

What's new in Gastrointestinal (2022)

Some of the new information and major changes included in *Therapeutic Guidelines*.

The Gastrointestinal guidelines have been extensively revised. This update focuses on individualised, patient-centred management to optimise the treatment of common gastrointestinal conditions.

The increasingly recognised allergic disorder **eosinophilic oesophagitis** presents differently depending on the age of the patient. The guidelines now include more information about the symptoms and diagnosis of eosinophilic oesophagitis, and updated management advice.

The decision to test for ***Helicobacter pylori* infection** should be individualised. The usual first-line test in adults is the urea breath test, but other tests may be used. A summary table of diagnostic tests, their efficacy and mechanism has been added. New advice has also been added about selecting the appropriate duration of first-line therapy for adults to achieve successful *H. pylori* eradication. If first-line therapy fails, an alternative regimen is needed; moxifloxacin (as an alternative to levofloxacin) is now included as an option in quinolone-based triple therapy for salvage therapy.

The choice of **antiemetic therapy** is determined by the clinical situation, including the patient's comorbidities and previous response to antiemetics. A table of common antiemetic drugs (including predominant mechanisms of action, indications and precautions) has been included to help guide therapy.

Functional gastrointestinal disorders are often chronic and can impact the patient's quality of life; they are recognised as disorders of the digestive tract where symptoms are present for at least 6 months and occur without detectable structural or tissue abnormality. New information has been added about the diagnosis and management of functional gastrointestinal disorders that may be seen in practice, including **cannabinoid hyperemesis syndrome**, **opioid-induced constipation** and **faecal incontinence**. Antidepressant drugs can be used for their brain-gut neuromodulatory effects to relieve symptoms of functional gastrointestinal disorders; a new section has been added to provide information on selecting an appropriate regimen.

At least 1 in 70 people in Australia have **coeliac disease**. Updated guidance has been included on who should be tested for coeliac disease and the appropriateness of available tests for screening and diagnosis.

Symptoms of **acute gastroenteritis** may be mild and self-limiting or may indicate a potentially life-threatening condition. Advice has been extensively revised to include detailed information about the aims of assessment and differential diagnosis of gastroenteritis. A new table has been added to assist with identifying the potential causes of red flags for serious conditions, and a new flowchart addresses the assessment, management and indications for referral of adults and children presenting with acute gastroenteritis. Rehydration is an essential part of managing patients with acute gastroenteritis; another new flowchart provides guidance on rehydration in children based on the severity of dehydration.

Advice about **ulcerative colitis** and **Crohn disease** diagnosis, management of acute presentations and maintenance therapy has been updated. Thiopurines are effective maintenance therapy for Crohn disease and ulcerative colitis but can cause adverse effects that limit tolerability and adherence; expanded information about optimising thiopurine therapy (including the addition of allopurinol) is now included. **Inflammatory bowel disease in children** should be managed by a specialist in conjunction with a multidisciplinary team; new information has been included about the presentation of ulcerative colitis and Crohn disease in children (which can differ to adults), and an overview of management.

The management of **haemorrhoids** depends on their position above or below the dentate line. Guidance is provided on the classification of internal and external haemorrhoids and the treatment of each type.

Iron deficiency is common in Australia. Expanded guidance on **oral iron supplementation** and **parenteral iron supplementation** includes comprehensive tables of iron preparations available in Australia. New advice has been added about monitoring for adverse effects of intravenous iron supplementation, including information about the likely timeframe and management of these potentially serious adverse effects.

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