

confirmed in another randomized controlled trial. Hence, the efficacy of SSRIs in the treatment of IBS needs further confirmation.

ANTIFLATULENCE THERAPY

The management of excessive gas is seldom satisfactory, except when there is obvious aerophagia or disaccharidase deficiency. Patients should be advised to eat slowly and not chew gum or drink carbonated beverages. Bloating may decrease if an associated gut syndrome such as IBS or constipation is improved. If bloating is accompanied by diarrhea and worsens after ingesting dairy products, fresh fruits, vegetables, or juices, further investigation or a dietary exclusion trial may be worthwhile. Avoiding flatogenic foods, exercising, losing excess weight, and taking activated charcoal are safe but unproven remedies. A low FODMAP diet has been shown to be quite effective to reduce gas and bloating (see “Low FODMAP Diet”). Data regarding the use of surfactants such as simethicone are conflicting. Antibiotics may help in a subgroup of IBS patients with predominant symptoms of bloating. Beano, an over-the-counter oral β -glycosidase solution, may reduce rectal passage of gas without decreasing bloating and pain. Pancreatic enzymes reduce bloating, gas, and fullness during and after high-calorie, high-fat meal ingestion.

SEROTONIN RECEPTOR MODULATORS

Serotonin 5-HT₃ and 5-HT₄ receptors are found throughout the GI tract. Prucalopride, a dihydrobenzo-furancarboxamide derivative, is a new selective agonist of 5-HT₄. In six of seven multicenter, double-blind, randomized trials of prucalopride in patients with chronic constipation, the drug was more effective than placebo. The most frequently encountered side effects were headache, nausea, and diarrhea, which were mostly transient. Unlike with the older 5-HT₄ agonist tegaserod, there were no significant cardiovascular side effects. Prucalopride was approved by the European Medicines Agency and the U.S. Food and Drug Administration (FDA) for treatment of chronic constipation.