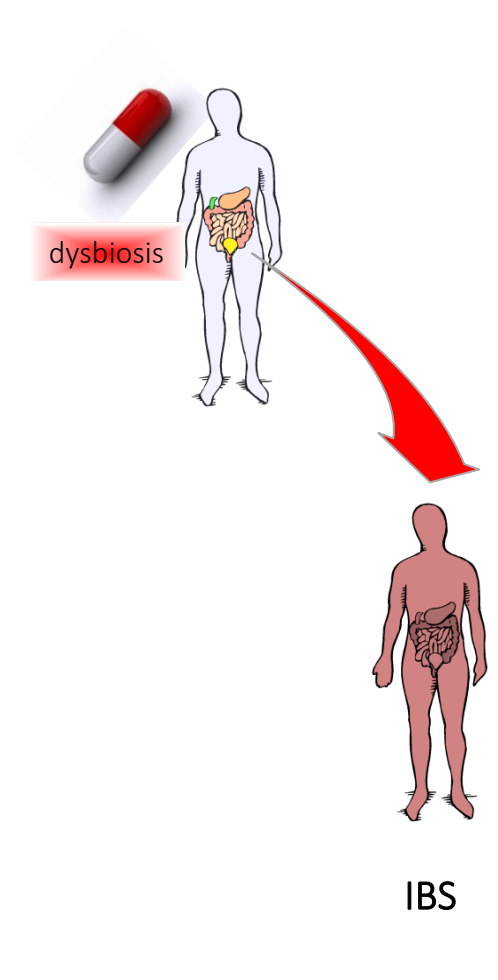


Clinical scenarios linking IBS with the microbiota

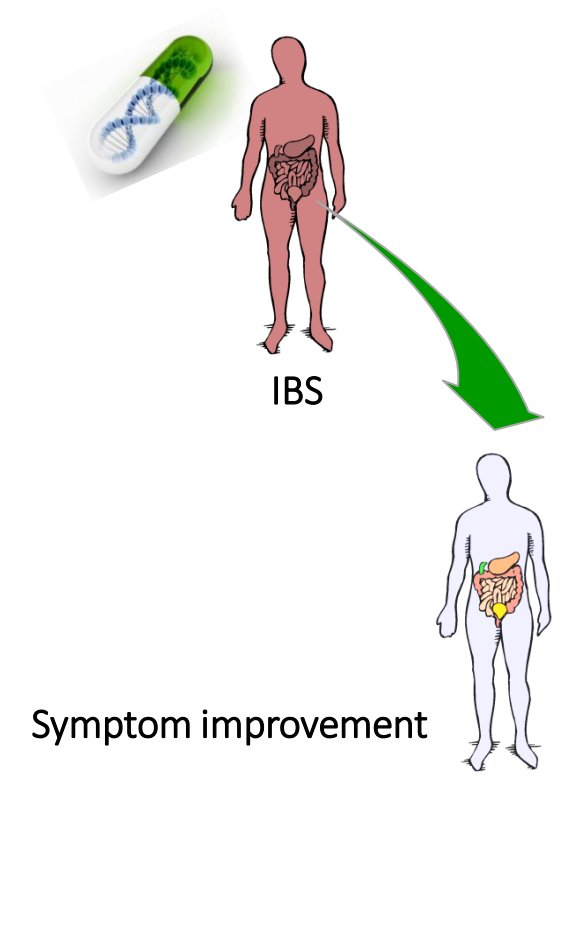
Acute gastroenteritis



Systemic antibiotics



Probiotics Poorly-absorbable antibiotics

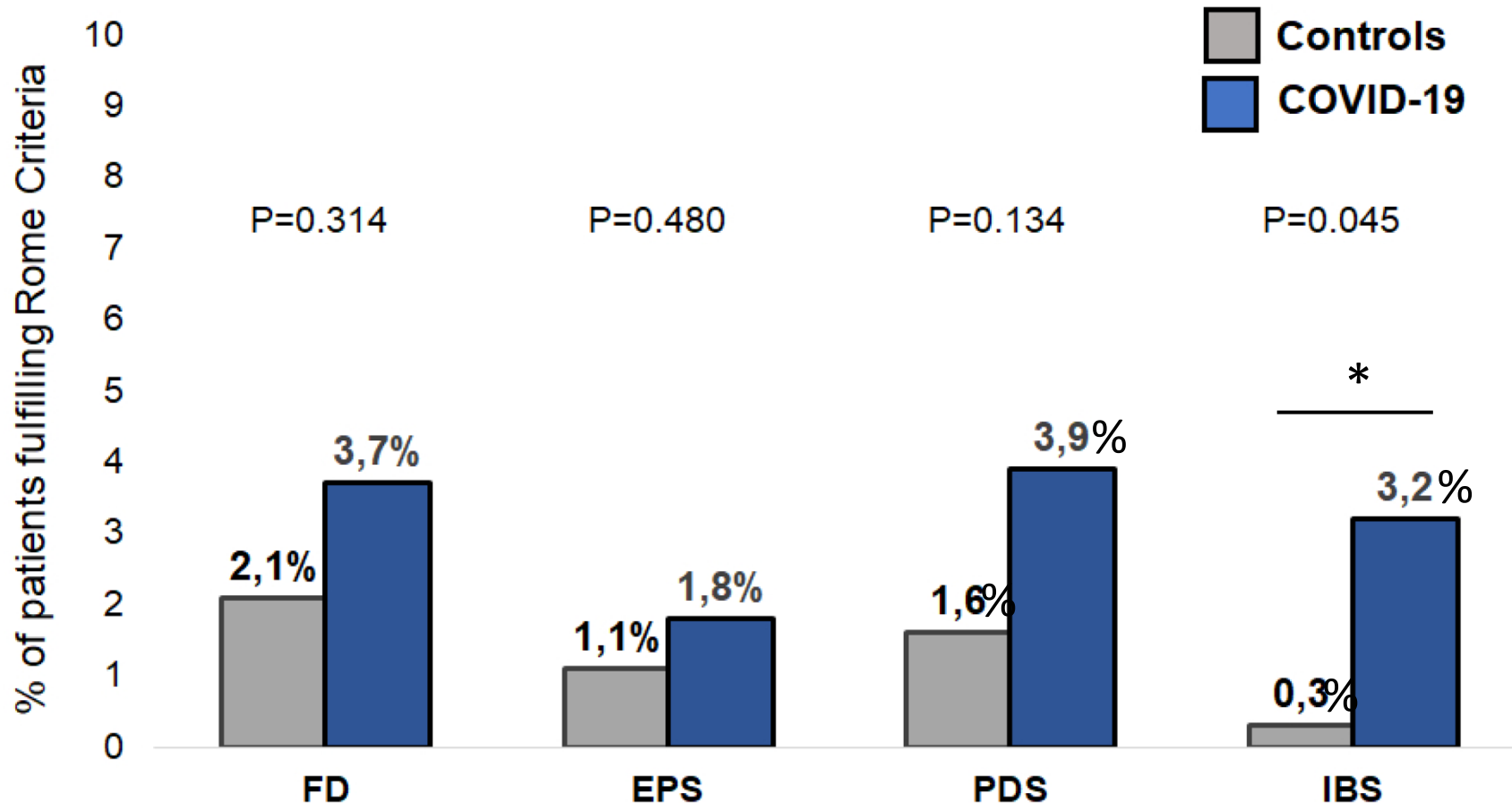


Post-COVID-19 Irritable Bowel Syndrome

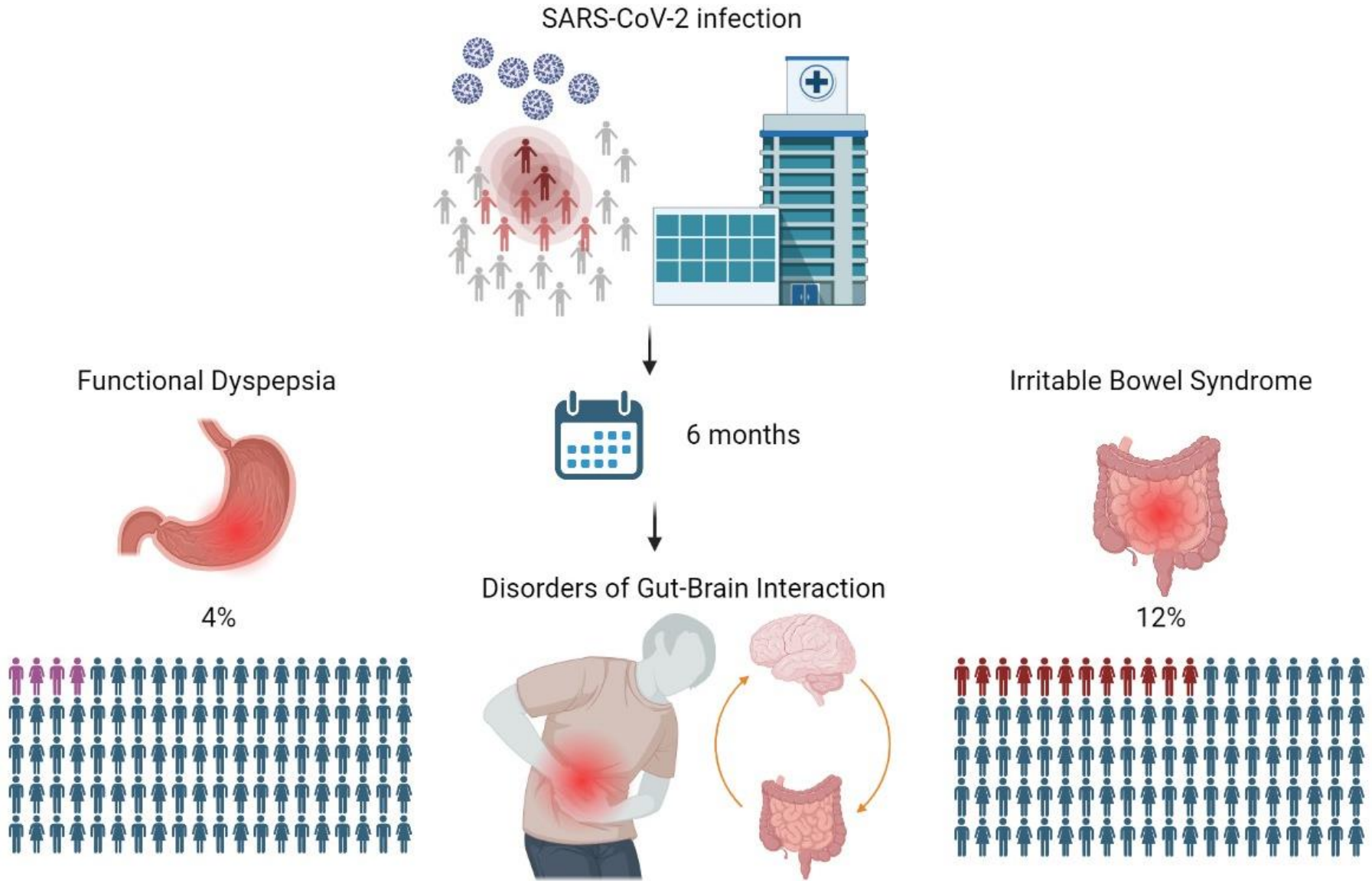
2183 hospitalized patients

1314 (64%) had a diagnosis of COVID-19

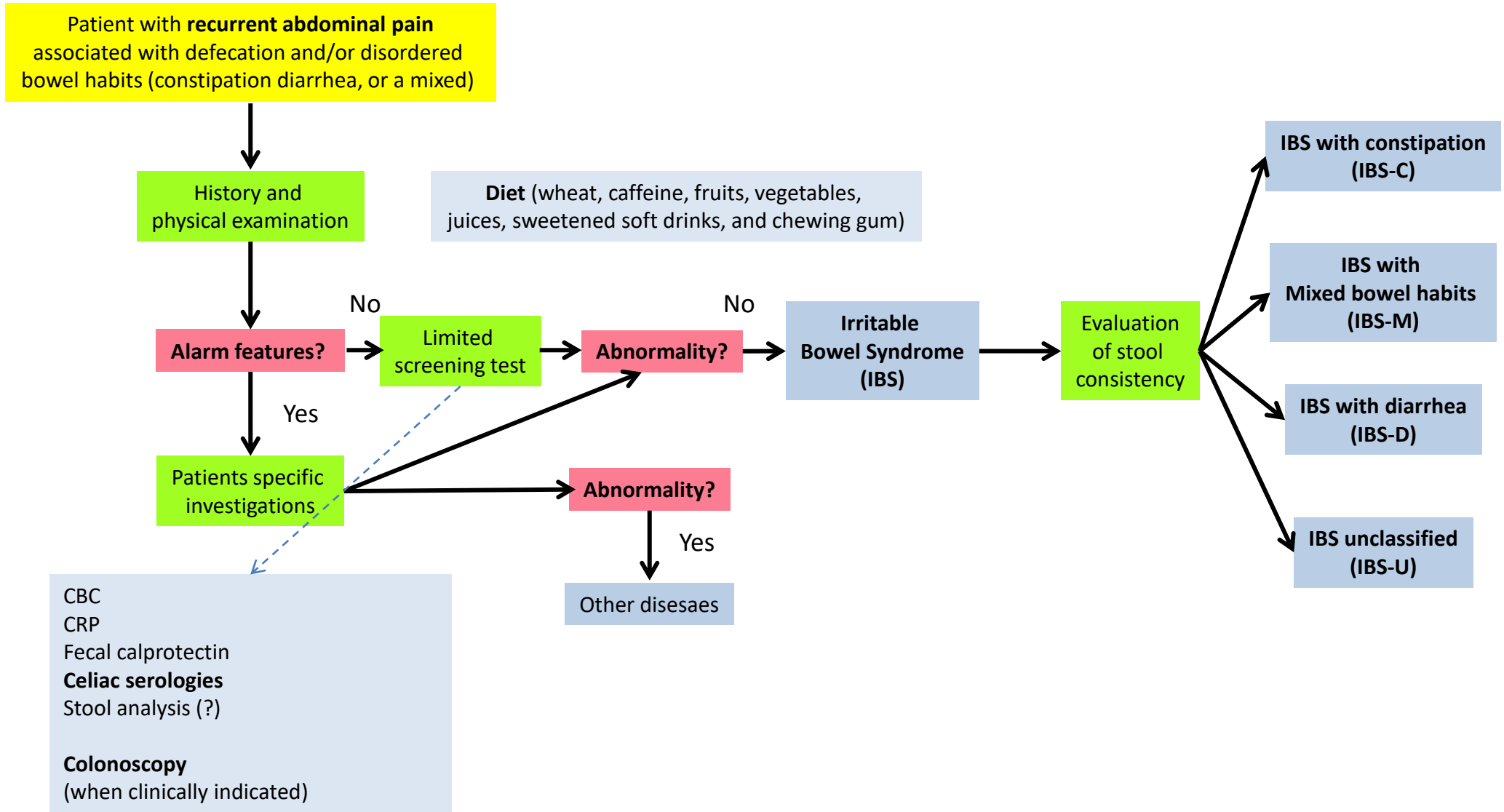
1 year follow-up



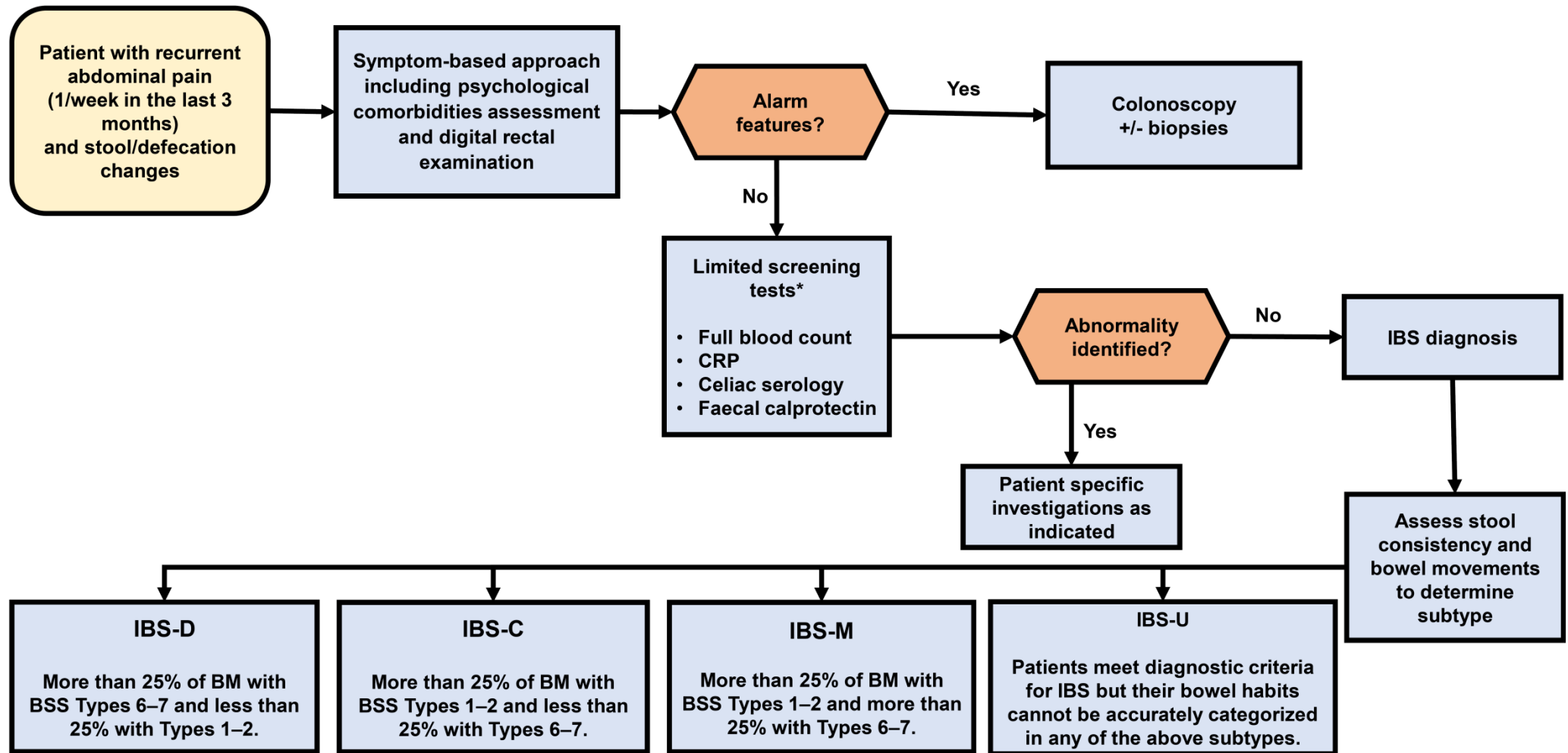
Post COVID-19 Disorders of Gut-Brain Interaction (DGBI)



Rome IV diagnostic algorithm for IBS

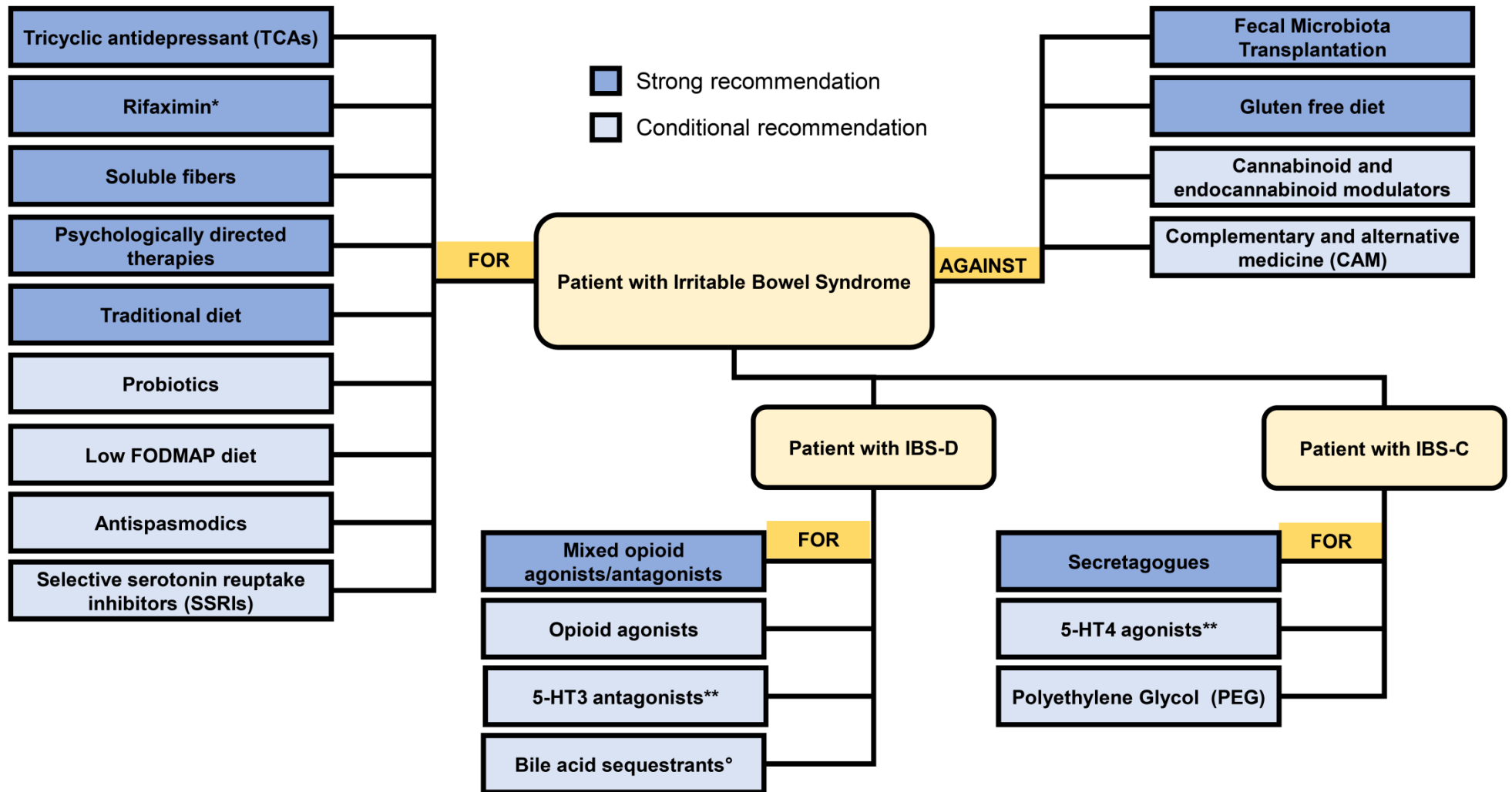


Italian guidelines for the management of irritable bowel syndrome



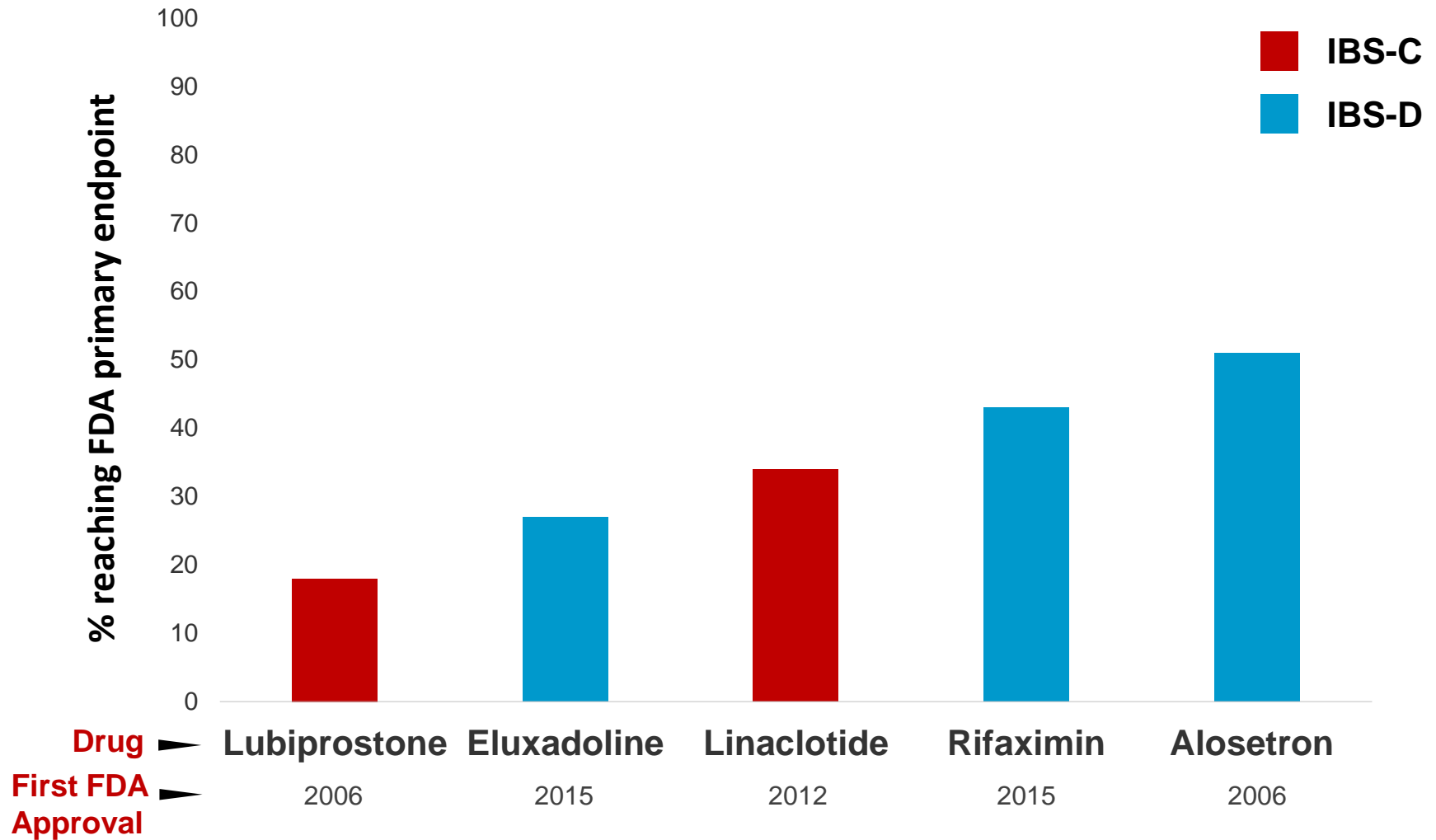
- Stool testing for enteric pathogens, food and lactose intolerance, food allergies, and routine diagnostic test for small intestine bacterial overgrowth are not recommended

Italian guidelines for the management of irritable bowel syndrome

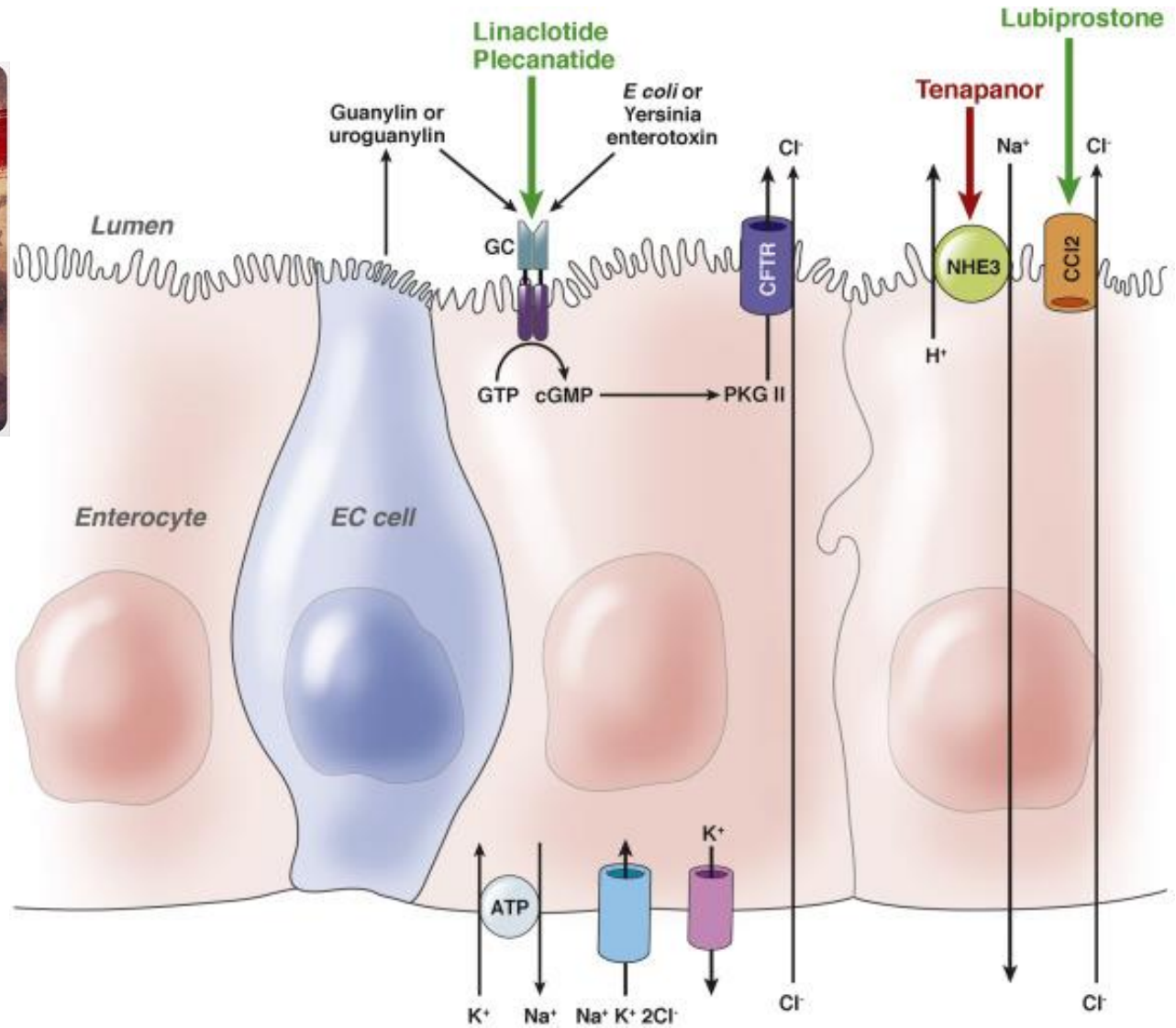


*in patients with IBS without constipation; **in patients who have failed conventional therapy;
 ° in patients with proven bile acid diarrhea or as initial trial if testing is not available.

Efficacy of top five therapies for IBS



Secretagogues for IBS-C: The good, the bad, and the ugly?



GUIDELINES

AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Constipation



Lin Chang,^{1,*} Shahnaz Sultan,^{2,3,*} Anthony Lembo,⁴ G. Nicholas Verne,⁵ Walter Smalley,⁶ and Joel J. Heidelbaugh⁷

New or updated recommendations ^a	Strength of recommendation	Certainty of evidence
1. In patients with IBS-C, the AGA suggests using tenapanor	Conditional	Moderate
2. In patients with IBS-C, the AGA suggests using plecanatide	Conditional	Moderate
3. In patients with IBS-C, the AGA recommends using linaclotide	Strong	High
4. In patients with IBS-C, the AGA suggests using tegaserod Implementation remark: Tegaserod was reapproved for women under the age of 65 years without a history of cardiovascular ischemic events (such as myocardial infarction, stroke, TIA, or angina)	Conditional	Moderate
5. In patients with IBS-C, the AGA suggests using lubiprostone	Conditional	Moderate
6. In patients with IBS-C, the AGA suggests using PEG laxatives	Conditional	Low
7. In patients with IBS, the AGA suggests using TCAs	Conditional	Low
8. In patients with IBS, the AGA suggests against using SSRIs	Conditional	Low
9. In patients with IBS, the AGA suggests using antispasmodics	Conditional	Low

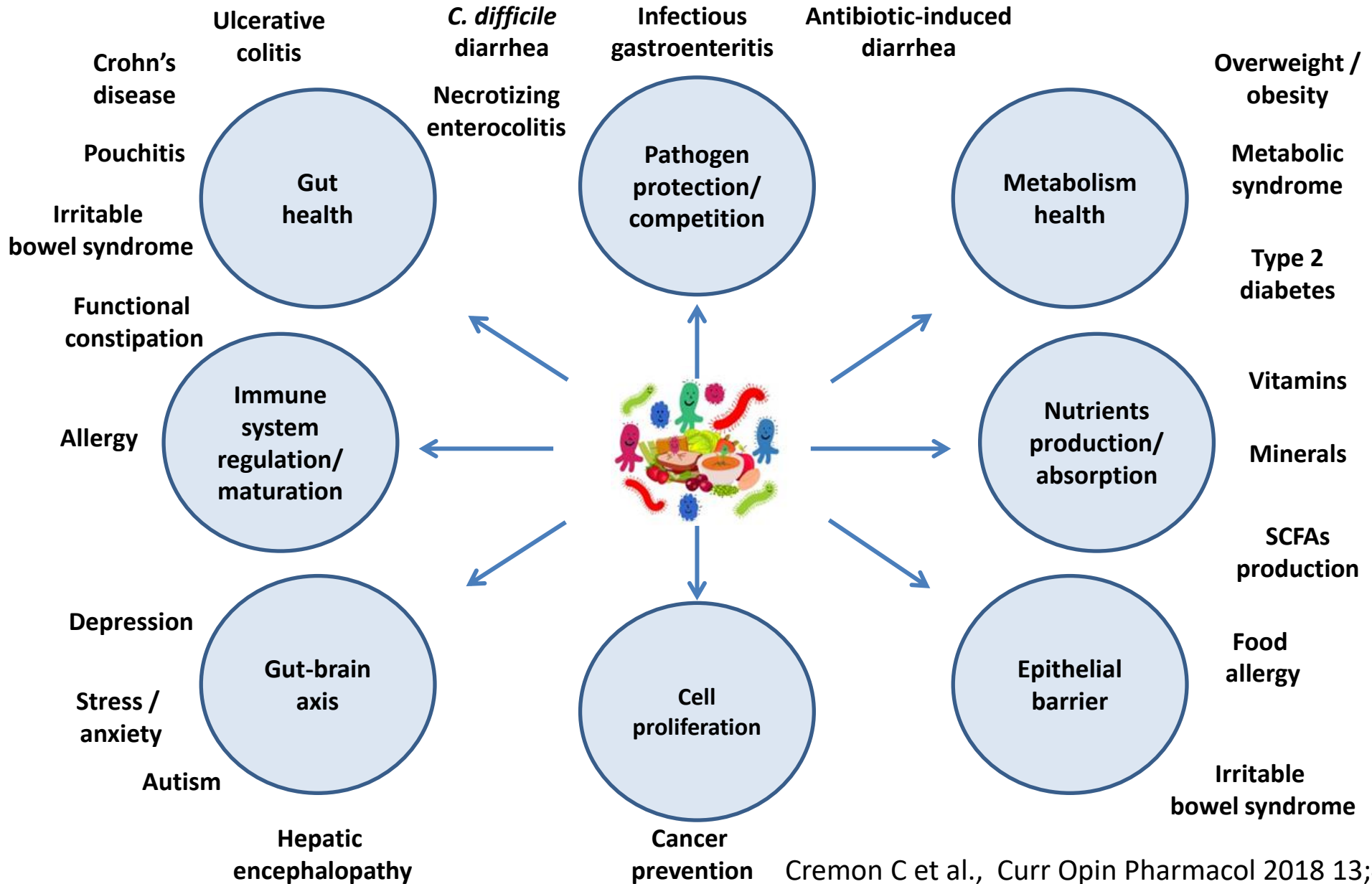


AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Diarrhea

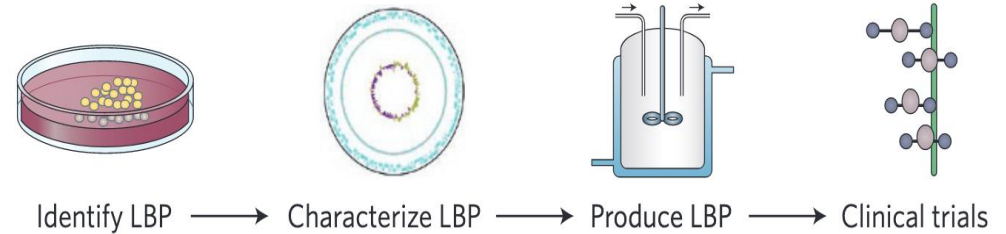
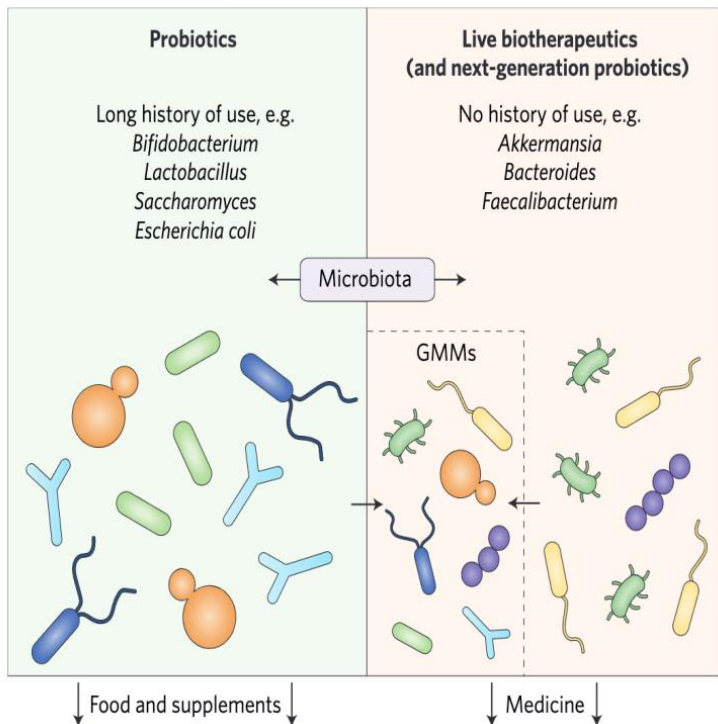
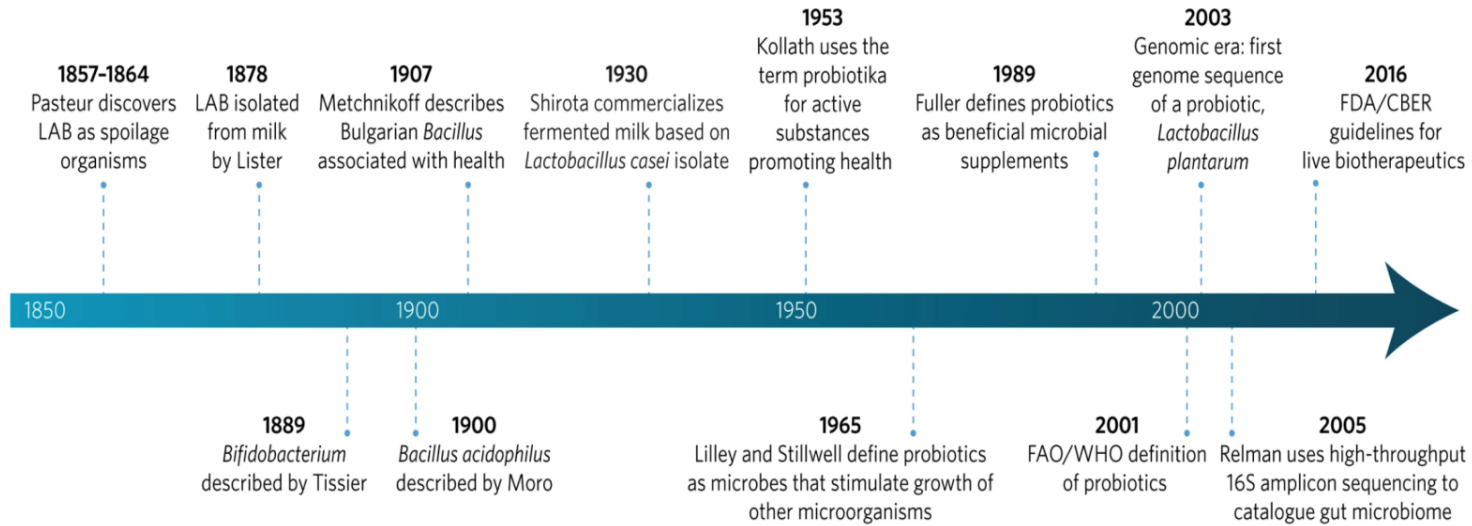
Anthony Lembo,^{1,*} Shahnaz Sultan,^{2,3,*} Lin Chang,⁴ Joel J. Heidelbaugh,⁵ Walter Smalley,⁶ and G. Nicholas Verne⁷

New or updated recommendations ^a	Strength of recommendation	Certainty in evidence
1. In patients with IBS-D, the AGA suggests using eluxadoline Implementation remark: eluxadoline is contraindicated in patients without a gallbladder or those who drink more than 3 alcoholic beverages per day	Conditional	Moderate
2a. In patients with IBS-D, the AGA suggests using rifaximin	Conditional	Moderate
2b. In patients with IBS-D with initial response to rifaximin who develop recurrent symptoms, the AGA suggests retreatment with rifaximin	Conditional	Moderate
3. In patients with IBS-D, the AGA suggests using alosetron	Conditional	Moderate
4. In patients with IBS-D, the AGA suggests using loperamide	Conditional	Very low
5. In patients with IBS, the AGA suggests using TCAs	Conditional	Low
6. In patients with IBS, the AGA suggests against using SSRIs	Conditional	Low
7. In patients with IBS, the AGA suggests using antispasmodics	Conditional	Low

Probiotics: mechanisms of action and clinical implications



The future: Next Generation Probiotics



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Safety of pasteurised *Akkermansia muciniphila* as a novel food pursuant to Regulation (EU) 2015/2283

EFSA Panel on Nutrition, Novel Foods and Food Allergens (NDA),
Dominique Turck, Torsten Bohn, Jacqueline Castenmiller, Stefaan De Henauw,
Karen Ildico Hirsch-Ernst, Alexandre Maciuk, Inge Mangelsdorf, Harry J McArdle,
Androniki Naska, Carmen Pelaez, Kristina Pentieva, Alfonso Siani, Frank Thies,
Sophia Tsabouri, Marco Vinceti, Francesco Cubadda, Thomas Frenzel, Marina Heinonen,
Rosangela Marchelli, Monika Neuhäuser-Berthold, Morten Poulsen, Miguel Prieto Maradona,
Josef Rudolf Schlatter, Henk van Loveren, Reinhard Ackerl and Helle Katrine Knutsen



Probiotic Cremon C, IBS DAYS 2022