

## Bile Acid Malabsorption: a neglected cause of IBS.

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Do you get loose stool as part of your IBS? Have you ever been offered a SeHCAT scan test to see if you have bile acid malabsorption? We bet you haven't, because most doctors never think of bile acid malabsorption as the cause for IBS. In Rotherham, though, where for the last 15 years, Professor K.D. Bardhan has been regularly assessing all patients diagnosed with diarrhoea predominant IBS using a SeHCAT scan. One in three had bile acid malabsorption.

So, we went on to see who else was doing this. We found 18 major studies over the last 30 years published in medical journals reporting identical findings to Professor Bardhan. Yet, doctors don't seem to be taking any notice. We have worked out that about 50,000 people in the UK, 6 million people in the whole of Europe and 4 million people in North America, diagnosed with IBS, have bile acid malabsorption.

**A SeHCAT scan is a simple test. Your local hospital nuclear medicine department can probably do it. It involves swallowing a capsule, which contains about the same radioactivity as we are all exposed to from natural background sources each month, and then having 2 scans, one on the same day as you swallow the capsule, one a week later. The scan is quite safe, but is not recommended if you are pregnant or are planning to become pregnant in the next few weeks. It is available in 250 different hospitals in the UK, and once diagnosed the condition can be effectively treated.**



**So what exactly is bile acid malabsorption?** Well, bile acids are made in the liver and stored along with bile pigments in the gall bladder. Eating a meal that contains fat or protein or even drinking a cup of coffee, cause the gall bladder to contract, releasing bile acids into the upper intestine, where they help digest the fat as it travels through the small bowel. When the bile acids reach the far end of the small bowel (the ileum), they are mostly absorbed back into the body and travel back in the blood stream to the liver where they are stored until they are needed for the next meal.

If the ileum is inflamed, damaged, has been surgically removed or if transit through this region is accelerated, then too much bile acid reaches the colon. Bile acids have been termed nature's laxatives. They are intensely irritant and this makes the bowels behave in a very unpredictable way. People with bile acid malabsorption have diarrhoea, they often feel the need to rush to the lavatory and often get smelly wind and crampy pains. Does that sound like your IBS?

### Why then are so few patients with IBS offered a SeHCAT scan for bile acid malabsorption?

- Few doctors realise that bile acid malabsorption may be a possible cause of unexplained and unpredictable bowel symptoms.
- The SeHCAT test is not available in all hospitals, and even in those where it is available, it is not often used.
- The NICE guidelines for the treatment of IBS do not even mention bile acid malabsorption as a possible cause of diarrhoea predominant IBS. .

**Whilst this seems a depressing picture, there is a lot going on to redress the balance. A group of gastroenterologists, researchers, dietitians, nurses and pharmacists who believe it's time for a change have been busy.**

- A report has recently been published highlighting the issue.
- Old drugs to treat the condition (colestyramine or colestipol) weren't very nice to take and often didn't work well. A newly available alternative tablet colesevalam seems to be better tolerated and more effective.
- New blood tests for bile acid malabsorption are being developed.

However, until accurate blood tests are available, the SeHCAT test remains without any doubt the best test for bile acid malabsorption. It is very underused. If you have intermittently loose bowels and have been told that the cause is IBS, ask your GP or consultant whether perhaps you should be sent for a SeHCAT scan. It might change your life.

### Comment:

*Bile acid malabsorption was identified as a cause of diarrhoea predominant IBS, 25 years ago. A paper by Professor Martin Eastwood in Edinburgh reported abnormal SeHCAT tests in over 30% of people with IBS and diarrhoea. The reason was probably due to excessively rapid transit through the ileum. Since then, I have found Colestyramine (Questran) a useful treatment for diarrhoea predominant IBS, that can be tailored to the patients requirements. But it is important to take the Questran before the bile acids are released into the small intestine. I recommend twenty minutes before meals and titrated to the size of the meal and the symptomatic response. Start with one sachet before a moderate sized meal and half before a smaller one.*

**Dr Nick Read.**