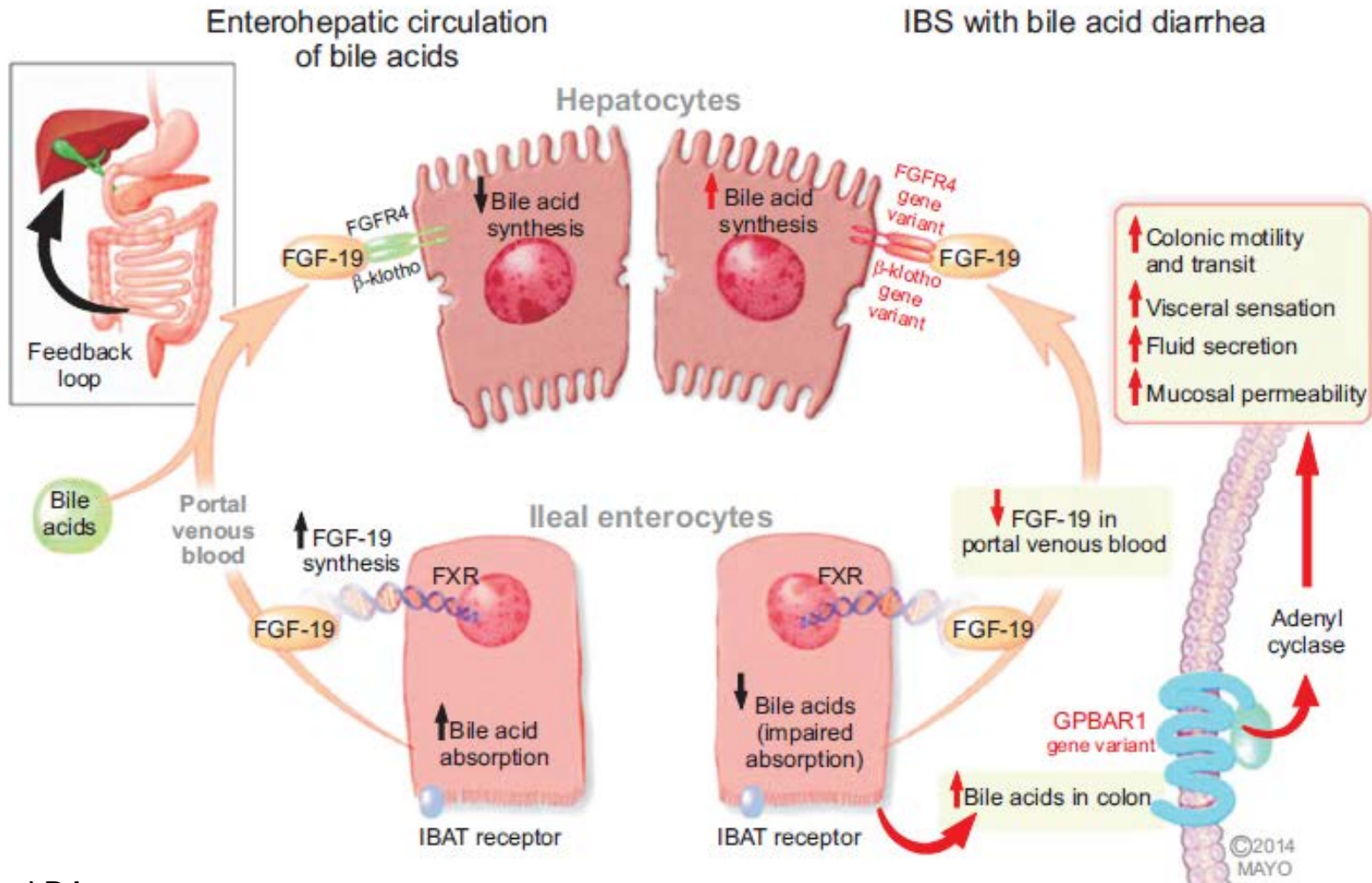




# Mechanisms of BA-related bowel dysfunction in IBS-D

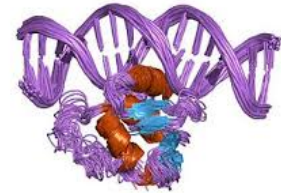


IBAT: ileal BA transporter  
 FGF-19: fibroblast growth factor 19  
 GPBAR1: G protein-coupled BA receptor 1

# Bile acid malabsorption in IBS-D

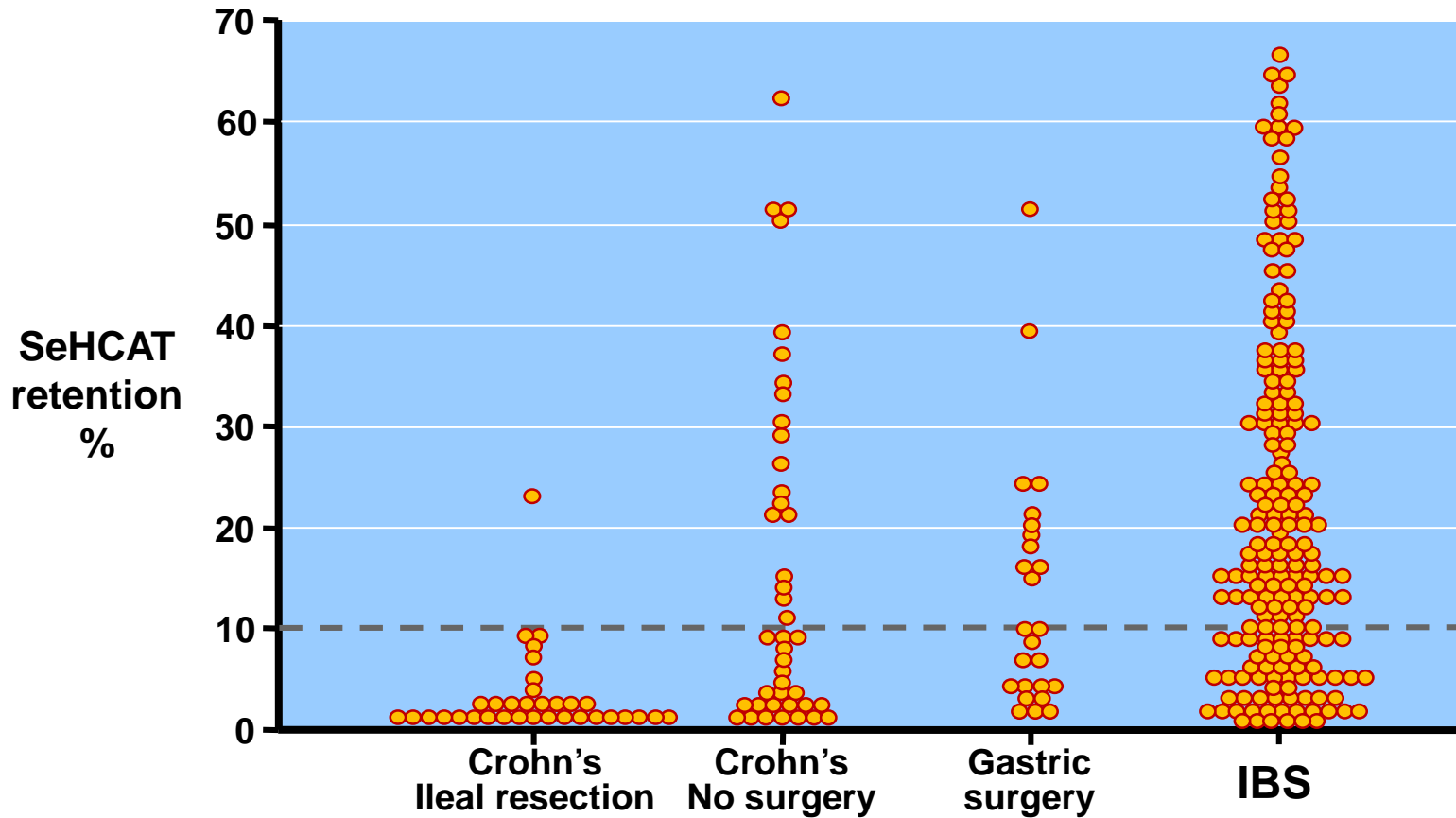
Bile acid malabsorption assessed by the  $^{75}\text{SeHCAAT}$  test

- 23 healthy adults
- 38 IBS-D patients



- BA malabsorption in 50% of IBS-D patients
- 40% colestyramine relieved diarrhea

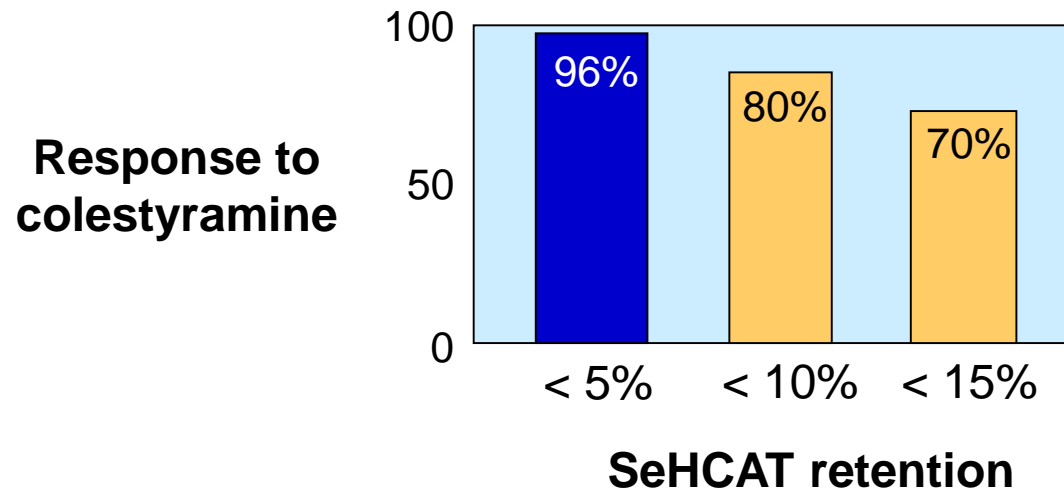
# BA malabsorption in chronic diarrhoea



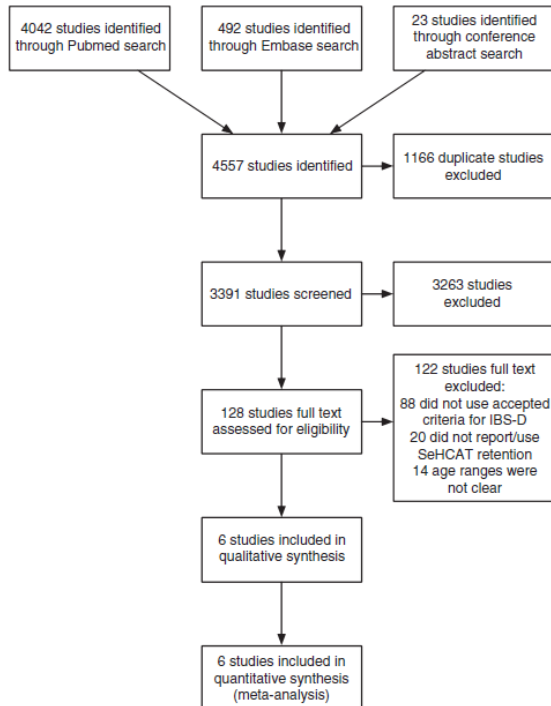
# Prevalence of idiopathic BA malabsorption in IBS-D (Systematic review)

**18 relevant studies, 15 prospective, 1223 patients**

- 10% (CI: 7-13) patients had severe BAM
- 32% (CI: 29-35) patients had moderate BAM
- 26% (CI: 23-30) patients had mild BAM



# Systematic review with meta-analysis: prevalence of BA malabsorption in IBS-D

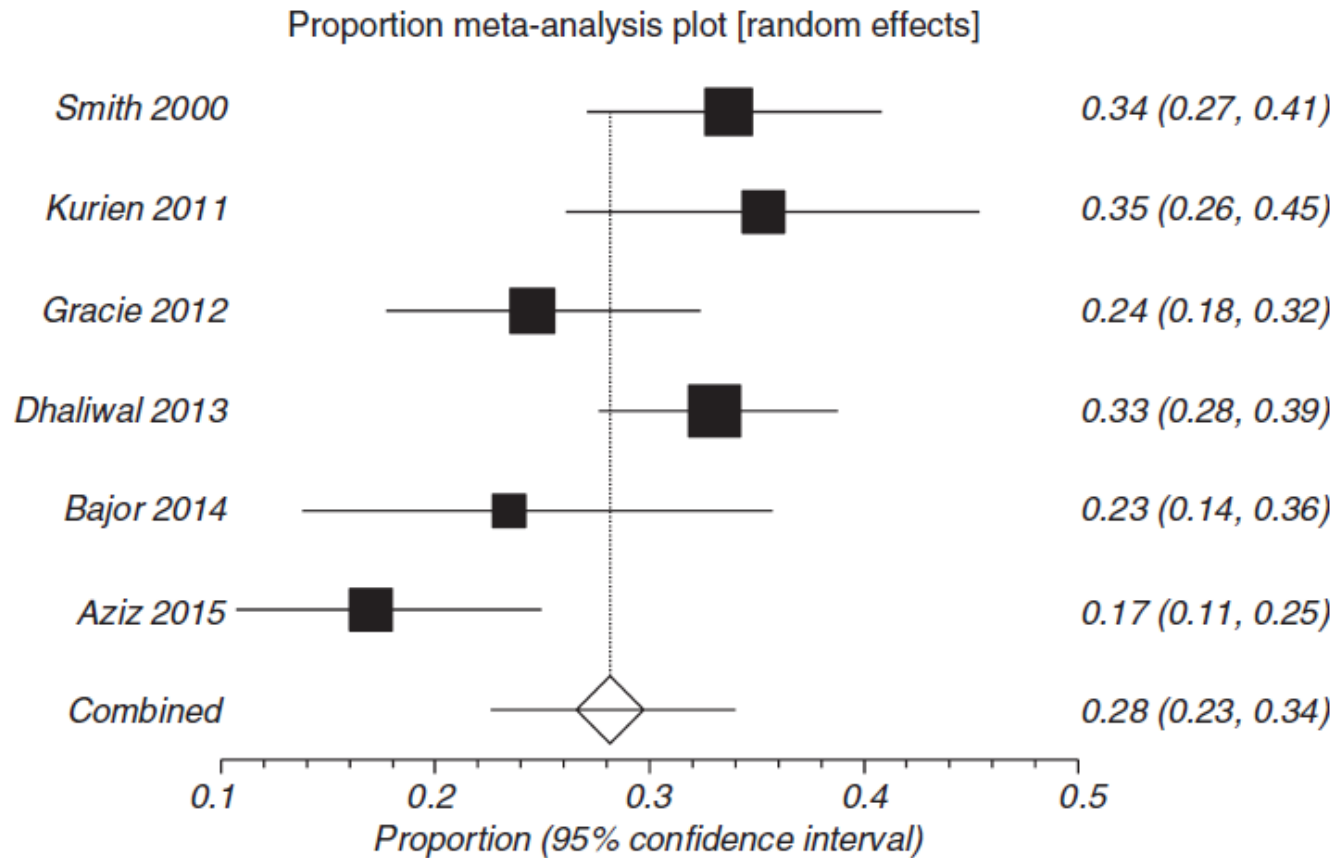


## Quality Assessment for Diagnostic Accuracy Studies

	Risk of bias				Applicability concerns		
	Patient selection	Index test	Reference standard	Flow & timing	Patient selection	Index test	Reference standard
Smith <i>et al.</i> <sup>23</sup>	●	●	●	●	●	●	●
Kurien <i>et al.</i> <sup>24</sup>	●	●	●	●	●	●	●
Gracie <i>et al.</i> <sup>21</sup>	●	●	●	●	●	●	●
Dhaliwal <i>et al.</i> <sup>22</sup>	●	●	●	●	●	●	●
Bajor <i>et al.</i> <sup>25</sup>	●	●	●	●	●	●	●
Aziz <i>et al.</i> <sup>26</sup>	●	●	●	●	●	●	●

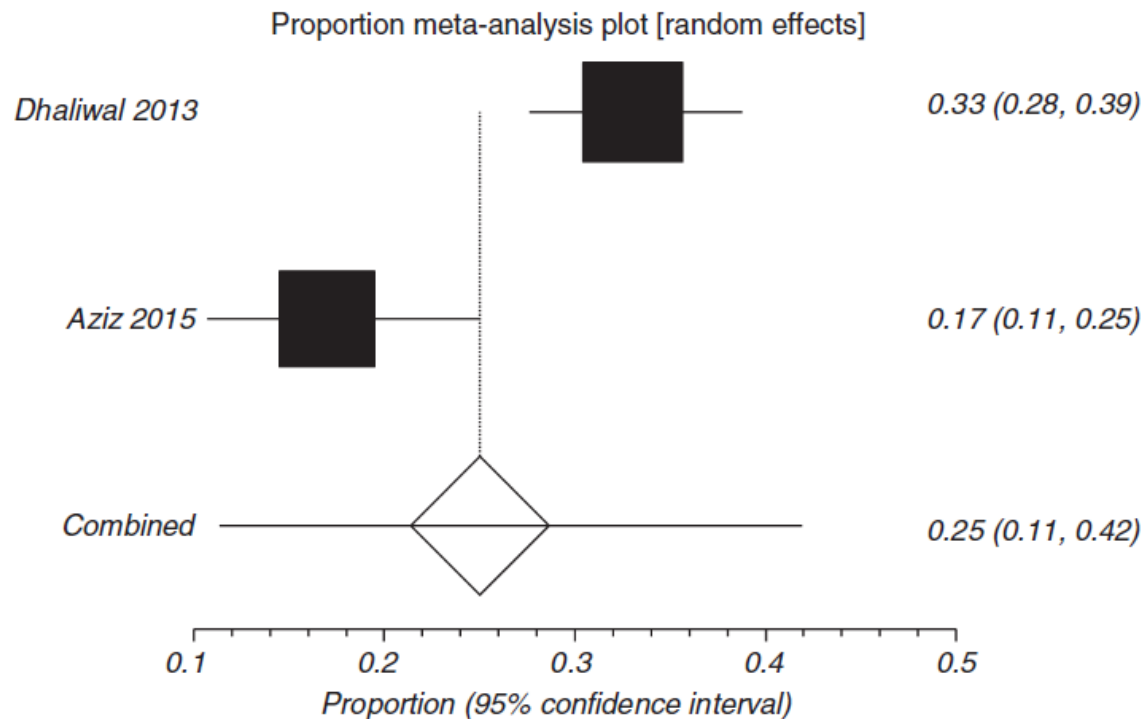
# Bile acid malabsorption in IBS-D

## Proportions of BAM in 908 patients with IBS-D



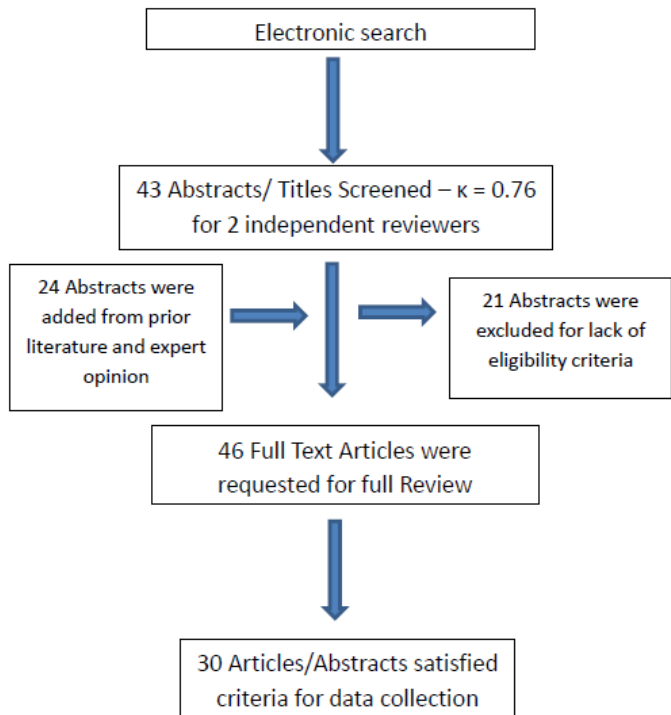
# Bile acid malabsorption in IBS-D

## BAM in prospective studies using the Rome III criteria for IBS-D





# Biomarkers for BA-diarrhea in IBS-D and FDr Systematic review and meta-analysis



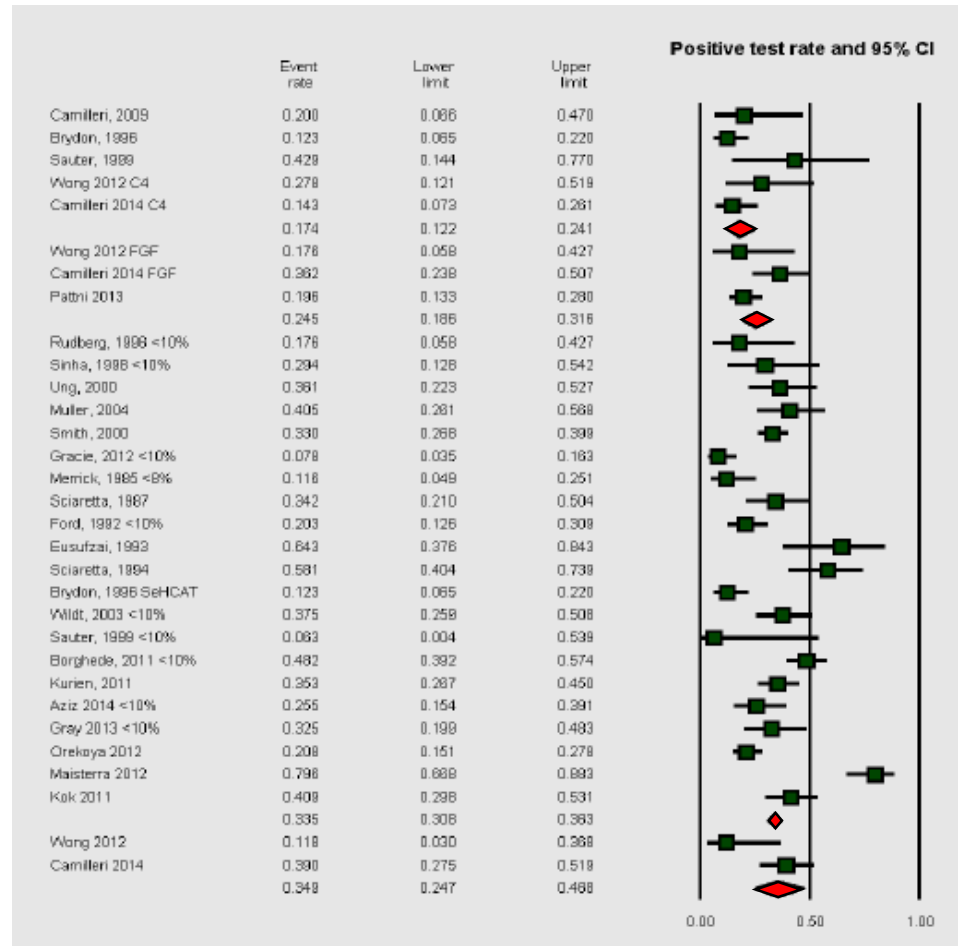
**Fecal BA 48h**

**Test**

**C4**

**FGF-19**

**SeHCAT**



C4: 7 $\alpha$ -hydroxy-4-cholesten-3-one  
FGF-19: fibroblast growth factor 19

# Increased fecal primary BA and dysbiosis in IBS-D

- 14 IBS-D
- 18 Healthy volunteers



- % of fecal primary BA was significantly higher in IBS-D vs HS
- It was significantly correlated with stool consistency and frequency

- ↑ Escherichia coli and ↓ Leptum and Bifidobacterium in IBS-D

As the gut microbiota is the exclusive pathway to transform primary into secondary BA, this suggests a functional consequence of dysbiosis, leading to lower BA transformation.

# Increased BA synthesis is associated with IBS-D

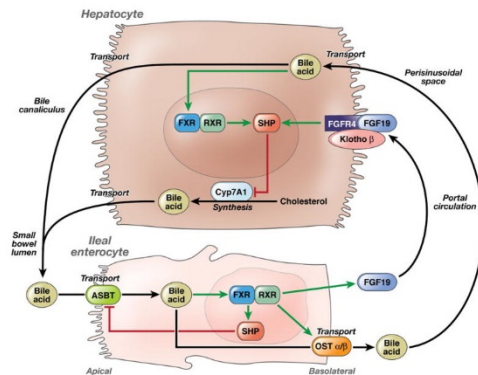
- 26 healthy volunteers
- 26 patients with IBS-C
- 26 patients with IBS-D

Serum levels of 7 $\alpha$ -hydroxy-4-cholesten-3-one (C4; a surrogate for BA synthesis)  
Fibroblast growth factor (FGF) 19 (an ileal hormone that downregulates BA synthesis)  
Concentration of BA in stools

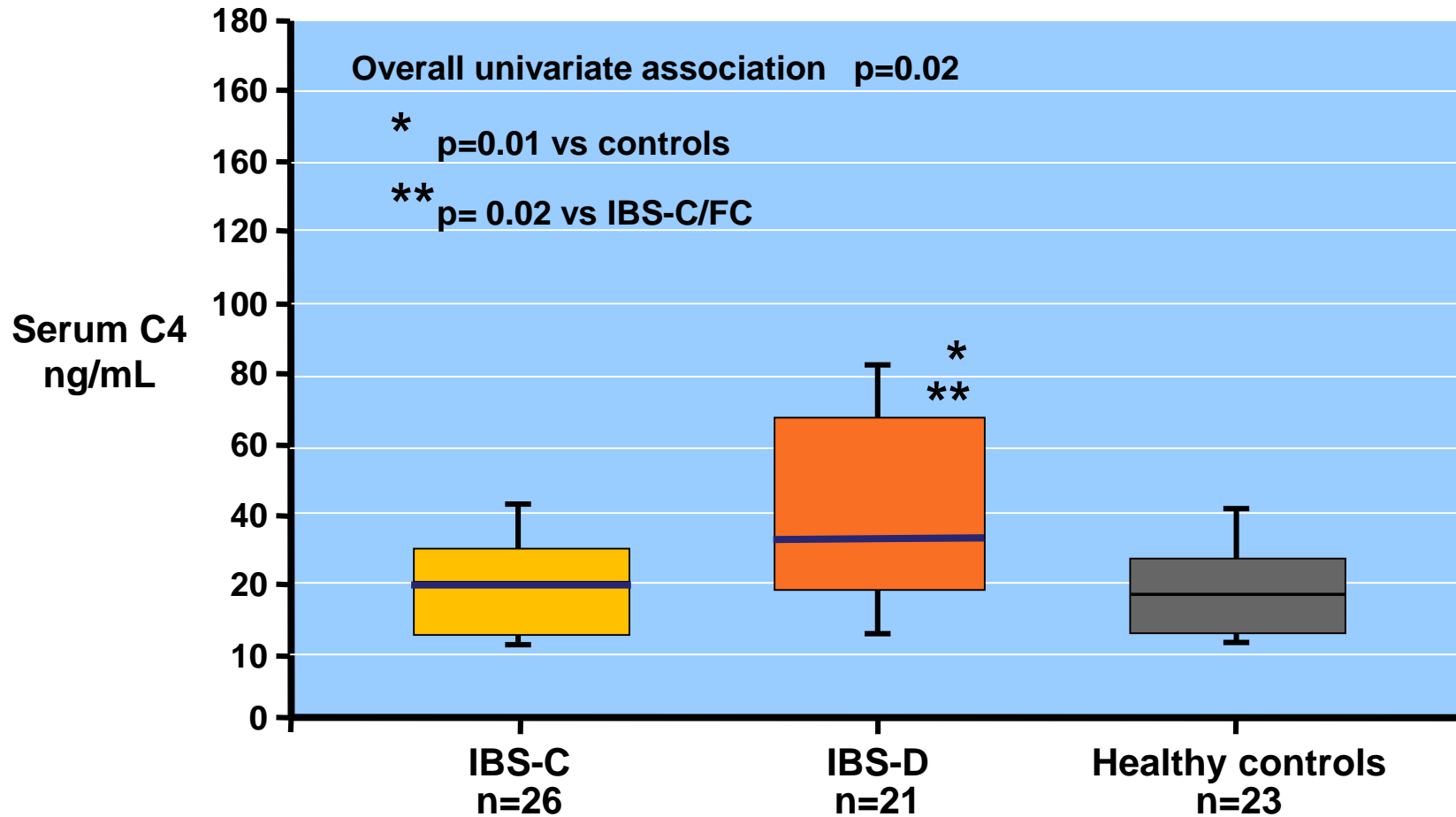
IBS-D:  $\uparrow$  [BA] in stool & serum C4 levels

38% of patients with IBS-D had increased serum levels of C4

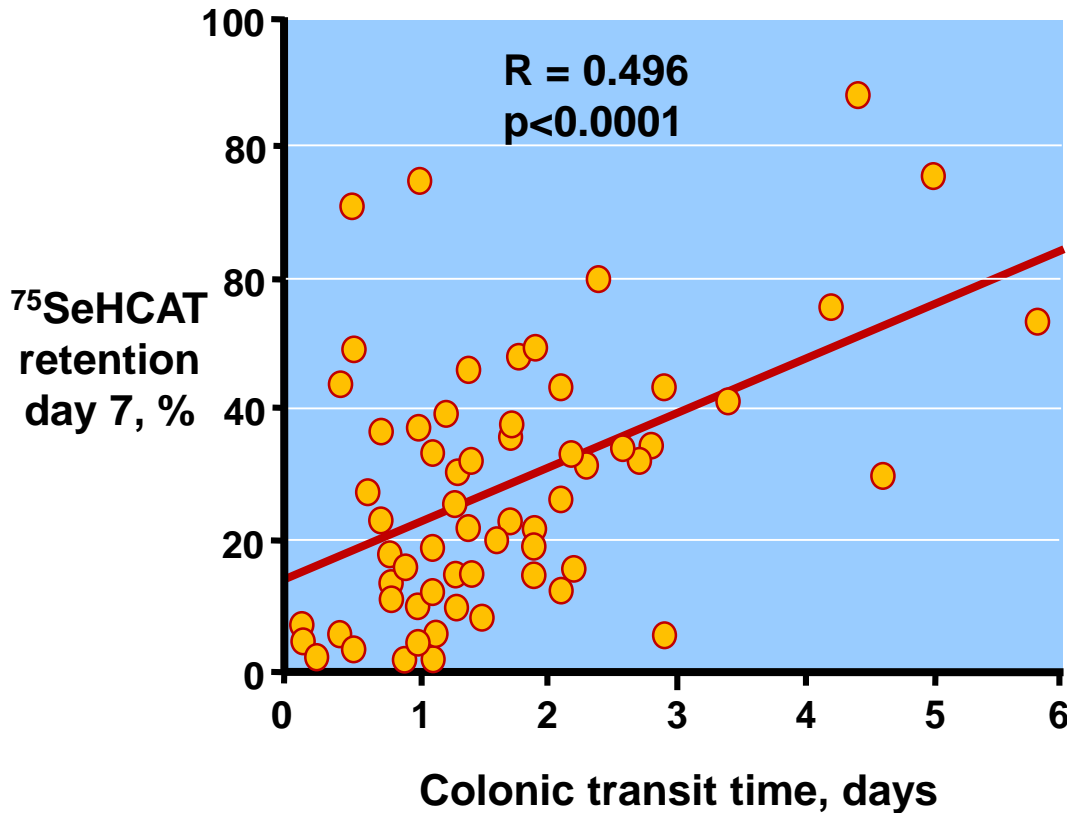
*FGFR4* rs1966265 was associated with stool level of BA ( $P = .032$ ).



# Increased BA synthesis in IBS-D



# Colonic bile acids are related to colonic transit in IBS



## Abnormal SeHCAT retention

- ↑ Stool frequency
- Looser stools
- Accelerated (left) colonic transit
- ↑ C4
- ↓ FGF19
- ↑ Body Mass Index
- ↑ Triglycerides
- ↓ HDL Cholesterol
- Rectal hyposensitivity

# **Colonic transit and BA synthesis/excretion in IBS-D without BA malabsorption**

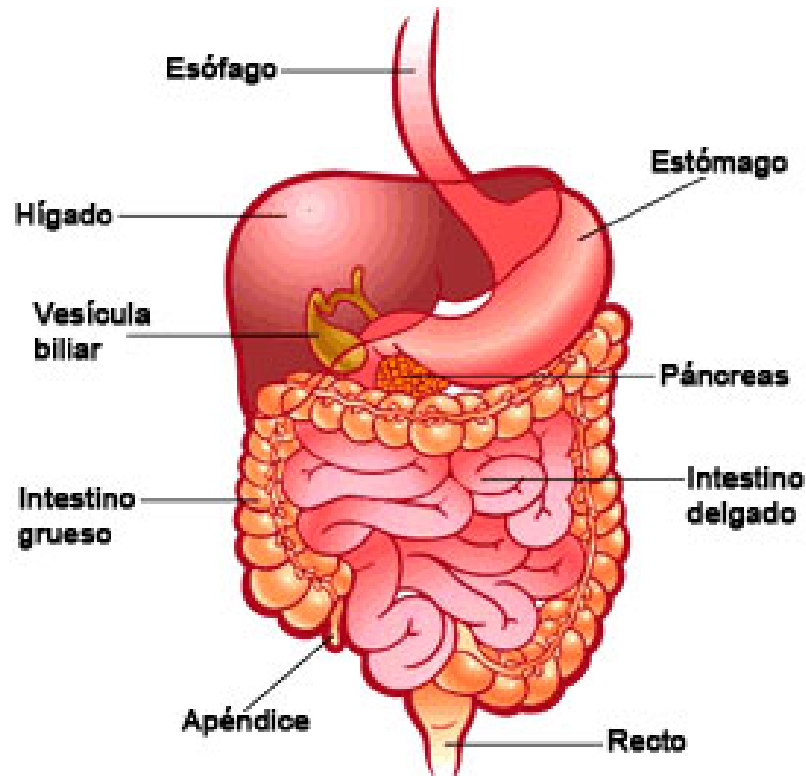
**116 patients with IBS-D**

- ✓ **Total and individual main fecal BA excretion**
- ✓ **Fecal fat**
- ✓ **Fecal weight over 48 hours**
- ✓ **Fasting serum levels of C4**
- ✓ **Colonic transit by scintigraphy**

**IBS-D without overt BAM (normal 48-hour total fecal BA or serum C4)**

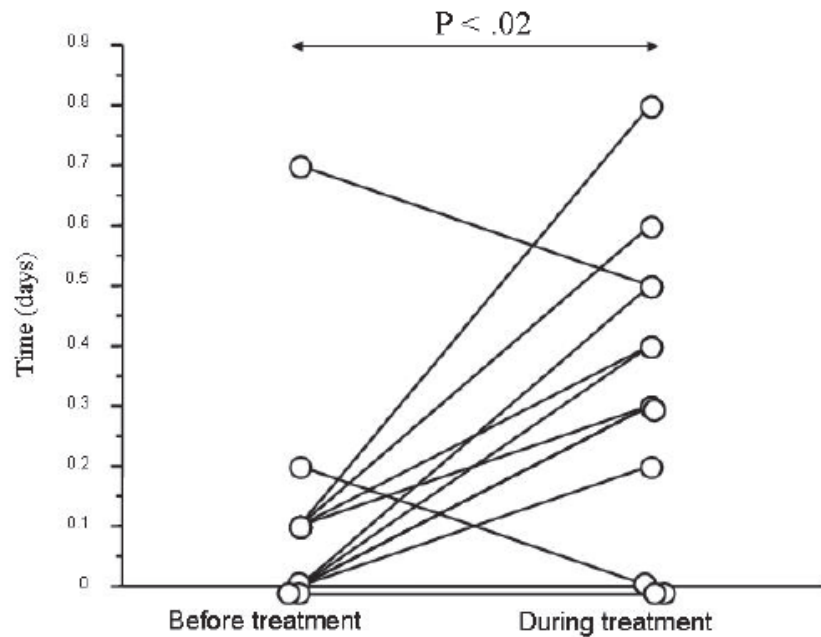
**Positive correlations between total fecal BA, fecal primary and secretory BA, and colonic transit time ( $P < .0036$ )**

# Role of bile acids in IBS diarrhea

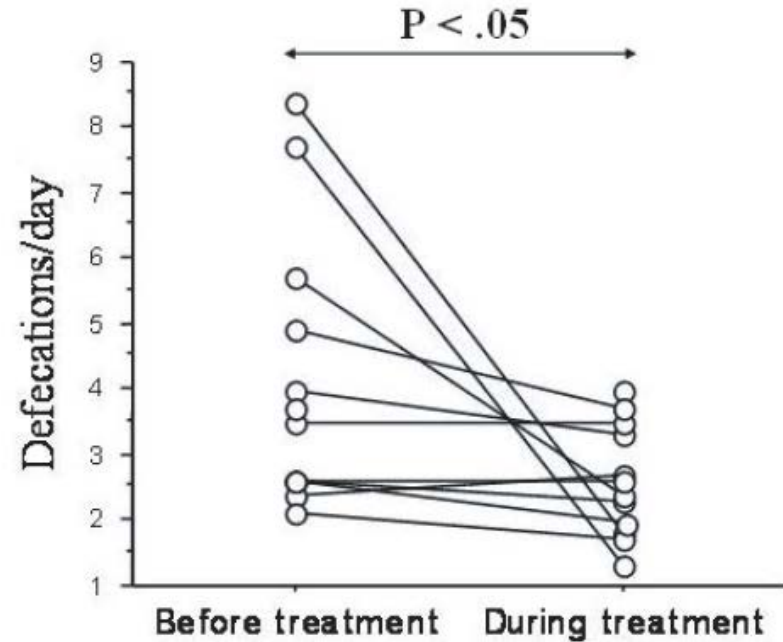


- **Malabsortion**
- **Increased production**
- **Changes in microbiota**
- **Colonic hypersensitivity**

# Effect of cholestyramine in idiopathic BA diarrhea



**Segmental transit in the transverse colon**



**Stool frequency**

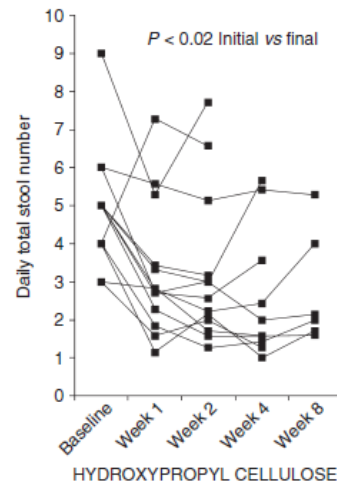
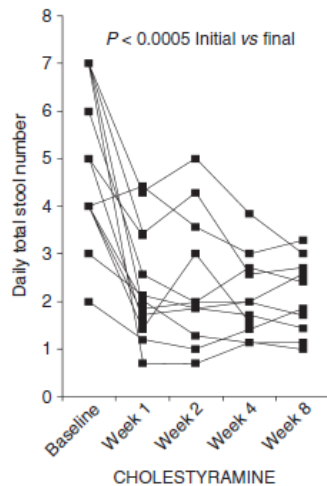


# Randomised clinical trial: colestyramine vs. hydroxypropyl cellulose in watery FDr

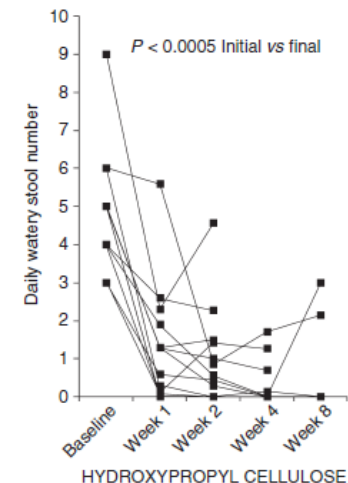
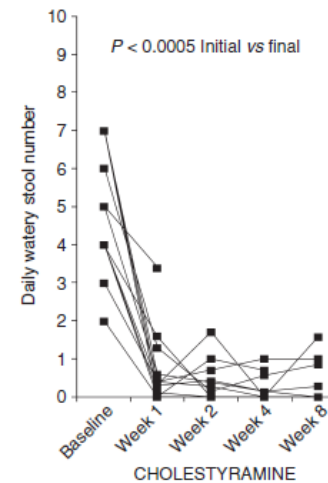
Colestyramine sachets 4 g twice daily (n = 13)

Cellulose sachets twice daily (n = 13)

for 8 weeks

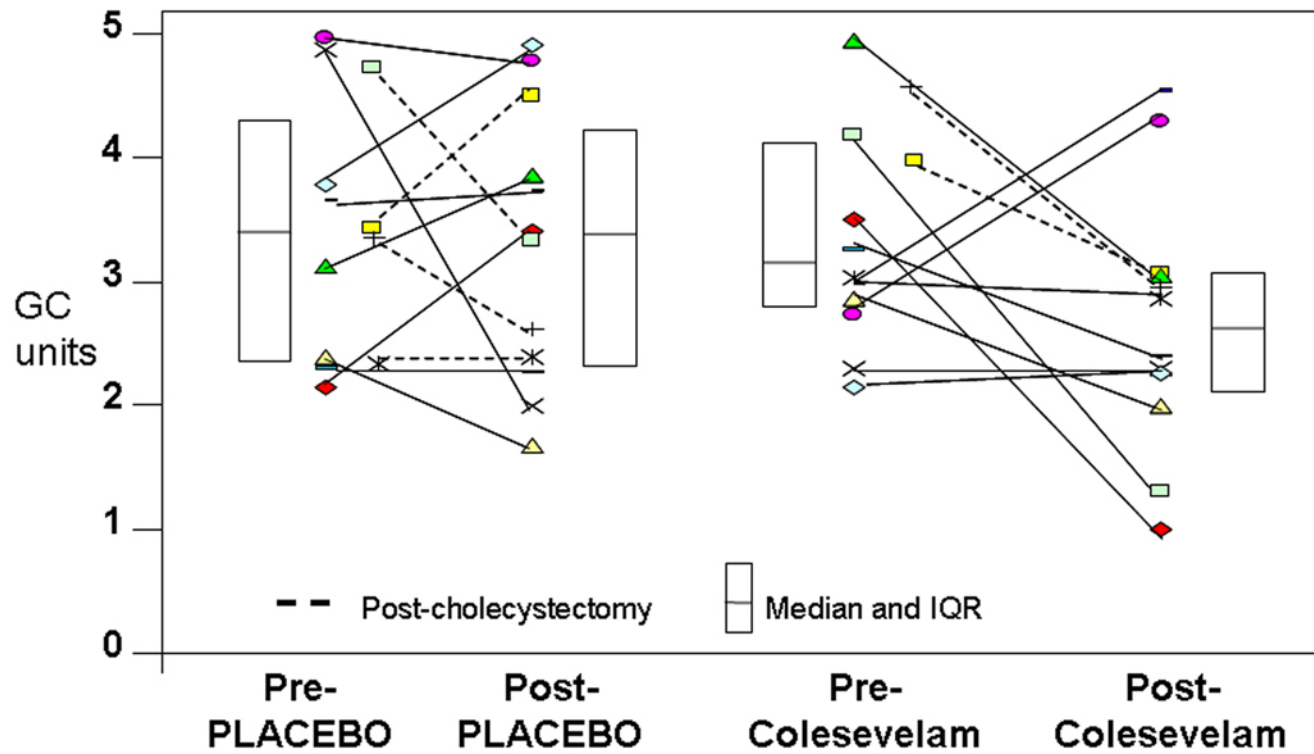


Daily total stool number



Daily watery stool number

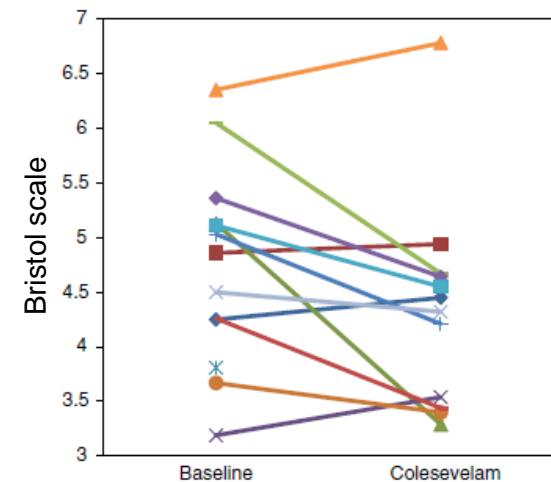
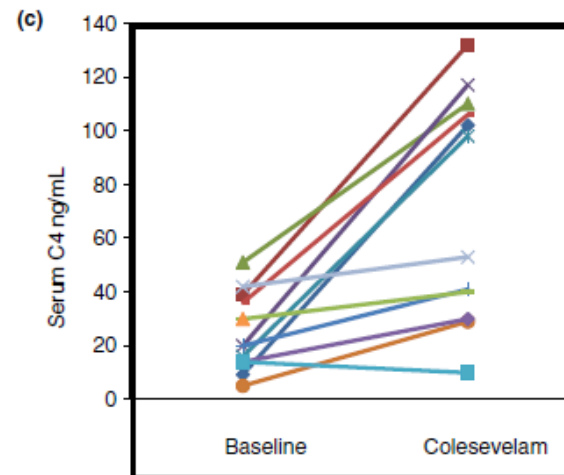
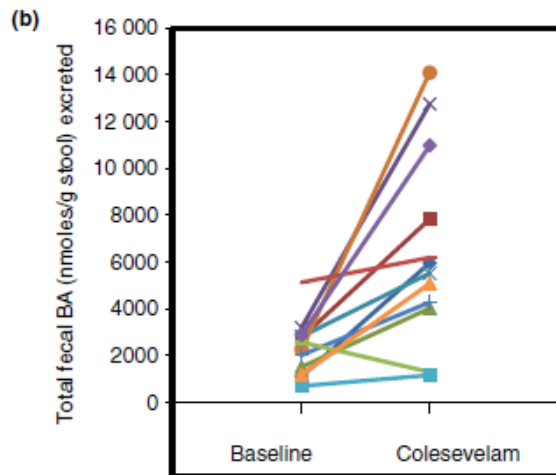
# Effects of colesevelam on intestinal transit



# Effects of colestevlam on IBS-D

**Colestevlam, 1875 mg [3 tablets (625 mg tablets)] twice daily, for 10 days**

- ✓ Total 48-h fecal BA excretion
- ✓ Fasting serum C4 (7 $\alpha$ -hydroxy-4-cholesten-3-one)
- ✓ Stool consistency



# Pharmacogenetics of the effects of colesevelam on colonic transit in IBS-D

**FGFR4 rs351855 and KLB rs4975017 SNPs may identify a subset of IBS-D patients with beneficial response to colesevelam.**

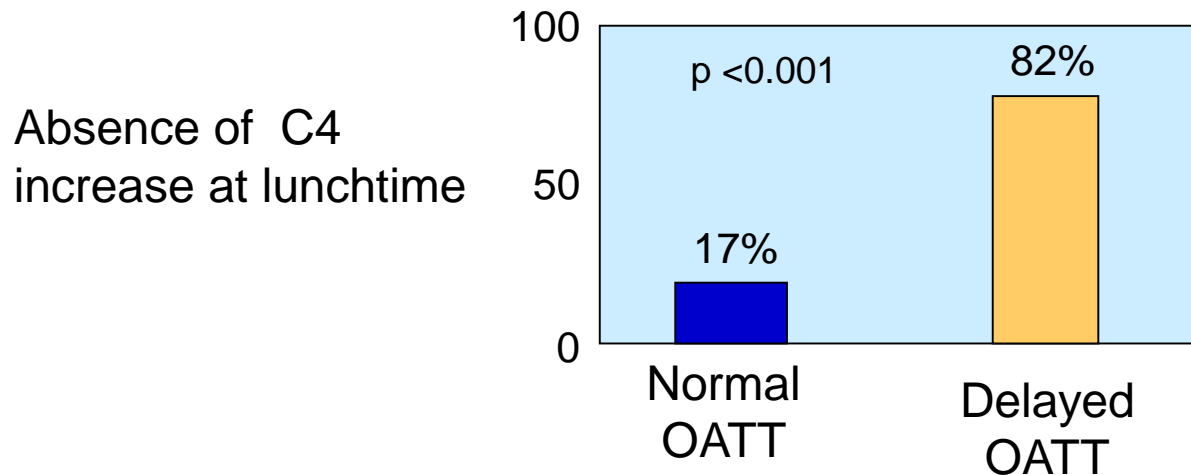


# IBS-C & FC: BA synthesis related to colonic transit

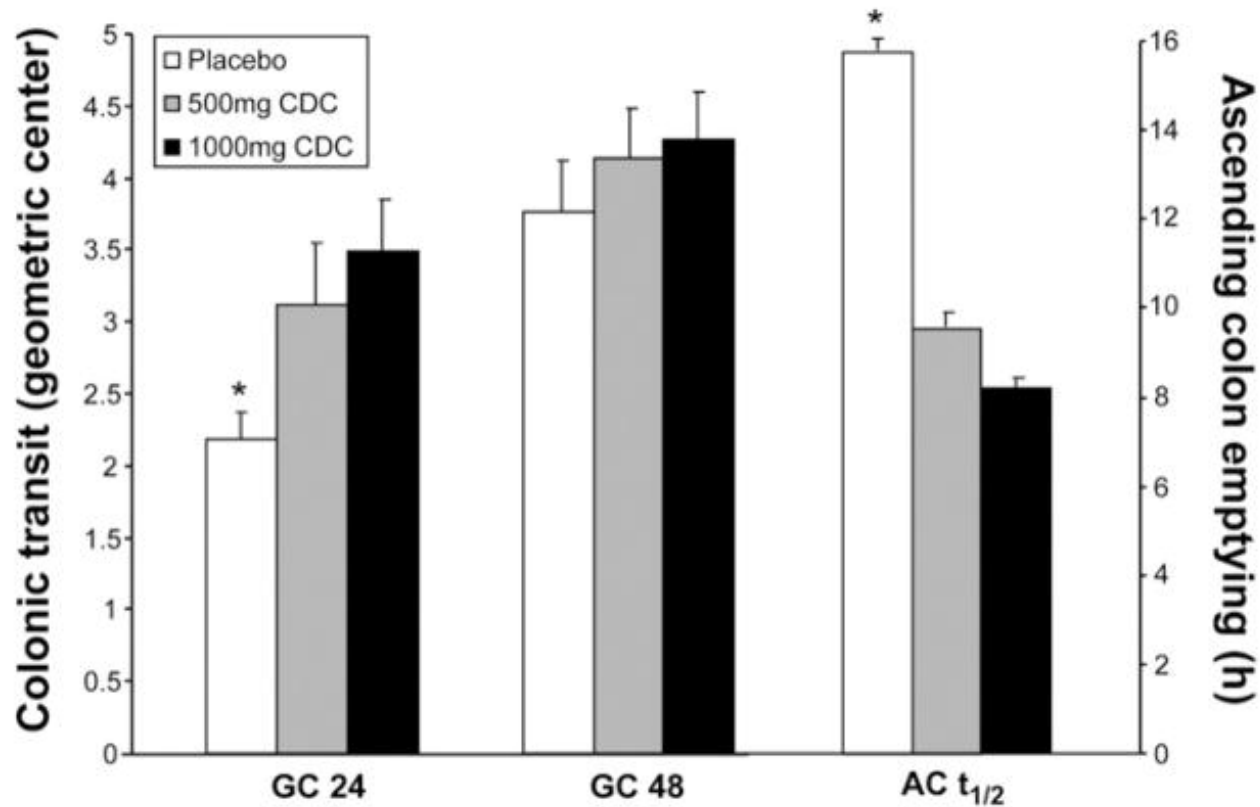
## Female patients

- 23 IBS-C
- 4 FC

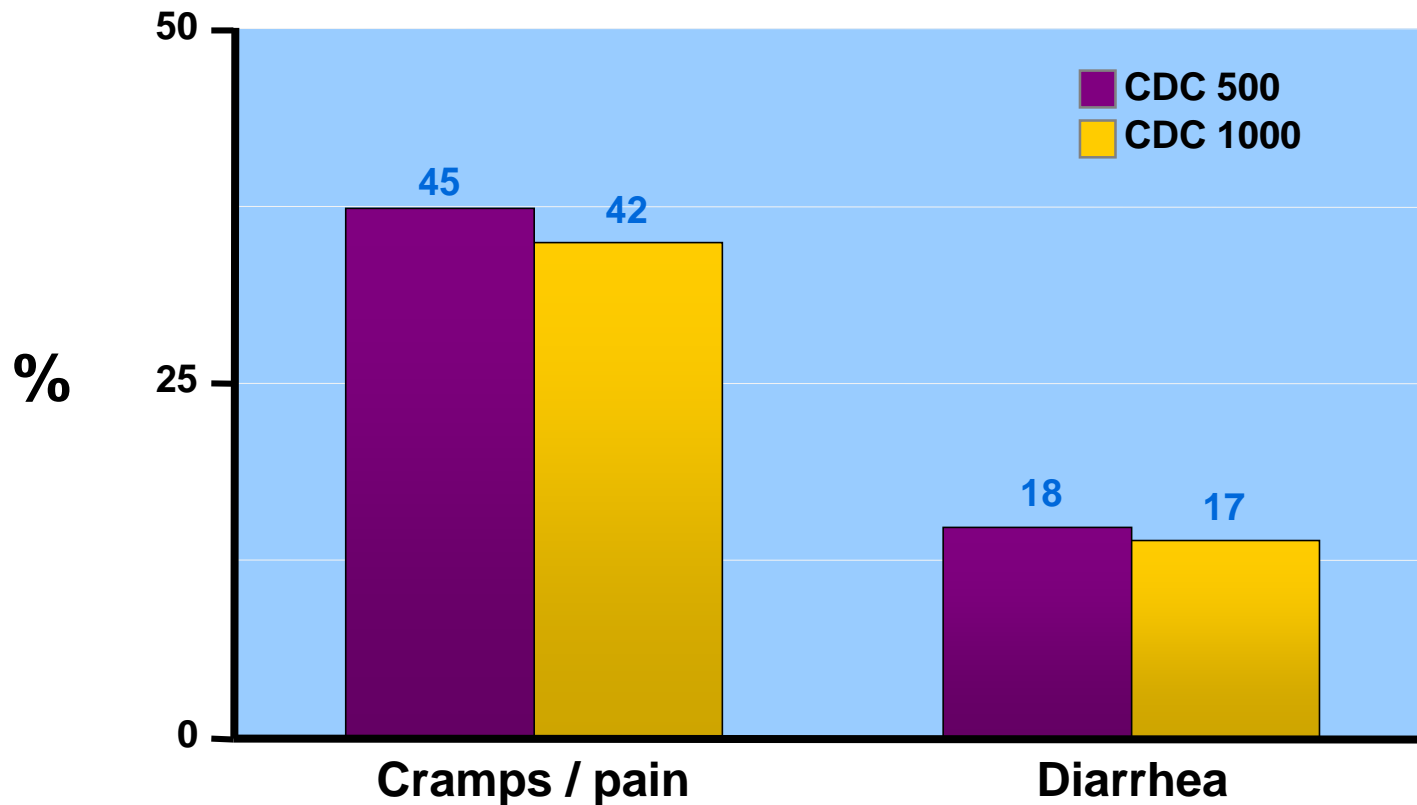
7-alpha-hydroxy-4-cholesten-3-one (C4) levels reflecting BA synthesis  
at 0800 h and 1300 h



# Chenodeoxycholate in females with IBS-C

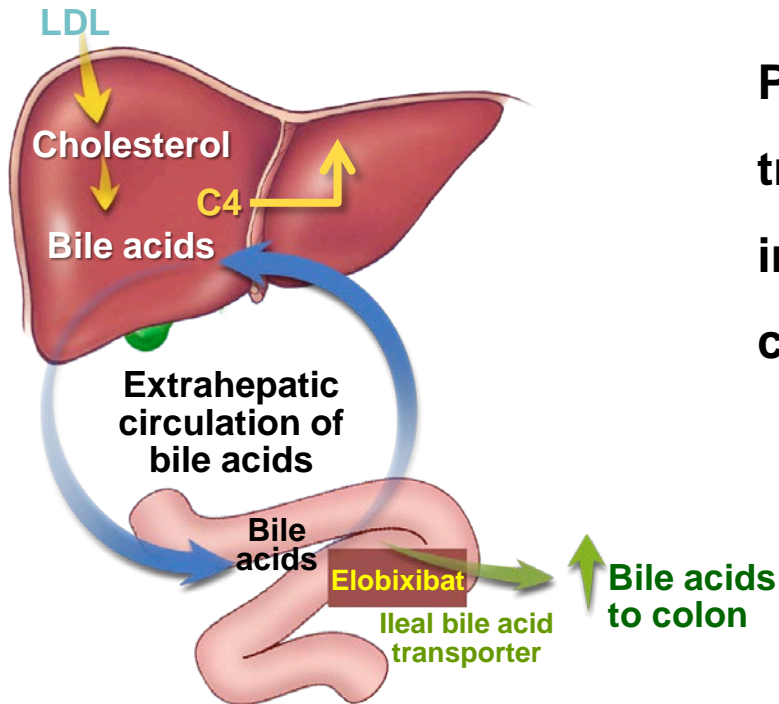


# Adverse events of chenodeoxycholate in female patients with IBS-C



➤ No placebo patients developed pain or diarrhea

# Elobixibat: mechanism of action

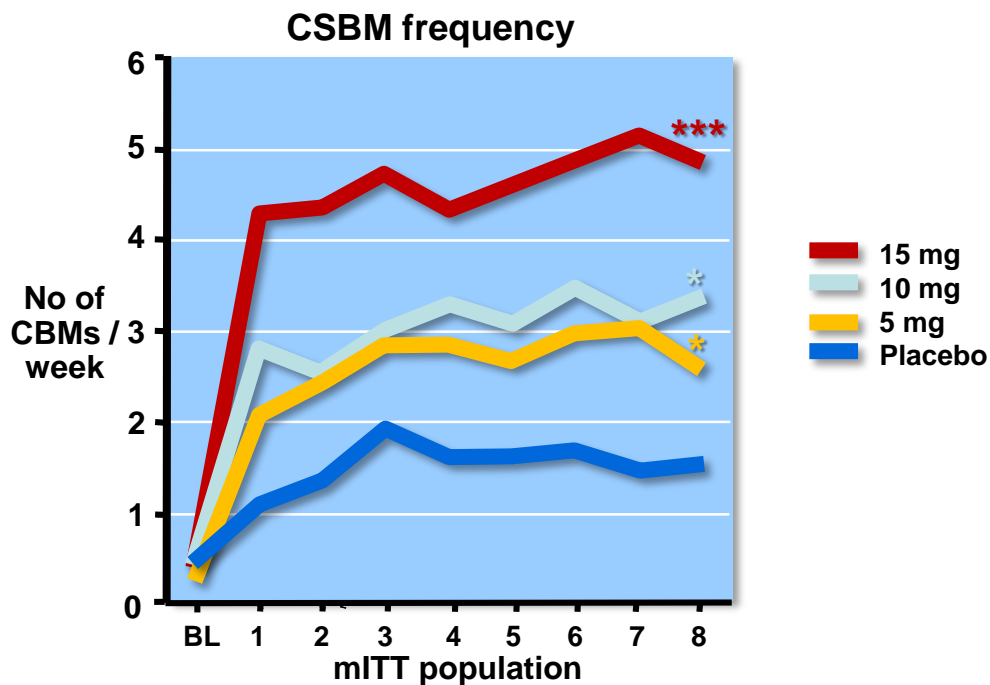
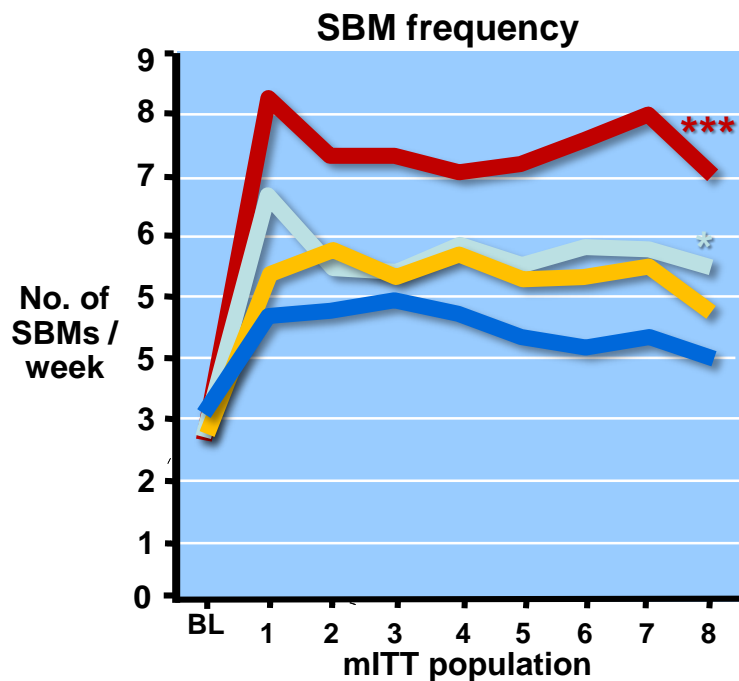


Partially blocks the ileal bile acid transporter from the luminal side, increasing delivery of bile acids to the colon inducing secretion and motility

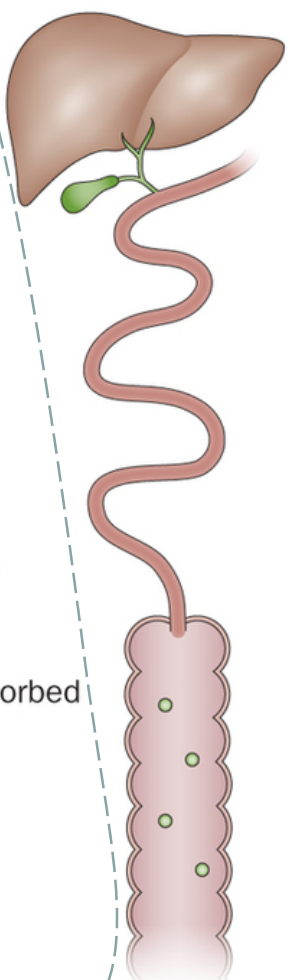
Decreased bile acid synthesis and bile acid concentration may contribute to the pathogenesis of slow transit constipation (Hofmann, Camilleri)



# Effect of Elobixibat on constipation: Results of phase IIb Study



# BA-related diarrhea: something to have in mind

Tissue	Physiological process		Major factors	Other factors
Liver	BA synthesis BA uptake BA conjugation		FXR FGFR4 $\beta$ Klotho	Other genes MicroRNAs
Gallbladder	BA secretion		Recycling rate CCK	FGF19
Duodenum and jejunum	BA integrity		Bacteria (deconjugation) Motility	Other dietary factors
Ileum	BA reuptake  FGF19 feedback		Ileal mass ASBT, FABP6, OST $\alpha$ /OST $\beta$  FXR FGF19	Inflammatory cytokines Diet1
Colon	Effects of unabsorbed bile acid		Bacterial metabolism (to DCA/LCA) Anion secretion Colonic motility  Overall response	Microbiome FXR TGR5  Visceral sensitivity Psychological response