

Question 12 – Week of October 22

A 30-year-old woman arrives in her office with long-standing diarrhea predominant irritable bowel syndrome. A number of over-the-counter medications have been ineffective in controlling the diarrhea. She states that on occasion the diarrhea improves but the pain and bloating persists. Her prior workup for diarrhea has been extensive and is all unremarkable and she currently meets the Rome 3 criteria for the diagnosis of diarrhea predominant irritable bowel syndrome. She would like to use the drug aloestron but has concerns as to its side effects, efficacy and mechanisms of action. Which of the following is true regarding the drug aloestron?

- A. It is a 5-HT3 receptor antagonist and inhibits spinal cord expression in response to noxious colo-rectal distention.
- B. It has been proven to cause ischemic colitis in 1 of 100 women taking it for IBS-d.
- C. In randomized clinical trials of women with diarrhea-predominant irritable bowel syndrome, an overall response rate of 85% was reported in women with IBS-d.
- D. A starting dose of 1 mg taken orally twice daily is recommended.
- E. The medication can initially be prescribed electronically.

Answer: A

Alosetron is a 5 HT3 receptor antagonist and in addition to its effects upon colonic motility and secretion, it also is demonstrated to inhibit peripheral transmission of noxious stimuli to the spinal cord. It is associated with ischemic colitis in approximately 1 in 1000 women who use it but causality has not yet been substantiated. In randomized clinical trials the drug was shown to be effective in inducing a global response in 49-62% of patients taking a dose of 1 mg orally twice daily. However the current recommended starting dose is 0.5 mg twice daily with a maximal dose of 1 mg orally twice daily. Prescribing the drug requires adherence to an FDA mandated prescribing program that requires application of a compliance sticker to any initial prescription, although refills can be provided electronically.

Reference:

Chang, L. et al. Amer J Gastro 105(4): 866-75, 2010.