

Uma ferramenta de diagnóstico SCI fácil de usar

Três gastroenterologistas de renome internacional (Pr. Jean-Marc Sabaté, Pr. Jan Tack e Dr. Pedro Costa Moreira) acabam de lançar, com o apoio do Instituto Biocodex Microbiota, uma ferramenta de diagnóstico da SCI para melhor diagnosticar a SCI e ajudar os profissionais de saúde a comunicar com os seus pacientes.

Quantos doentes que sofrem de distúrbios intestinais funcionais é que um profissional de saúde vê por semana? Sabia que até 75% dos indivíduos com Síndrome do Colón Irritável (SCI) podem não ser diagnosticados e podem ter dificuldades mais de 4 anos antes de receberem um diagnóstico médico formal?

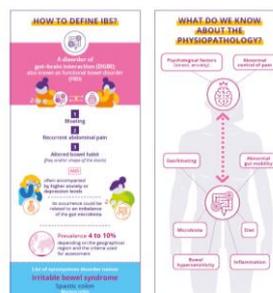
O diagnóstico adequado da SCI pode ser desafiante e incerto por diferentes razões: desordem complexa com sintomas muitas vezes difíceis de quantificar objetivamente, complexa para explicar ao paciente durante uma consulta média...

No entanto, os sintomas da SCI precisam de ser diagnosticados e merecem uma atenção especial, bem como um tratamento dedicado.

É por este motivo que o Pr. Jean-Marc Sabaté, Pr. Jan Tack, Dr. Pedro Costa Moreira com o apoio do Instituto Biocodex Microbiota **criaram uma [ferramenta de diagnóstico SCI](#) fácil de utilizar e orientada para a prática**, com um duplo objetivo para os profissionais de saúde: melhor diagnosticar a SCI e melhorar o diálogo com os seus pacientes.

Porque é útil na sua prática diária?

➔ Porque contém infografia simples sobre a doença, a fisiopatologia, nomes sinónimos...



HOW TO MAKE A CONFIDENT DIAGNOSIS

IBS Diagnostic criteria

- Presence of abdominal pain associated with 2 or more of the following:
 - Change in stool consistency
 - Change in stool frequency
 - In the absence of other GI lesions

IBS epidemiology

- Prevalence: 5-10%
- Age: 15-50 years
- Gender: Female > Male
- Prevalence: 10-15%
- Age: 15-50 years
- Gender: Female > Male

IBS subtypes

- IBS-C: Constipation-predominant
- IBS-D: Diarrhea-predominant
- IBS-M: Mixed

IBS differential diagnosis

- IBS-C: Irritable bowel syndrome, constipation-predominant
- IBS-D: Irritable bowel syndrome, diarrhea-predominant
- IBS-M: Irritable bowel syndrome, mixed

WHAT ARE THE WARNING SIGNS?

Red flags of the patient's symptoms to help with a confident differential diagnosis

- Family history of inflammatory bowel disease, celiac disease or colorectal cancer
- Weight loss
- Fatigue
- New onset of ironing
- Rectal symptoms
- Extra-intestinal symptoms (arthritis, skin, eye, osteoporosis)
- Recent use of antibiotics
- Abnormalities on physical examination

RED FLAGS OF A RED-FLAG SYMPTOM, PHYSICAL FINDING AND REFERRAL TO A SPECIALIST OR CONSULTANT

- Onset in childhood
- Increase in laboratory markers
- Focal abnormalities
- Abnormal mass

REFER TO GASTROENTEROLOGIST FOR REVIEW

→ Porque inclui uma lista de verificação fácil de usar para fazer um diagnóstico diferencial (critérios de diagnóstico, subtipos da SCI, um livro de verificação dos sintomas de alarme...)

→ Porque contém um lembrete sobre tudo o que eles precisam de saber para ir mais além (investigação, gestão, acompanhamento)

WHICH INVESTIGATIONS ARE NEEDED?

First-line investigations, available

TO BE RECOMMENDED AS ROUTINE TESTS

- Full blood count
- C-reactive protein (CRP) elevation of IBS or other inflammatory bowel disease
- Iron studies (ferritin, transferrin saturation)
- Frequency and consistency (stools)

TO BE CONSIDERED AS SECOND-LINE TESTS

IBS differential diagnosis

- IBS-C: Irritable bowel syndrome, constipation-predominant
- IBS-D: Irritable bowel syndrome, diarrhea-predominant
- IBS-M: Irritable bowel syndrome, mixed

WHAT ARE THE GENERAL MANAGEMENT CONCERNS?

Management focus on 4 general concepts

1. Diet management
2. Lifestyle
3. Gut-brain signal management
4. Symptomatic medical treatment

HOW OFTEN A FOLLOW-UP CARE IS CONDUCTED?

In 6 to 8 weeks, the efficacy of the treatment could be reevaluated.

NOT USEFUL

Porque é confiável?

→ Porque foi criado por especialistas de renome internacional da SCI



Prof. Jean-Marc Sabaté
 Professor Jean-Marc Sabaté is working as Consultant in the Department of Gastroenterology, Ackerre University Hospital, Sobriy, 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 AFSCI (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 (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 biliary-patients disease, and advanced endoscopy (endoscopic ultrasonography, endoscopic retrograde cholangiopancreatography ERCP) and enteral colonoscopy procedures. At the same time, he is a collaborator and scientific advisor in a digital platform directed to primary care physicians' continuous medical education (MGAmfar.net). He began his medical training at Centro Hospitalar de São João, Porto, Portugal.



→ Porque recebeu o aval da Organização Mundial de Gastroenterologia

Porque é útil comunicar com os seus pacientes?

What to say about IBS?

- IBS is a disorder of gut-brain interactions, 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 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 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.

→ Porque contém frases de carácter público leigo para explicar a SCI e a microbiota

A ferramenta está disponível em 3 formatos. Escolha a ferramenta certa para si!

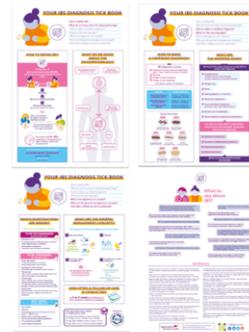
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Obtenha a sua aqui <https://www.biocodexmicrobiotainstitute.com/pt/pro/manual-de-avaliacao-diagnostica-no-sindrome-do-intestino-irritavel-sii>

Sobre o Instituto Biocodex Microbiota

O Instituto Biocodex Microbiota é uma instituição científica internacional que visa fomentar a saúde através da divulgação de conhecimentos sobre a microbiota humana. Para o fazer, o Instituto dirige-se tanto aos profissionais de saúde como ao público em geral para os sensibilizar para o papel central deste órgão ainda pouco conhecido do organismo.

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