Drugs used in Irritable Bowel Syndrome

 Idiopathic, chronic, relapsing disorder characterized by abdominal discomfort (pain, bloating, distension, or cramps) in association with alterations in bowel habits(diarrhea, constipation, or both).

Drugs used in Irritable Bowel Syndrome

- Antispasmodic or Anticholinergic Agents:
 - Dicyclomine
 - Hyoscyamine.
 - Spasm is not an important symptom in IBS.
 - They inhibit muscarinic cholinergic receptors in the enteric plexus and on smooth muscle.
 - At usual low doses, have minimal side effects.

Drugs used in Irritable Bowel Syndrome

- Serotonin 5-HT 4- Receptor Agonists:
- Tagaserod:
 - Approved for short term treatment of women with IBS who predominantly have constipation.
 - Reduces pain, bloating and hardness of stool.
 - Expensive.

- Ulcerative Colitis.
- · Crohn's Disease.

- Unknown etiology.
- Drugs have different nonspecific antiinflammatory actions.

- Aminosalicylates:
- Used for decades.
- All contain 5-aminosalicylic acid(5-ASA).
- Believed to work topically.
- But, actually, 80% of 5-ASA is absorbed from the small intestine and does not reach the lesions.

- Aminosalicylates:
- Azo Compounds:
 - Sulfasalazine.
 - Balsazide.
 - Olsalazine.
 - All contain 5-ASA bound by an azo bond (N=N).
 - In the intestine, bacteria cleave the bond to release the active 5-ASA.
- Mesalamine Compounds:
 - Pentasa: time release 5-ASA formulation.
 - Asacol: enteric coated in a pH sensitive resin.
 - Rowasa: enema.
 - Canasa: suppository...

- Aminosalicylates:
- Pharmacodynamics:
 - Modulate inflammatory mediators derived from both COX and lipooxygenase pathways.
 - Interfere with the production of inflammatory cytokines:
 - Inhibit nuclear factor ΚΒ (NF- ΚΒ).
 - Inhibit cellular functions of natural killer cells, mucosal lymphocytes, and macrophages and may scavenge reactive oxygen metabolites.

- Aminosalicylates:
- Clinical Uses:
 - First line drugs for the treatment of mild to moderate active ulcerative colitis.
 - Can induce and maintain remission in ulcerative colitis.

Aminosalicylates:

- Adverse Effects:
 - Attributable to systemic absorption: especially in slow acetylators: Nausea, headache, arthralgia, myalgia, bone marrow suppression, and malaise.
 - Also, allergic reactions, oligospermia, and folate deficiency.

- Glucocorticoids:
- Prednisolone and Prednisone:
 - Oral
- Hydrocortisone:
 - Enemas, foam or suppositories.
- Budesonide:
 - Controlled release oral formulation.

Inhibit production of cytokines(TNF-α, IL-1) and chymokines(IL-8), inflammatory cell adhesion molecules, nitric oxide synthase, phospholipase A₂, Cyclooxygenase-2 and NF-KB.

- Glucocorticoids:
- Clinical Uses:
 - Moderate to severe active IBD.
 - Prednisolone orally or IV.
 - Hydrocortisone, rectally, preferred for rectal and sigmoid involvement.
 - Budesonide for ileal and proximal colon involvement.
 - Not useful for long term maintenance therapy.

- Antimetabolites:
- Azathioprim
- 6-Mercaotopurine.
 - Are purine analogs; which produce thioguanine nucleotides.
 - Immunosuppressive.
 - Inhibit purine nucleotide metabolism and DNA synthesis and repair, resulting in inhibition of cell division and proliferation and may promote T-lymphocyte apoptosis.

- Antimetabolites:
- Clinical Use:
 - Onset delayed for 17 weeks.
 - Used in induction and maintenance of remission.
 - Allow dose reduction or elimination of steroids.

- Antimetabolites:
- Adverse Effects:
 - Nausea, vomiting, bone marrow suppression, hepatic toxicity and allergic reactions(fever, rash, pancreatitis, diarrhea and hepatitis).
 - Allopurinol increases levels of the drugs.

Methotrexate:

- Antimetabolite.
- Can be given orally, subcutaneously and intramuscularly.
- Works by inhibiting dihydrofolate reductase (DHFRase) enzyme which is important in the synthesis of thymidine and purines.
- At high doses it inhibits cellular proliferation.
- At low doses used in IBD, it interferes with the inflammatory actions of interleukin-1, stimulates adenosine release, apoptosis and death of activated T lymphocytes.

- Methotrexate:
 - Used in cancer chemotherapy, rheumatoid arthritis and psoriasis.
- Used for induction and maintenance of remissions of Crohn's Disease.
- At high doses, can cause bone marrow depression, megaloblastic anemia, alopecia and mucositis.
- Renal insufficiency may increase risk of hepatic accumulation and toxicity.
- Side effects counteracted by folate supplementation.

- Anti-Tumor Necrosis Factor:
- TNF-α is a key proinflammatory cytokine in the TH1 response in IBD.
- Infliximab "Remicade":
 - Is a chimeric mouse-human monoclonal antibody to human TNF-α.
 - Given IV.
- Adalimumab:
 - Fully humanized IgG antibody, given SC.
- Certolizumab:
 - Polyethylene glycol Fab fragment of humanized anti- TNF-α, also given SC.

Nomenclature of Monoclonal Antibodies

-mab	monoclonal antibody
-mo-mab	mouse mab
-xi-mab	chimeric mab
-zu-mab	humanized mab
-mu-mab	human mab
-tu-xx-mab	tumor-directed xx mab
-li-xx-mab	immune-directed xx mab
-ci-xx-mab	cardiovascular-directed xx mab
-vi-xx-mab	virus-directed xx mab

- Anti-Tumor Necrosis Factor:
- Half life 8-10 days with persistence of antibodies in plasma for 8-12 weeks.
- Binds to cell surface as well as to membrane-bound TNF-α receptors, preventing the cytokine from binding to its receptors.
- The Fc portion of human IgG₁ region promotes complement activation and antibody-mediated apoptosis and cellular cytotoxicity of activated lymphocytes and macrophages.

- Anti-Tumor Necrosis Factor:
 - Used in acute and chronic treatment of patients with moderate to severe IBD.
 - Given in repeated doses at 0, 2, and 6 weeks for induction.
 - If response is adequate, infusions are repeated every 8 weeks.
 - Response might be lost due to development of antibodies to infliximab.

Anti-Tumor Necrosis Factor:

- Serious Adverse effects:
 - Infection due to immunosuppression, occur in 6% of patients on infliximab, e.g. reactivation of TB or dissemination, pneumonia, sepsis, pneumocystis, listeriosis, and reactivation of hepatitis B.
 - Antibody formation against the murine epitope of infliximab develops in 1/3rd of patients leading to loss of response or infusion reactions.

- Anti-Tumor Necrosis Factor:
- Acute Infusion Reactions: fever, headache, dizziness, urticaria, chest pain, and dyspnea, hypotension, shortness of breath, muscle spasm and chest discomfort.

 Delayed Reactions or Serum Sickness-like Reactions: occur after retreatment with infliximab include myalgia, arthralgia, jaw tightness, fever, rash, urticaria, and edema.

- Anti-Tumor Necrosis Factor:
 - Other Adverse Reactions: Positive antinuclear antibodies, anti-double stranded DNA, Lupus-like syndrome, severe hepatic reactions, lymphoma, multiple sclerosis and congestive heart failure.