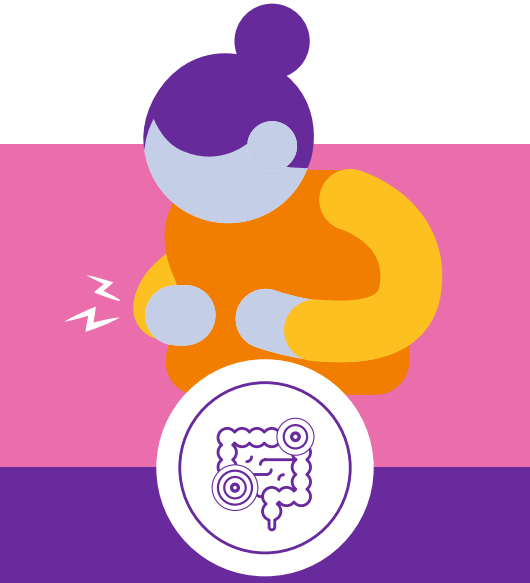
YOUR IBS DIAGNOSIS CHECK LIST



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

This document was created in collaboration with
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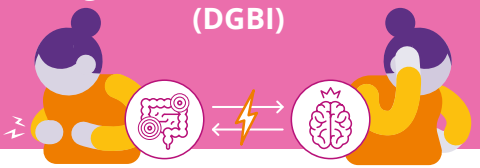
HOW TO DEFINE IBS?

A disorder of gut–brain interaction (DGBI)



1

Bloating and/or abdominal distension

2

Recurrent (but not continuous) abdominal pain or discomfort

3

Altered bowel habits

(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 to say about IBS?

Bloating, recurrent abdominal pain/discomfort and altered bowel habit characterize this symptom-based disorder named irritable bowel syndrome (IBS)

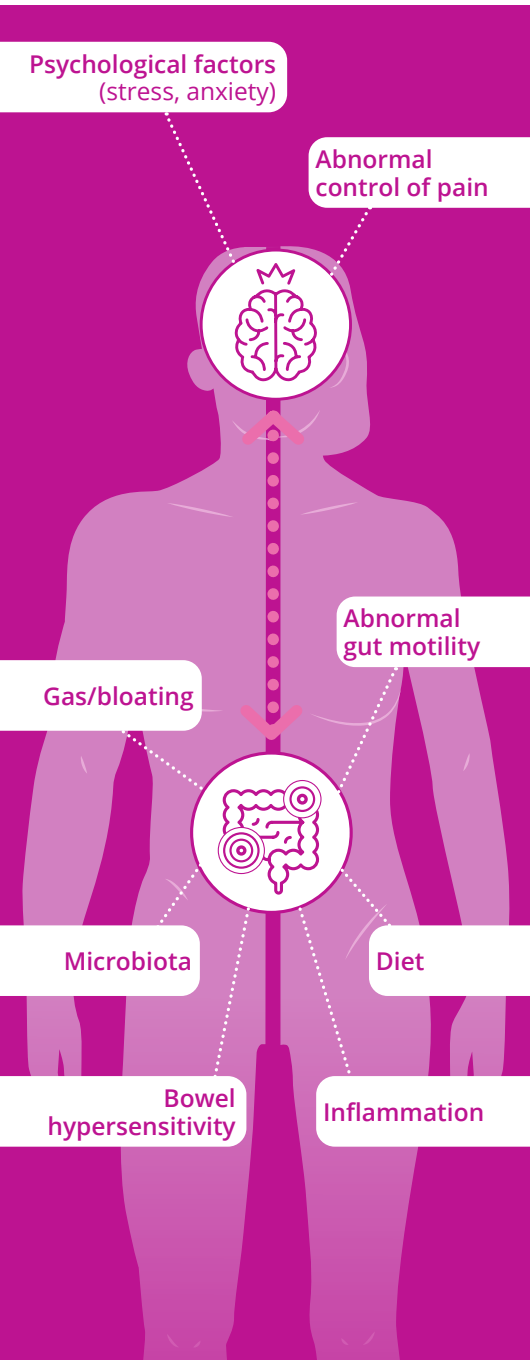
IBS is a disorder of gut–brain interaction, the two organs don't understand and communicate with each other properly.

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 are over-interpreted (as signals of harm).

WHAT DO WE KNOW ABOUT THE PATHOPHYSIOLOGY?

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HOW TO MAKE A CONFIDENT DIAGNOSIS?

IBS diagnostic criteria

- ☑ Presence of chronic/recurrent but not continuous abdominal pain or discomfort **≥ 3 days/month in the last 3 months***
- ☑ Associated with 2 or more of the following: defecation, change in stool consistency/frequency.

In the absence of warning signs or risk factors

**Criteria onset ≥ 6 months before diagnosis*

SUBTYPE	CHARACTERISTICS
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***
IBS with Unspecified bowel habit (IBS-U)	**Rarely abnormal stools**

Bristol stool chart

Separate hard lumps, like nuts (hard to pass)

Lumpy and sausage like, deep cracks

A sausage shape with cracks in the surface

Like a smooth, soft sausage or snake

Soft blobs with clear-cut edges

Mushy consistency with ragged edges

Watery, no solid pieces (entirely liquid)

What to say about IBS?

The bowel is processing signals over-sensitively and this 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.

WHAT ARE THE WARNING SIGNS REQUIRING FURTHER EVALUATION ?

Checklist of features requiring additional investigations or referral

- ☑ **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**


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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.)

probiotics

fibers

prebiotics

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, antidiarreals, laxatives etc.

What to say about IBS?

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.

if you want to know more about microbiota go to the lay public section of the Biocodex microbiota institute

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WHEN TO SCHEDULE FOLLOW-UP CARE?

Reevaluate treatment in 6 to 8 weeks.

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