

An easy-to-use IBS diagnostic tool

Three international renowned gastroenterologists (Pr. Jean-Marc Sabaté, Pr. Jan Tack and Dr. Pedro Costa Moreira) have just launched, with the support of the Biocodex Microbiota Institute, an IBS diagnostic tool to better diagnose IBS and help healthcare professionals to communicate with their patients.

How many patients suffering from functional bowel disorder does a healthcare professional see per week? Do you know that up to 75% of individuals with Irritable Bowel Syndrome (IBS) may be undiagnosed and may struggle more than 4 years before receiving a formal medical diagnosis?

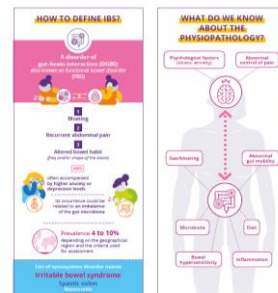
Properly diagnosing IBS can be challenging and uncertain for different reasons: complex disorder with symptoms often difficult to quantify objectively, complex to explain it to patient during an average consultation...

Nevertheless, IBS symptoms sufferers need to be diagnosed and deserve a special attention as well as a dedicated treatment.

This is the reason why Pr. Jean-Marc Sabaté, Pr. Jan Tack, Dr. Pedro Costa Moreira with the support of the Biocodex Microbiota Institute have **created an easy-to-use and practice-oriented IBS diagnostic tool** with a dual objective for healthcare professionals: better diagnose IBS and improve dialogue with their patients.

Why is it useful in their daily practice?

→ Because it contains simple infographic about the disorder, the physiopathology, synonymous names...



HOW TO MAKE A CONFIDENT DIAGNOSIS?

IBS diagnostic criteria

- Presence of abdominal pain associated with at least two of the following:
 - Change in stool frequency
 - Change in stool consistency
 - In the absence of other GI or extra-GI conditions
- Duration of symptoms:
 - At least 6 months
 - At least 2 of the following:
 - Abdominal pain
 - Change in stool frequency
 - Change in stool consistency

WHAT ARE THE WARNING SIGNS?

Any back of the alarm symptoms (red flags) should be considered

- Family history (Inflammatory bowel disease, colorectal disease or celiac disease)
- Weight loss
- Fever
- New symptoms (if existing)
- Rectal symptoms
- Rectal bleeding
- Recent use of antibiotics
- Abnormalities on physical examination

ALARM SIGNS OF A COLITIC AETIOLOGY (PHYSIOLOGICAL AND SYSTEMIC AS WELL AS LOCAL CHANGES)

- Anemia or iron deficiency
- Increase in inflammatory markers
- Rectal examination
- Abnormal tests

NOTE TO GASTROENTEROLOGISTS (FOR REVIEW)

➔ Because it includes an easy-to-use check list to make a differential diagnosis (diagnosis criteria, IBS subtypes, a tick book of the alarm symptoms...)

Why is

➔ Because it holds a reminder about all they need to know to go further (investigation, management, follow up)

trustful?

WHICH INVESTIGATIONS ARE NEEDED?

These are the investigations considered

TO BE RECOMMENDED

- Full blood count
- C-reactive protein (CRP) (evidence of IBS or other inflammatory condition)
- Stooling frequency and consistency (diarrhea)

TO BE CONSIDERED

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WHAT ARE THE GENERAL MANAGEMENT CONCEPTS?

Management focus on 4 general concepts

1. Diet intervention
2. Lifestyle
3. Gut-brain signal management
4. Symptom relief treatment

HOW OFTEN A FOLLOW UP CARE IS CONDUCTED?

is 6 to 8 weeks (the efficacy of the treatment could be re-evaluated)

it

➔ Because it has been created by IBS international renowned experts



Prof. Jean-Marc Sabaté
 Professor Jean-Marc Sabaté is working as Consultant in the Department of Gastroenterology, Aveline University Hospital, Sobrienne, France, and is Professor in Gastroenterology at the Sorbonne Paris Nord University. Since 2002, he pursues his research in the Irritable Bowel Syndrome (IBS) field at the INSERM Unit U-987 + Physiopathology and clinical pharmacology of pain + (Amboise Paris hospital, France). He is the co-founder and President of scientific council of the association AFPSI (French Association of patients suffering from irritable bowel syndrome).



Prof. Jan Tack
 Professor Jan Tack is currently a head of Clinic in the Department of Gastroenterology, a Professor in Internal Medicine and Chairman of the Department of Clinical and Experimental Medicine at the University of Leuven, Belgium. Professor Jan Tack is also a Principal Researcher in the Translational Research Center for Gastrointestinal Disorders (TRGID) at the University of Leuven. He is currently one of the top clinical and basic investigators in the field of gastrointestinal motility. He is the President of the Rome Foundation for Functional Gastrointestinal Disorders.



Dr. Pedro Costa Moreira
 Doctor Pedro Costa Moreira is working as a gastroenterologist at Centro Hospitalar do Tâmega e Sousa - Penafiel, Porto, Portugal. He took a special dedication to the fields of biliopancreatic diseases, and advanced endoscopy (endoscopic ultrasonography, endoscopic retrograde cholangiopancreatography (ERCP) and enteral obstructions procedures). At the same time, he is a collaborator and scientific advisor in a digital platform directed to primary care physicians' continuous medical education (MGfamiliar.net). He began his medical training at Centro Hospitalar de São João, Porto, Portugal.



➔ Because it has received the endorsement of the World Gastroenterology Organisation

Why is it helpful to communicate with their patients?

What to say about IBS?

- Boiling, recurrent abdominal pain and altered bowel habit characterize this syndromic disorder named irritable bowel syndrome (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 receives signals from the bowel that gets over-interpreted as signals of harm.
- The bowel is processing signals over-sensitively and its affects function.
- The function of the bowel is affected by the nervous system.
- The bowel sends signals in such a way that they are over-interpreted by the brain.
- The brain is receiving or processing signals too sensitively.
- The brain is misinterpreting normal signals from the body as signs of disease.
- IBS could be related to an unbalanced gut microbiome.
- 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.

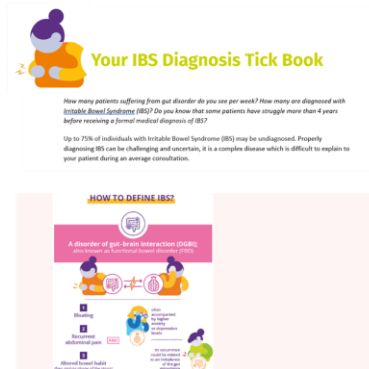
➔ Because it contains lay public like sentences to explain IBS and microbiota

The tool is available in 3 formats. Pick the one for you!

- Fan deck brochure



- Digital



- To download



Get yours there <https://www.biocodexmicrobiotainstitute.com/en/pro/your-ibs-diagnosis-tick-book>

About the Biocodex Microbiota Institute

The Biocodex Microbiota Institute is an international scientific institution that aims to foster health through spreading knowledge about the human microbiota. To do so, the Institute addresses both healthcare professionals and the general public to raise their awareness about the central role of this still little-known organ of the body.

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