



Reaching a consensus on irritable bowel syndrome

It is surprising that in spite of a repeatedly stated effort to be patient centered no patients were included as participants in the consensus conference on irritable bowel syndrome¹ for what is so obviously a primary care issue. An oversight?

Russell Springate, MD
Toronto, Ont.

Reference

1. Paterson WG, Thompson WG, Vanner SJ, Faloon TR, Rosser WW, Birtwhistle RW, et al. Recommendations for the management of irritable bowel syndrome in family practice. *CMAJ* 1999;161(2):154-60.

I am surprised that a report from an expert consensus conference on irritable bowel syndrome¹ failed to mention the use of peppermint oil. A MEDLINE search using the key words "peppermint oil and irritable bowel" retrieved 33 817 documents. One particularly interesting study was conducted by Pittler and Ernst in 1998.² I agree that there is no level 1 evidence here, or anywhere else. However, as the authors of the consensus conference report mentioned almost everything else that can be used to treat irritable bowel syndrome, they should have included peppermint oil.

Paul Lépine, MD
Ste-Foy, Que.

Competing interests: None declared.

References

1. Paterson WG, Thompson WG, Vanner SJ, Faloon TR, Rosser WW, Birtwhistle RW, et al. Recommendations for the management of irritable bowel syndrome in family practice. *CMAJ* 1999;161(2):154-60.
2. Pittler MH, Ernst E. Peppermint oil for irritable bowel syndrome: a critical review and meta-analysis. *Am J Gastroenterol* 1998;93:1131-5.

[The authors respond:]

We agree with Russell Springate that input from patients suffer-

ing from irritable bowel syndrome is very important. However, the purpose of our meeting was to critically examine the current medical literature on the management of irritable bowel syndrome to develop evidence-based guidelines for use by family physicians. A small subgroup of the participants in the consensus conference convened a focus group meeting with a number of patients with irritable bowel syndrome in advance of the conference. The ideas and concerns expressed by these patients were discussed in the small group sessions and taken into consideration as we developed our recommendations.

Paul Lépine points out that we did not mention peppermint oil as one of the antispasmodic agents with potential benefit in the treatment of irritable bowel syndrome. To provide a concise review for family practitioners, we made no attempt to be all inclusive in our discussion of drug therapy, and in fact we did not mention over a dozen other antispasmodic agents that have been subjected to clinical trials in irritable bowel syndrome. It is interesting that although Lépine's MEDLINE search uncovered 33 817 documents on irritable bowel syndrome and peppermint oil, Pittler and Ernst¹ included only 5 double-blind, placebo-controlled, randomized controlled trials in their metaanalysis and they concluded that "in view of the methodological flaws associated with most studies, no definitive judgement about efficacy can be given." This underscores the need, as stated in our paper, for proper prospective randomized controlled trials in irritable bowel syndrome that include well-validated outcome measures.

Competing interests: The Queen's University Gastrointestinal Motility Education Centre is sponsored by an unrestricted educational grant from Janssen-Ortho Inc. Other pharmaceutical sponsors for the consensus conference project were Glaxo Wellcome Inc., Jouveinal Canada Inc., Pfizer Canada Inc., Solvay Pharma, Hoffmann-LaRoche Ltd., and Procter and Gamble Pharma-

ceuticals Canada Inc. Authors who were not members of the Queen's University Gastrointestinal Motility Education Centre received an honorarium and travel expenses from the centre. Drs. Paterson and Vanner have received speaker fees from Janssen-Ortho unrelated to this consensus conference.

William G. Paterson, MD

Queen's University
Kingston, Ont.

W. Grant Thompson, MD

University of Ottawa
Ottawa, Ont.

Stephen J. Vanner, MD

Queen's University
Kingston, Ont.

Thomas R. Faloon, MD

University of Ottawa
Ottawa, Ont.

Walter W. Rosser, MD

University of Toronto
Toronto, Ont.

Richard W. Birtwhistle, MD

Queen's University
Kingston, Ont.

Janet L. Morse, MD

Thornhill, Ont.

Thomas A. Touzel, MD

Napanee, Ont.

Reference

1. Pittler MH, Ernst E. Peppermint oil for irritable bowel syndrome: a critical review and meta-analysis. *Am J Gastroenterol* 1998;93:1131-5.

To test or not to test

The authors of the clinical practice guideline for management and referral to nephrologists of patients with elevated levels of serum creatinine¹ have a laudable goal of improving the care of people with renal disease. However, I was left a little uncertain as to just what it was they were recommending as the justification for and frequency of serum creatinine tests. Were they recommending this test as part of a periodic health examination or as part of case-finding or population screening?

These recommendations will be interpreted and acted upon by the family physicians in our communities. As a