



ATLANTIS

*Investigating amitriptyline as
second-line treatment for IBS*

Rationale for the Use of Amitriptyline for Irritable Bowel Syndrome, Common Side Effects, and Possible Cautions

Background

Irritable bowel syndrome (IBS) is usually a long-term problem and can have a significant impact on people's lives. Unfortunately, we know that current IBS medications do not help everyone.

Amitriptyline is a drug that can be used to treat IBS.

The ATLANTIS trial, which was conducted in England, has shown that it is superior to a placebo for IBS. Almost twice as many people receiving amitriptyline experienced an improvement in their IBS symptoms compared with placebo.

These benefits took several months to become apparent.

The results from this trial are important, as they will mean general practitioners are more likely to use amitriptyline routinely as a treatment for IBS. It could be added to treatments people are already taking for their IBS.

What is amitriptyline?

Amitriptyline is a frequently used drug for chronic painful conditions, which has been in use for more than 50 years. We believe it helps with IBS at a low dose because it relieves abdominal (tummy) pain and changes bowel activity.

Amitriptyline is sometimes used to treat depression. However, when being used for depression, it is given in much higher doses (150 mg to 200 mg). In IBS we only use small doses of amitriptyline (10 mg to 30 mg), and it is being used because of its impact on abdominal pain, rather than mood.

The ATLANTIS trial showed no effect on mood scores with 10 mg to 30 mg of amitriptyline during the study. As with any medication, there are some potential side effects and some warnings and precautions to consider before taking it.

What are the possible side effects of amitriptyline?

Amitriptyline has been used widely for over 50 years, but in IBS it is used at a low dose. Nevertheless, all medicines may have side effects. Common side effects of amitriptyline, which tend to wear off after the first few weeks, include:

- constipation;
- dizziness;
- dry mouth;
- feeling sleepy, tired, or weak (this is the reason why you should take amitriptyline at night);
- difficulty peeing;
- headache.

If you are a woman who may become pregnant, you should check that you are not pregnant before taking the drug, via a pregnancy test. You should also use a reliable form of effective contraception during the time you are taking it. If you do become pregnant whilst on the drug, or you find out that you are pregnant within three months of finishing treatment with the drug, then you must tell your GP at once. Your GP will advise you on the potential risks to your unborn child and the options available to you.

Warnings and precautions to using amitriptyline

Amitriptyline should not be taken by patients who have:

- recently had a heart attack (myocardial infarction);
- heart problems such as arrhythmias (disturbances in heart rhythm which are seen on an electrocardiogram (ECG)), heart block, or coronary artery disease;
- severe liver disease;
- acute porphyria;
- during the manic phase of bipolar disorder;
- or if taking certain medications, including monoamine oxidase inhibitors (MAOIs).

In particular, you should mention any of the conditions listed above, as well as the following below, to your GP before commencing the drug:

- cardiovascular disease;
- diabetes;
- epilepsy;
- history of psychosis or bipolar disorder;
- hyperthyroidism;
- increased intra-ocular pressure;
- phaeochromocytoma;
- prostatic hypertrophy (prostate gland enlargement);
- susceptibility to angle-closure glaucoma;
- difficulty passing urine.

For more information about this research, visit: <https://ctr.u.leeds.ac.uk/atlantis/>

If you have questions about your own health or care, please contact your GP.

This trial is registered with the ISRCTN (ISRCTN48075063).

Funding: National Institute for Health and Care Research Health Technology Assessment Programme (grant reference: 16/162/01). The views and opinions expressed are those of the authors and do not necessarily reflect those of the HTA, NIHR, NHS, or the Department of Health and Social care.

The main research paper is available open access here:

[https://doi.org/10.1016/S0140-6736\(23\)01523-4](https://doi.org/10.1016/S0140-6736(23)01523-4)

Many thanks to the participants for making this research possible, the research team including our patient representatives, the local Clinical Research Networks, and the recruiting general practices.

FUNDED BY

NIHR | National Institute for
Health and Care Research

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