**YOUR IBS DIAGNOSIS CHECK LIST**

How to define IBS?
What do we know about the pathophysiology?
How to make a confident diagnosis?
What are the warning signs to be excluded?
Which investigations are needed?
What are the general management concepts?
When to schedule follow-up care?

**HOW TO DEFINE IBS?**

A disorder of gut–brain interaction (DGBI); also known as functional bowel disorder (FBD)

1. **Bloating**
2. **Recurrent abdominal pain**
3. **Altered bowel habit**
   (frequency and/or shape of the stools)

AND

often accompanied by higher anxiety or depression levels

its occurrence could be related to an imbalance of the gut microbiota

Prevalence **4 to 10%**
depending on the geographical region and the criteria used for assessment

List of synonymous disorder names

- Irritable bowel syndrome
- Spastic colon
- Mucous colitis
- Functional colopathy

**WHAT DO WE KNOW ABOUT THE PATHOPHYSIOLOGY?**

Psychological factors (stress, anxiety)
Abnormal control of pain

Gas/bloating
Abnormal gut motility

Microbiota
Diet

Bowel hypersensitivity
Inflammation
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HOW TO MAKE A CONFIDENT DIAGNOSIS?

IBS diagnostic criteria

- Presence of chronic/recurrent abdominal pain > 1 day / week in the last 3 months
- Bloating
- Change in stool consistency
- Change in stool frequency

In the absence of warning signs or risk factors

SUBTYPE | CHARACTERISTICS
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IBS predominance of constipation (IBS-C) | Bristol 1-2 > Bristol 6-7 
constipation > diarrhea

IBS predominance of diarrhea (IBS-D) | Bristol 6-7 > Bristol 1-2 
diarrhea > constipation

IBS mixed standard (IBS-M) | Bristol 1-2 & Bristol 6-7 
diarrhea & constipation

Bristol stool chart

- TYPE 1: Separate hard lumps, like nuts (hard to pass)
- TYPE 2: Lumpy and sausage like deep cracks
- TYPE 3: A sausage shape with cracks in the surface
- TYPE 4: Like a smooth, soft sausage or snake
- TYPE 5: Soft blobs with clear-cut edges
- TYPE 6: Mushy consistency with ragged edges
- TYPE 7: Watery, no solid pieces (entirely liquid)

WHAT ARE THE WARNING SIGNS TO BE EXCLUDED?

Check list of red flags to be investigated to confirm the diagnosis

- Family history
  (inflammatory bowel disease, celiac disease or colorectal cancer)
- Weight loss
- Fever
- New symptom (< 6 months)
- Nocturnal symptoms
- Extra-intestinal symptoms
  (arthritis, rash, eye inflammation)
- Recent use of antibiotics
- Abnormalities on physical examination

IF ONE OR MORE SYMPTOMS ARE PRESENT, CONSIDER FURTHER EVALUATION AND/OR REFERRAL.

- Anemia or blood loss
- Increase in inflammatory markers
- Fecal incontinence
- Abdominal mass

REFER TO GASTROENTEROLOGIST FOR REVIEW
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WHICH INVESTIGATIONS ARE NEEDED?

Don’t over investigate, consider:

**RECOMMENDED AS ROUTINE TESTS**

- Full blood count
- C-reactive protein (CRP) (exclusion of IBD or other inflammatory condition)
- Stool pattern evaluation: frequency and consistency (Bristol)

**CONSIDER IN SPECIFIC CASE**

- Fecal calprotectin
  
  *In case of diarrhea as a symptom and if reimbursed in your country.*
- Serology for celiac disease
  
  *If the pathology is prevalent in your country.*
- Thyroid test
  
  *Only in case of majorly altered bowel habit, with other clinical signs, to be reassured.*
- Colonoscopy
  
  *Only in selected cases, based on stool pattern sub-type (diarrhea) and result of calprotectin test, age threshold for colorectal cancer screening (usually >50 years), personal and/or familial history.*
- Rectal Exam
  
  *Recommended in anyone with blood in the stools; Males & Females > 40 years with lower GI symptoms.*

**NOT USEFUL AS ROUTINE TEST**

- Iron studies
- Albumin
- Parasitology (parasite if overseas travel stool MC&S, C. difficile toxin)
- Bowel cancer screening outside the recommended national guidelines
- CT scan/Ultrasound/MRI
- Gynecological evaluation

WHAT ARE THE GENERAL MANAGEMENT CONCEPTS?

Management focuses on 4 general concepts

1. **Diet intervention**

   - healthy diet
   - limiting the intakes of potential dietary triggers (FODMAP, lactose, gluten etc.)
   - prebiotics
   - probiotics

2. **Lifestyle**

   - healthy lifestyle
   - regular physical activity
   - sleep

3. **Gut-brain signal management**

   - psychotherapeutic interventions
   - Cognitive Behavior Therapy (CBT), hypnosis, psychodynamic, relaxation...
   - for long term psychological support

4. **Symptomatic medical treatment**

   - Specific drug targeting
   - bowel function
   - pain
   - bloating
   - Antispasmodics, anti diarrheals, laxatives etc.

WHEN TO SCHEDULE FOLLOW-UP CARE?

Reevaluate treatment in 6 to 8 weeks.

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**What to say about IBS?**

- **IBS** is a disorder of gut-brain interaction, the two organs don't understand and communicate with each other properly.
- **IBS** is a symptom-based disorder with no tissue damage.
- Gastrointestinal symptoms do not come alone, IBS is often accompanied by higher levels of psychological upset such as anxiety, stress and depression.
- The brain is receiving or processing signals too sensitively.
- The brain is misinterpreting normal signals from the body as signs of disease.
- The brain is over-interpreting normal signals from the body as harm.
- The bowel is over-interpreting (as signals of harm).
- The function of the bowel is affected by the nervous system.
- The bowel is processing signals over-sensitively and this affects function.
- The bowel sends signals in such a way that they are over-interpreted by the brain.
- IBS could be related to an unbalanced gut microbiota.
- The microbial communities that live in a specific environment of the body is called microbiota.
- An unbalanced gut microbiota, a dysbiosis, is a change in the composition and functions of the microorganisms that live in the gut.
- Food, bacteria, or substances found in the gut can sometimes cause the gut to malfunction and trigger symptoms.
- IBS is a chronic disorder where symptoms can be managed through lifestyle changes, dietary therapy and psychological therapies.
- We will meet every 6 to 8 weeks in order to follow up the effectiveness of the treatment/strategy.

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**REFERENCES**

- https://www.snfge.org/content/constipation-chronique

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For more information about the microbiota go to www.biocodexmicrobiotainstitute.com