

Tegaserod

A Viewpoint by M. Scott Harris

Section of Gastroenterology, University of Wisconsin Medical School, Milwaukee Clinical Campus, Milwaukee, Wisconsin, USA

Irritable bowel syndrome (IBS) is a disorder characterised by altered bowel habits, abdominal discomfort and absence of identifiable organ pathology. IBS represents one of the most commonly encountered gastrointestinal problems. Excess medical charges for IBS-like symptoms surpass \$US8 billion annually.^[1] Cost-effective strategies for IBS treatment are certain to become a future focus of managed care organisations.

Diagnosis and treatment of IBS has been hindered by incomplete understanding of disease pathophysiology. IBS is believed to represent dysregulation of visceral and motor function. In patients with IBS there is a tendency for both the large and small intestine to over react to various stimuli, such as drugs, balloon distension and eating.^[2] High amplitude colonic contractions are more frequent in patients with IBS.^[2] However, these findings lack diagnostic specificity and sensitivity.

Drugs affecting gastrointestinal (GI) motility have been evaluated with the aim of reducing pain or improving bowel function. Methodological problems, which include heterogeneity among patients with IBS (i.e. the possibility of diarrhoea and constipation representing different abnormalities of motor and sensory function), render earlier studies inconclusive.^[3]

The prevalence of IBS has made it a target for pharmaceutical development. Drugs which reduce contractile activity (selective muscarinic antagonists, GI-selective calcium antagonists) or visceral perception (5-HT₃ antagonists) offer promise in di-

arrhoea-predominant IBS. Prokinetic agents may play a role in constipation-predominant individuals. Despite earlier studies,^[4,5] cisapride (a 5-HT₄ agonist and 5-HT₃ antagonist) has proved to be of limited usefulness in this latter subclass of patients.^[6]

Tegaserod, a new selective partial 5-HT₄ receptor agonist, may offer greater efficacy in the treatment of constipation-predominant IBS.^[7,8] How tegaserod and other emerging therapies will fit into the IBS treatment armamentarium is uncertain. Until greater clinical experience is available, symptom-specific treatment, education, reassurance, and dietary and lifestyle modification^[9] remain the mainstays of treatment for individuals with IBS. ▲

References

1. Talley NJ, Gabriel SE, Harmsen WS, et al. Medical costs in community subjects with irritable bowel syndrome. *Gastroenterology* 1995; 109: 1736-41
2. Kellow JE, Eckersley GM, Jones MJ. Enhanced perception of physiological intestinal motility in the irritable bowel syndrome. *Gastroenterology* 1991; 101: 1621-7
3. Klein KB. Controlled treatment trials in the irritable bowel syndrome: a critique. *Gastroenterology* 1988; 95: 232-41
4. Mueller-Lissner SA. Treatment of chronic constipation with cisapride and placebo. *Gut* 1987; 28: 1033-8
5. Vab Outryve M, Milo R, Touissant J, et al. Prokinetic treatment of constipation predominant irritable bowel syndrome: a placebo-controlled study of cisapride. *J Clin Gastroenterology* 1991; 13: 49-57
6. Drossman DA, Whitehead WE, Camilleri M. Irritable bowel syndrome: a technical review for practice guideline development. *Gastroenterology* 1997; 112: 2120-37
7. Appel-Dingemanse S, Hubert M, Alladina L, et al. Pharmacokinetics and safety of SDZ HTF 919, a new prokinetic drug, in healthy subjects and in patients with hepatic cirrhosis. *Digestion* 1998; 59 Suppl. 3: 736
8. Langaker KJ, Morris D, Pruitt R, et al. The partial 5-HT₄ agonist (HTF 919) improves symptoms in constipation-predominant irritable bowel syndrome (C-IBS) [abstract no. GaPP0064]. *Digestion* 1998; 59 Suppl. 3: 20
9. Harris MS. Irritable bowel syndrome: a cost-effective approach for primary care physicians. *Postgrad Med* 1997; 101: 215-26