Breastfeeding and Medication

Irritable Bowel Syndrome (IBS) and Breastfeeding

Irritable bowel syndrome can be treated during breastfeeding. Some remedies suit some mothers more than other remedies. There is also a significant body of research that indicates that CBT is effective in reducing IBS symptoms of abdominal pain, diarrhoea, and constipation.

Introduction

Irritable bowel syndrome (IBS) is a common, chronic, relapsing, and often life-long condition, mainly affecting people aged between 20 and 30 years. It is more common in women. Symptoms include abdominal pain or discomfort, either diarrhoea or constipation (or both alternating) and bloating. The treatment of IBS is focused on symptom control, in order to improve quality of life. It occurs in 10-20% of the population and again is more common in women than men.

Diagnosis

According to NICE CG 61 (Irritable bowel syndrome in adults: diagnosis and management) in order to diagnose IBS:

Patients must give at least a six-month history of either:

- Abdominal pain or discomfort.
- Bloating.
- Change in bowel habit. Consider positively diagnosing IBS only if abdominal pain is either relieved by defecation or associated with altered bowel frequency or stool form.

AND at least 2 of the following are present:

- Altered passage of stool (straining, urgency, incomplete evacuation).
- Abdominal bloating (women >men), distention tension or hardness.
- Symptoms aggravated by eating.
- Passage of mucus rectally.

Before diagnosis, blood tests and a colonoscopy are commonly undertaken to rule out other conditions which may, at least initially, present with similar symptoms e.g., IBD.

Medication

The categories of drugs involved reduce spasms, control constipation or diarrhoea (see section on bowel issues). Symptoms are frequently accompanied by depression.

Dicycloverine (Dicyclomine) (Merbentyl ™ Kolanticon ™). In the past this drug was used to treat colic in babies but following reports of breathing difficulties, its license for use in infants under 6 months was withdrawn. The adverse reactions occurred in babies under the age of 6 weeks and involved sudden reactions following administration of the drug via a spoon. All children recovered normally (Williams 1994, Edwards 1984, Spoudea 1984). There is also a single case report of a similar reaction in a 12-day old, breastfed baby whose mother took this drug (personal communication reported in Briggs 2005), so it is a drug best avoided in lactation since there are alternative preparations available.

Hyoscine (Buscopan ™) is often the drug preferred by patients with IBS. No levels in breastmilk have been reported from studies. It is licensed at half the adult dose for children over 6 years (10 milligrams three times daily) so the amount passing into breastmilk is likely to be safe.

Alverine (Relaxyl™, Spasmonal™) is widely used to treat symptoms of irritable bowel syndrome but one study shows that it was no better than placebo in providing relief of symptoms (Mitchell 2002). It is licensed for use in patients over the age of 12 years. There is no information on its passage into breastmilk. Avoid if possible.

Mebeverine (Colofac™) should be taken 20 minutes before meals for maximum effect. It is licensed for use in children above the age of three so levels passing into breastmilk are likely to be safe.

Peppermint Oil (Colpermin ™) capsules are used to relieve spasms associated with IBS but should be swallowed whole, half to one hour before food to avoid irritation of the oesophagus. There is some evidence to support the value of this product in therapy (Pittler 1998, Grigoleit 2005). Peppermint oil is believed to undergo rapid first pass metabolism so levels in breastmilk will be low. There have been anecdotal reports in internet discussions by lactation specialists in the US that it can reduce milk supply but there are currently no studies to prove or disprove these.

References

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Further information

The IBS Network https://www.theibsnetwork.org/

June 2022