

Information for Clinicians Video Transcript

Low dose amitriptyline a safe, effective, well-tolerated option for second-line management of Irritable Bowel Syndrome.

Irritable Bowel Syndrome (IBS) affects millions of people, often leading to chronic abdominal pain, changes in bowel habit, and reduced quality of life.

When first line treatments like dietary changes, fibre supplements, and first line drugs don't provide relief, it's time to consider a second-line option.

In a recent NIHR funded, large clinical trial in primary care, titled '*Amitriptyline at low dose and titrated for Irritable Bowel Syndrome as second line treatment*,' or the ATLANTIS study, low dose amitriptyline was found to be superior to placebo in reducing IBS symptoms.

Over a six-month period, researchers conducted a randomised, double blind, placebo-controlled trial in 55 general practices in England. 463 adults with persistent IBS symptoms were included.

Patients taking low dose amitriptyline experienced a statistically significant reduction in their IBS symptom severity scores versus placebo, indicating less abdominal pain, less bloating, lower impact on quality of life, and increased satisfaction with their bowel habits.

Low dose amitriptyline is generally safe and well tolerated. Patients who experienced side effects reported their severity to be mild-to-moderate and manageable, especially when their dose was titrated according to symptoms.

Patients in the ATLANTIS trial self-titrated their dosage over several weeks, leaving them feeling empowered to manage their symptoms and treatment.

Low dose amitriptyline a safe, effective and currently underused treatment option for IBS in primary care, is supported by NICE guidelines. This new evidence reinforces the importance of discussing it with patients who haven't responded to first-line therapies.

For more information, visit the ATLANTIS Trial website.