Pathogens and enteric flora as the target for non-absorbable antibiotics. New insights on GI diseases of bacterial origin: IBS, diverticular disease and traveller’s diarrhoea.
Agenda

Treatment options for intestinal infections: traveller’s diarrhoea as a model
Professor Robert Steffen, University of Zurich

Role of gut flora: antimicrobial management of IBS
Philip Schoenfeld, Associate Professor of Medicine, University of Michigan School of Medicine

Management options for diverticulosis
Professor Guido Costamagna, Rome Catholic University

Future trends in the management of GI disease with a bacterial component: IBS, diverticulosis and small intestinal bacterial overgrowth
Antonio Gasbarrini, Associate Professor of Internal Medicine, Rome Catholic University

A joint sponsorship initiative
Pathogens and enteric flora as target for non-absorbable antibiotics.

New insights on GI diseases of bacterial origin: IBS, diverticular disease, traveller’s diarrhoea

Chair(s): Professor E. Quigley, University of Cork, Ireland

Professor H. Hammer, University of Graz, Austria
Professor Hammer qualified at Graz Medical University and subsequently trained in internal medicine and hepato-gastroenterology in Graz, Dallas and Rochester. He became a Professor at Graz Medical University in 1996. To date, Professor Hammer has 59 listed references covering the areas of malabsorption, functional bowel disorders and endoscopy.

Professor Hammer is a board member of the Austrian Society of Gastroenterology, the European Association for Gastroenterology and Endoscopy and a member of the Educational Committee of the UEGF.
Professor Quigley’s major research interests include motility, functional gastrointestinal disease, neurogastroenterology, gastroesophageal reflux disease and probiotics in health and disease. He has published over 450 original papers, reviews, editorials and book chapters, and has received numerous awards worldwide. He has been named an Honorary Professor by the Faculty of Medicine of the Universidad de la Republica Oriental del Uruguay, awarded Doctor ‘Honoris Causa’ by the University of Medicine and Pharmacy, Iuliu Hateigianu Cluj-Napoca, Romania, elected as a Distinguished Doctor to the Fellowship of the Royal College of Physicians, London and received the J Edward Berk Distinguished Lecturer award from the American College of Gastroenterology.

Professor Quigley graduated in medicine (MB BCh BAO) from the National University of Ireland, Cork in 1976 and completed his residency in internal medicine at the Western Infirmary and associated hospitals in Glasgow, Scotland. Then he followed a two-year research fellowship, leading to an MD degree by thesis, at the Mayo Clinic, Rochester, USA.

**Professor Eamonn MM Quigley,**

MD FRCP FACP FACG FRCPI
National University of Ireland, Cork

Professor Quigley is a Professor of Medicine and Human Physiology and a Principal Investigator at the Alimentary Pharmabiotic Centre at the National University of Ireland, Cork. He serves as President of the World Gastroenterology Organisation (WGO-OMGE) and President-Elect of the American College of Gastroenterology.
Biography

Robert Steffen is a Professor in Travel Medicine. He heads the Division of Epidemiology and Prevention of Communicable Diseases at the University of Zurich, and is the Director of the World Health Organization Collaborating Center for Traveler’s Health. He is also Adjunct Professor in the Epidemiology and Disease Prevention Division of the University of Texas, School of Public Health in Houston, Texas, and Honorary Fellow of the Australasian College of Tropical Medicine.

He was a Co-founder and President of the International Society of Travel Medicine. He has published over 350 papers and is Editor-in-Chief of the Journal of Travel Medicine.
Traveler’s diarrhoea (TD) may affect more than 60% of travellers originating in industrialised countries when they visit developing countries. The cause of TD is essentially faecal contamination of food and beverages; bacterial pathogens play the leading role. This is only exceptionally life-threatening and spontaneously resolves after an average of 4.1 days. Nevertheless, rapid cure is often important as incapacitation and the necessity to change travel plans have a great impact both in businessmen and tourists. Also, irritable bowel syndrome as sequelae of TD has been described in up to 10% of patients.

Self-therapy abroad is thus often practised using a travel kit. Probiotics and charcoal have been demonstrated to offer no significant benefit. According to the WHO, oral rehydration solutions have no effect on the duration or amount of diarrhoea, but they are nevertheless paramount in paediatric patients and senior travellers. Antimotility agents offer fast relief, but they are contraindicated in dysentery, pragmatically defined as diarrhoea with fever and/or blood present in the stools. Additionally, they are often followed by a period of constipation. Antimicrobial agents, mainly quinolones and azithromycin, have been used in this decade. More recently, rifaximin – a rifamycin-derivative with a broad antimicrobial spectrum – has been demonstrated in patients with TD to be as effective as ciprofloxacin and probably to be superior to co-trimoxazole in non-invasive cases of TD. As rifaximin is virtually non absorbed, its safety profile has been comparable to placebo in TD field trials conducted on three continents.
Biography

Dr Philip Schoenfeld is Associate Professor of Medicine at the University of Michigan School of Medicine and Director of the University’s Gastrointestinal Epidemiology Training Programme. He completed his medical degree and master’s degree in Medical Education at the University of Pennsylvania School of Medicine, Philadelphia, and completed his master’s degree in Clinical Epidemiology at McMaster University School of Medicine, Hamilton, Ontario.

Dr Schoenfeld is currently Associate Editor (Colon) for the American Journal of Gastroenterology and Associate Editor of Evidence Based Gastroenterology. He is a past member of the Governing Board of the American Gastroenterological Association and past Chair of the AGA’s Education Committee.

Dr Schoenfeld’s research focuses on clinical research in colorectal cancer screening and Irritable bowel syndrome.

Philip Schoenfeld,
MD, MSEd, MSc (Epi)
University of Michigan School of Medicine, USA
Role of gut flora: antimicrobial management of IBS

Overview

Initial studies addressing the use of antibiotics in the treatment of irritable bowel syndrome (IBS) have indicated a potential role in management. Rifaximin, a GI targeted antibiotic with negligible systemic absorption has been investigated in a small number of preliminary studies. Rifaximin has demonstrated efficacy in three RCTs evaluating symptoms in 545 IBS patients. Rifaximin-treated patients showed a percentage difference in global symptom scores over placebo of between 8 and 23 percent. Rifaximin-treated patients also demonstrated significant improvement in diarrhoea and bloating compared to placebo-treated patients.

IBS trials utilised higher doses of rifaximin for longer periods than are commonly used for traveller’s diarrhoea: 400mg tid for 10 days, 400mg bid for 10 days, and 550mg bid for 14 days. There were a number of limitations to the studies, including heterogenous patient populations, relatively short durations of treatment and follow-up and relatively low response rates. In addition, the largest RCT (n = 388 patients) only examined diarrhoea-predominant IBS patients. Given these results, rifaximin is most likely to be efficacious in diarrhoea-predominant IBS patients or IBS patients with a predominant symptom of bloating. The appropriate dosage indicated by these studies is approximately 1100-1200mg/day for 10-14 days. However, further studies will be necessary to confirm these preliminary findings.
Management options for diverticulosis

Professor
Guido Costamagna,
Rome Catholic University, Italy

Overview
Diverticular disease has a complex pathophysiology related to a number of factors including, imbalance in colonic microflora, changes in components of the colonic wall, chronic low grade inflammation of the mucosa, abnormal colonic motility and visceral hypersensitivity. Fibre supplementation does not appear to be significantly more effective than placebo in patients with mild to moderate symptoms.

More recently, alternative treatments such as antibiotic therapy, mesalazine and probiotics have been investigated in such patients. The use of antibiotics, particularly those with low or negligible systemic absorption has been shown to be effective. Mesalazines have also been shown to improve symptoms and prevent recurrent diverticulitis, acting as a local mucosal immunomodulator, and probiotics have been demonstrated to be helpful by restoring a normal gut microflora. This talk reviews the evidence supporting these therapies and considers how this may change the management of recurrent, uncomplicated diverticulosis, in the future.

Biography
Guido Costamagna is Professor of Surgery and Head of the Digestive Endoscopy Unit at the Università Cattolica del Sacro Cuore, Policlinico A. Gemelli, Rome, Italy. He is a world-renowned endoscopist with special expertise in therapeutic bilio-pancreatic endoscopy and more recently in capsule endoscopy. He is the Scientific Director of the European Endoscopy Training Center at the Università Cattolica del Sacro Cuore. In the past he has been President of the Italian Society of Digestive Endoscopy and Secretary General of the European Society of Gastrointestinal Endoscopy.
Future trends in the management of GI disease with a bacterial component: Irritable Bowel Syndrome, diverticulosis and small intestinal bacterial overgrowth

Antonio Gasbarrini, Associate Professor, Rome Catholic University, Italy

Overview

Intestinal ecoflora is responsible for the integrity and function of the gastrointestinal tract. Emerging evidence indicates that changes in intestinal flora contribute to the pathogenesis of intestinal diseases (Irritable Bowel Syndrome - IBS, Diverticulosis and Small Intestinal Bacterial Overgrowth - SIBO).

Rifaximin, a virtually non-absorbed rifamycin derivative, with antibacterial activity, shows a bactericidal action against both aerobes and anaerobes, and a safety profile comparable to placebo. Based on a number of preliminary studies, rifaximin appears to be a well tolerated and effective option for treating intestinal disorders related to the imbalance of intestinal flora.

Biography

Antonio Gasbarrini graduated in Medicine from the University of Bologna, Postgraduate School of Internal Medicine and Gastroenterology and obtained a fellowship in Gastroenterology and Transplantation from the University of Pittsburgh, USA. Currently, he is an Associate Professor of Internal Medicine at the Catholic University of Rome. Between 2006 and 2008, he was the Secretary General of the Italian Association for the Study of the Liver. He is a member and on the editorial board of several international scientific societies and journals. His areas of interests are organic and functional gastrointestinal and liver diseases. Recently he focused on the role of the gut microbiota on GI function and diseases.
Rifaximin has varying availability and indications around the world. Country specific prescribing information is available at this meeting and from the Norgine and Alfa Wassermann stands, or on request as below.

For medical information enquiries and adverse events reporting, contact either:
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