

Una herramienta diagnóstica fácil de usar para el síndrome del colon irritable

Tres gastroenterólogos de renombre internacional (el Prof. Jean-Marc Sabaté, el Prof. Jan Tack y el Dr. Pedro Costa Moreira) acaban de presentar, con el apoyo del Biocodex Microbiota Institute, una herramienta diagnóstica para el síndrome del colon irritable que ayuda a diagnosticarlo mejor y a que los profesionales sanitarios se comuniquen con sus pacientes.

¿Cuántos pacientes con un trastorno funcional intestinal son atendidos por los profesionales sanitarios cada semana? ¿Sabía que hasta el 75 % de las personas con síndrome del colon irritable (SCI) podría no haber sido diagnosticado y sufrirlo durante más de 4 años antes de recibir un diagnóstico médico oficial?

Diagnosticar el SCI de forma adecuada puede ser complicado e incierto por varios motivos: es un trastorno complejo con síntomas que a menudo son difíciles de cuantificar de forma objetiva y es complicado explicar a los pacientes qué es durante una consulta habitual.

No obstante, quienes padecen síntomas del SCI necesitan un diagnóstico y merecen que se les preste una atención especial, así como un tratamiento especializado.

Por este motivo, el Prof. Jean-Marc Sabaté, el Prof. Jan Tack y el Dr. Pedro Costa Moreira, con el respaldo del Biocodex Microbiota Institute, han **creado una [herramienta diagnóstica para el síndrome del colon irritable](#) fácil de usar y centrada en la práctica** con un objetivo doble para los profesionales sanitarios: diagnosticar mejor el SCI y mejorar la comunicación con los pacientes.

¿Por qué es útil en la práctica diaria?

→ Porque contiene una infografía simple sobre el trastorno, la fisiopatología, los otros nombres que recibe...



HOW TO MAKE A CONFIDENT DIAGNOSIS

IBS diagnostic criteria

- Presence of Abdominal pain associated with at least 2 of the following:
 - Change in stool consistency
 - Change in stool frequency
 - In the absence of alarm or red flags
- Minimum of 3 months of symptoms
- At least 12 weeks of symptoms

WHAT ARE THE WARNING SIGNS

The lack of the pathognomonic signs helps define the IBS sub-type

- Family history (Chronic liver disease, Crohn disease or colorectal cancer)
- Weight loss
- Fever
- Malabsorption (Lactose intolerance)
- Anorexia symptoms
- Extra-intestinal symptoms (Arthritis, skin, eye, oral ulcers)
- Recent use of antibiotics
- Abnormalities on physical examination

IN CASE OF A RED FLAG, ADDITIONAL PRACTICE AND DIFFERENTIAL DIAGNOSIS IS CONSIDERED

- Presence of alarm signs
- Increase in inflammatory markers
- Practical assessment
- Abnormal tests

REFER TO GASTROENTEROLOGIST FOR REVIEW

➔ Porque incluye una lista de comprobación fácil de utilizar para alcanzar un diagnóstico diferencial (criterios de diagnóstico, subtipos del SCI, un cuaderno de verificación con los síntomas preocupantes...).

➔ Porque incluye recordatorios de todo lo que necesitan saber para seguir adelante (investigación, tratamiento, seguimiento).

WHICH INVESTIGATIONS ARE NEEDED?

Don't over investigate, consider

TO BE RECOMMENDED AS ROUTINE TESTS

- Full blood count
- C reactive protein (CRP) (marker of IBS or other inflammatory conditions)
- Stool calprotectin (marker of inflammatory conditions)
- Request and consider (if needed)

TO BE CONSIDERED AS SPECIFIC CASE

Final diagnosis is not confirmed and if persistent in your family, looking for other disease

If the pathology is present in your family, the test will be more useful

Consider only in another case, based on your patient and the clinical presentation

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NOT NECESSARY

WHAT ARE THE GENERAL MANAGEMENT CONCEPTS?

Management focus on 4 general concepts

1. Diet
2. Lifestyle
3. Psychological
4. Symptom relief

HOW OFTEN A FOLLOW UP CARE IS CONDUCTED?

In 6 to 8 weeks the efficacy of the treatment could be evaluated

¿Por qué se puede confiar en ella?

➔ Porque la han creado expertos internacionales de renombre del síndrome del colon irritable.

Prof. Jean-Marc Sabaté

Professor Jean-Marc Sabaté is working as Consultant in the Department of Gastroenterology, Ackerre University Hospital, Sobriety, France, and is Professor in Gastroenterology at the Sorbonne Paris Nord University. Since 2002, he pursues his research in the Intestinal Bowel Syndrome (IBS) field at the INSERM U-1087 + Physiopathology and clinical pharmacology of pain + (Amboise Paris) hospital, France. He is the co-founder and President of scientific council of the association AFSCI (French Association of patients suffering from intestinal 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 Departments 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 (TRGCD) 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 inflammatory diseases and advanced endoscopy (endoscopic ultrasonography, endoscopic retrograde cholangiopancreatography ERCP) and enteral dialysis (enteral procedures). At the same time, he is a collaborator and scientific advisor in a digital platform directed to primary care physicians' continuous medical education (MGFarlar.net). He began his medical training at Centro Hospitalar de São João, Porto, Portugal.



➔ Porque cuenta con el respaldo de la Organización Mundial de Gastroenterología.

¿Por qué es útil para comunicarse con los pacientes?

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 receives signals from the bowel that are over-interpreted as signals of harm.
- The brain is processing signals over-sensitively and its effects 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 microbiome.
- An unbalanced gut microbiome, 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.

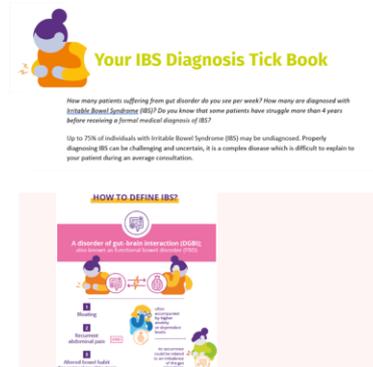
➔ Porque contiene frases en términos coloquiales para explicar qué son el síndrome del colon irritable y la microbiota.

La herramienta está disponible en 3 formatos. Elija el que más le guste.

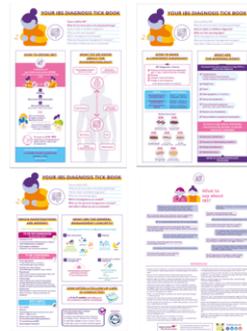
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Hágase con el suyo aquí: <https://www.biocodexmicrobiotainstitute.com/es/pro/manual-para-diagnosticar-el-sii>.

Sobre el Biocodex Microbiota Institute

El Biocodex Microbiota Institute es una institución científica internacional que tiene como objetivo fomentar la salud mediante la difusión del conocimiento sobre la microbiota humana. Para ello, el Instituto se dirige tanto a los profesionales sanitarios como al público en general para concienciar acerca del papel crucial de este órgano del cuerpo aún poco conocido.

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