A 25 year-old woman presents to clinic with complaints of 9-month history of intermittent abdominal pain and diarrhea. The abdominal pain and diarrhea usually occur after eating and the abdominal pain is relieved after a bowel movement. No nocturnal symptoms. Denies any weight loss or blood in stool. No family history of inflammatory bowel disease or celiac. Physical exam is unremarkable. Stool studies are negative for infectious etiology. TSH, CBC, CMP and CRP are normal. Celiac serologies are negative. Which of the following would you recommend next in the treatment of this patient?

A. Rifaximin
B. Linaclotide
C. Lubiprostone
D. Sertraline

Answer: A

This patient has irritable bowel syndrome, diarrhea predominant. Options B and C are used in patients with irritable bowel syndrome, constipation predominant and therefore would not be appropriate for this patient. While tricyclic antidepressants have a role in IBS, SSRIs, such as sertraline, are not recommended for treatment of IBS. Rifaximin is FDA approved for IBS and has been found to improve the consistency of gas and stool.