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**Treatment of non-constipated irritable bowel syndrome with ebastine**

Decraecker L, De Looze D, Hirsch D, et al. [Treatment of non-constipated irritable bowel syndrome with the histamine 1 receptor antagonist ebastine: a randomised, double-blind, placebo-controlled trial.](https://gut.bmj.com/content/73/3/459) Gut 2024; 73: 459-469. doi: 10.1136/gutjnl-2023-331634

Irritable bowel syndrome (IBS) is one of the most prevalent gastrointestinal disorders of the gut-brain axis. Evidence indicating mast cell activation as an important mechanism underlying abdominal pain signalling in IBS is accumulating. Ebastine, a histamine 1 receptor antagonist (H1RA) is metabolised quickly by extensive first pass metabolism. It is therefore less likely to cause sedation compared to first generation antihistamines.

A pilot study showed that 20mg ebastine once daily for 12 weeks significantly reduced visceral hypersensitivity, symptoms and abdominal pain compared with placebo. Decraecker et al., designed a multicentre phase 2B randomised placebo-controlled trial comparing ebastine with placebo in patients with non-constipated IBS.

Among 202 patients (ebastine n=101) treatment with ebastine resulted in significantly more responders (12% 12/92) for Global Relief of Symptoms (GRS) and Abdominal pain intensity (API) compared with placebo (4% 4/87) (p=0.047) The proportion of responders for GRS and API separately was higher for ebastine, although not statistically significant. The weekly proportion of responders increased in time in the ebastine group reaching a plateau by week 6 when 15.7% of patients treated with ebastine had both at least considerable relief and a reduction of 30% or more in abdominal pain compared with 5.7% in the placebo group. Ebastine treatment did not affect response rates for stool consistency or number of days with loose stool per week compared with placebo. There were no significant differences on quality of life observed between the ebastine and placebo group.

Decraecker et al., concluded ebastine is well tolerated and superior to placebo in non-constipated IBS. A peripheral H1RA is a potential new treatment for IBS patients.