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| No. | Search terms |
|-----|----------------------------------|
| 1 | exp irritable bowel syndrome |
| 2 | IBS.ti,ab. |
| 3 | 1 or 2 |
| 4 | meta analysis |
| 5 | systematic review |
| 6 | pooled analysis |
| 7 | individual patient data analysis |
| 8 | or/4-7 |
| 9 | exp pharmacology |
| 10 | exp pharmacological phenomena |
| 11 | pharmacological. ti, ab. |
| 12 | pharmacologic. ti, ab. |
| 13 | exp drug therapy |
| 14 | drug therapy. ti, ab. |
| 15 | exp lubiprostone |
| 16 | lubiprostone. ti, ab. |
| 17 | linaclotide. ti, ab. |
| 18 | alosetron. ti, ab. |
| 19 | exp ondansetron / |
| | 1 |

| 20 | ondansetron. ti, ab. |
|----|------------------------|
| 21 | eluxadoline. ti, ab. |
| 22 | ebastine. ti, ab. |
| 23 | exp amitriptyline / |
| 24 | amitriptyline. ti, ab. |
| 25 | exp rifaximin/ |
| 26 | rifaximjn. ti, ab. |
| 27 | or/9-26 |
| 28 | 3 and 8 and 27 |

A. Search strategy for OVID MEDLINE

B. Search strategy for Embase

| No. | Search terms |
|-----|------------------------------------|
| #1 | 'Irritable bowel syndrome' /exp |
| #2 | ʻibs': ab,ti |
| #3 | #1 OR #2 |
| #4 | 'Meta analysis'/exp |
| #5 | 'Systematic review' |
| #6 | 'Pooled analysis' |
| #7 | 'Individual patient data analysis' |
| #8 | #4 or #5 or #6 or #7 |
| #9 | 'Pharmacological' |
| #10 | 'Pharmacological': ab,ti |
| #11 | 'Pharmacologic' |
| #12 | 'Pharmacologic': ab, ti |
| #13 | 'Drug therapy' |
| #14 | 'Drug therapy': ab, ti |
| #15 | 'lubiprostone'/exp |
| #16 | 'lubiprostone': ab, ti |
| #17 | 'linaclotide'/exp |
| #18 | ʻlinaclotideʻ: ab, ti |
| #19 | ʻalosetron'/exp |

| #20 | ʻalosetronʻ: ab, ti |
|-----|--|
| #21 | 'ondansetron'/exp |
| #22 | 'ondansetron': ab, ti |
| #23 | 'eluxadoline'/exp |
| #24 | 'eluxadoline': ab, ti |
| #25 | 'ebastine'/exp |
| #26 | 'ebastine': ab, ti |
| #27 | 'amitriptyline'/exp |
| #28 | 'amitriptyline': ab, ti |
| #29 | ʻrifaximin'/exp |
| #30 | ʻrifaximinʻ: ab, ti |
| | #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 |
| #31 | or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or |
| | #30 |
| #32 | #3 or # #8 or #31 |

C. Search strategy for Cochrane library

| No. | Search terms |
|-----|----------------------------------|
| #1 | Irritable bowel syndrome |
| #2 | IBS |
| #3 | #1 or #2 |
| #4 | Meta analysis |
| #5 | Systematic review |
| #6 | Pooled analysis |
| #7 | Individual patient data analysis |
| #8 | #4 or #5 or #6 or #7 |
| #9 | Pharmacological |
| #10 | Pharmacologic |
| #11 | Drug therapy |
| #12 | lubiprostone |
| #13 | linaclotide |
| #14 | alosetron |
| #15 | ondansetron |
| #16 | eluxadoline |
| #17 | ebastine |
| #18 | amitriptyline |
| #19 | rifaximin |

| #20 | #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 |
|-----|--|
| #21 | #3 or # #8 or #20 |

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D. Study-level risk-of-bias assessment

1. Lesbros-Pantoflickova, 2004

The systematic review (SR) conducted by Lesbros-Pantoflickova and colleagues reported no details of risk-of-bias (RoB) assessment.

2. Evans, 2007

The SR conducted by Evans and colleagues assessed 13 RCTs. Six RCTs were at low RoB in randomization sequence generation; three were at low RoB in randomization concealment; five were at low RoB in blinding participants and therapists; thirteen were at low RoB in attrition bias; selective outcome reporting and unpublished data were not assessed.

3. Andresen, 2008

The SR conducted by Andresen and colleagues included 14 RCTs, and all these RCTs had low RoB in random allocation, masking participants and investigators, and attrition bias.

4. Ford, 2009

The SR conducted by Ford and colleagues used Jadad scale to rate the quality of the included RCTs. The Jadad scale weights heavy in randomization methods and blinding, and a score \geq 4 will indicate low risk of bias in randomization sequence generation, allocation concealment, and blinding.

When 5-HT3 alone was assessed, 8 out of 11 RCTs had a Jadad score≥4 ; when 5-HT4 alone was assessed, 9 out of 11 RCTs had a Jadad score ≥4 ; when mixed 5-HT3 and 5-

HT4 were assessed, all the 7 RCTs had a Jadad score≥4.

5. Martínez-Vázquez, 2012

The SR conducted by Martínez-Vázquez and colleagues included 23 RCTs, and all the

RCTs had a Jadad score≥3, and 14 out of 23 RCTs had a Jadad score≥4. A Jadad score

≥4 will indicate low risk of bias in randomization sequence generation, allocation

concealment, and blinding.

6. Xie, 2015

The SR conducted by Xie and colleagues included 12 RCTs, and 10 out of 12 RCTs had

a Jadad score≥4. A Jadad score ≥4 will indicate low risk of bias in randomization sequence

generation, allocation concealment, and blinding.

7. Zhang, 2016

The SR conducted by Zhang and colleagues included 21 RCTs. The RoB assessment was

shown in Figure 7.1 and Figure 7.2.



Figure 7.1 Overall RoB assessment in Zhang 2016



Figure 7.2 RoB assessment for individual studies in Zhang 2016

The RoB assessment showed that 18 out of 21 had low RoB in randomization method; 14 out of 21 had low RoB in allocation concealment; 21 RCTs had low RoB in blinding; 20 had low RoB in attrition bias; 21 had low RoB in selective data reporting; 20 had low RoB in other bias.

8. Zheng, 2017

The SR conducted by Zheng and colleagues included 21 RCTs, and all of the included

RCTs had a Jadad score≥4.

9. Ford, 2018

The SR conducted by Ford and colleagues included 67 RCTs that investigated prebiotics,

probiotics, and synbiotics in the management of IBS.

Three RCTs investigated the effect of prebiotics. One had low RoB; the other two had

unclear RoB because of possible RoB in allocation concealment.

Fifty-three RCTs investigated the effect of probiotics. Twenty-six had low RoB.

Two RCTs investigated synbiotics. One had no RoB assessment; the other one was at

unclear RoB concealment because of possible RoB in allocation concealment.

Nine RCTs investigated antibiotics. Four out of nine had low RoB, and the four RCTs were all investigating rifaximin.

10. Shah, 2017

The SR conducted by Shah and colleagues included 15 RCTs that investigated the effect of Guanylate Cyclase-C Agonists on IBS.

Seven out of 15 RCTs had low RoB in generating randomization sequence. Seven out of 15 RCTs had low RoB in allocation concealment. Fifteen RCTs had low RoB in blinding. Fifteen RCTs had low RoB in incomplete data reporting. Fifteen RCTs had low RoB in selective outcome reporting.

11. Ford, 2018

The SR conducted by Ford and colleagues included 15 RCTs that investigated the effect of Guanylate Cyclase-C Agonists on IBS. The article did not report details of individual domains of RoB assessment. Four out of 18 RCTs were at low RoB.

| Source | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-----------------------------|---|---|---|----|---|---|---|----|----|----|----|----|----|----|----|----|
| Andresen, 2012 | 0 | Х | Х | PO | 0 | Х | Х | 0 | PO | 0 | 0 | 0 | Х | PO | 0 | 0 |
| Xie, 2015 | Х | Х | Х | 0 | X | Х | Х | 0 | PO | 0 | 0 | Х | Х | 0 | 0 | Х |
| Evans, 2007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ford, 2009 | 0 | Х | 0 | 0 | 0 | 0 | Х | 0 | PO | 0 | 0 | 0 | Х | 0 | 0 | 0 |
| Ford, 2018 | 0 | Х | 0 | PO | 0 | 0 | Х | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ford, 2018a | 0 | 0 | 0 | 0 | 0 | 0 | Х | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lesbros-Pantoflickova, 2004 | 0 | Х | Х | X | Х | Х | Х | X | X | Х | 0 | 0 | Х | Х | Х | Х |
| Martínez-Vázquez, 2012 | 0 | Х | 0 | 0 | 0 | Х | 0 | 0 | 0 | 0 | 0 | X | Х | Х | X | 0 |
| Shah, 2017 | 0 | Х | Х | 0 | 0 | Х | Х | 0 | 0 | 0 | 0 | 0 | 0 | Х | Х | 0 |
| Zhang, 2016 | 0 | Х | Х | X | 0 | 0 | Х | 0 | 0 | 0 | 0 | Х | Х | 0 | X | 0 |
| Zheng, 2017 | 0 | Х | Х | X | Х | 0 | Х | PO | PO | 0 | 0 | 0 | Х | 0 | X | X |

eFigure 1. Quality assessment via AMSTAR 2 scale

Footnote: "O" = Yes; "X" = No; "PO" = Partial Yes

| Probiotics I | IBS-C/IBS-D | Placebo | Bloating score | 26 | 1842 | | | | | | | | | | |
|--------------|-------------|---------|-----------------------------|----|------|---------------|------------|------|------------------------|---|---|---|---|---|----|
| | | | | | | | | SMD, | -0.25 (-0.36 to -0.18) | 0 | Х | 0 | 0 | 0 | Ш |
| Probiotics I | IBS-C/IBS-D | Placebo | Flatulence score | 11 | 767 | | | SMD, | -0.23 (-0.38 to -0.08) | 0 | 0 | 0 | х | х | IV |
| Probiotics I | IBS-C/IBS-D | Placebo | Global IBS symptom score | 35 | 3219 | , - •- | ļ | SMD, | -0.2 (-0.31 to -0.1) | 0 | х | 0 | 0 | 0 | Ш |
| | | | | | | -0.5 -0.25 | 0 0.25 0.5 | | | | | | | | |

| Treatments | Comparisons | Outcomes | Number of primary studies | Number of participants | Sur | nmary Effect size (95%Cl) | l ² (%) | 95%PI | Excess significance bias | p Egger | p random | Quality of evidence |
|------------|-------------|-----------------------------|---------------------------------|------------------------|-----------------------|---------------------------------|--------------------|-------|--------------------------------|------------|-------------|---------------------|
| Probiotics | Placebo | Bloating score | 26 | 1842 | - | SMD, -0.25 (-0.36 to -0.18) | 0 | Х | 0 | 0 | 0 | 111 |
| Probiotics | Placebo | Flatulence score | 11 | 767 | | SMD0.23 (-0.38 to -0.08) | 0 | 0 | 0 | Х | Δ | IV |
| Probiotics | Placebo | Global IBS symptom score | 35 | 3219 | | SMD, -0.2 (-0.31 to -0.1) | 0 | Х | 0 | 0 | 0 | Ш |
| | | | | Fvaors tr | -0.5 -0.25 0 0 ← 0 | 1.25 0.5 → Fvaors control | | | | | | |

eFigure 2. Other efficacy outcomes

Abbreviations: 95%CI, 95% confidence interval. 95%PI, 95% prediction interval. SMD, standardized mean difference. X, violated the criteria. O, fulfilled the criteria. I, convincing evidence. II, highly suggestive. III, suggestive evidence. IV, weak evidence.

Footnotes: The credibility of current evidence was evaluated by using the following criteria: (1) had p<0.05 in fixed-effects model or p<0.001 in randomeffects model; (2) had the total sample size larger than 1000; (3) had 95%PI that excluded the null value; (4) had no significant heterogeneity (I²<50%); and (5) had no evidence of small-study effects or excess significance bias. We classified the credibility into: convincing (class I; fulfilling (1) to (5)), highly suggestive (class II; fulfilling (1) to (3)), suggestive (class III; fulfilling (1) to (2)), and weak (class IV; fulfilling only (1)).