Irritable bowel syndrome (IBS) diagnostic pathway

1. Abdominal pain associated with altered bowel movements

2. Are any alarm features present?
   - Patient aged >50 years
   - Blood in stool
   - Anemia
   - Fever
   - Unintentional weight loss
   - Family history of IBD, celiac disease, or colon cancer
   - Abdominal mass or evidence of defecatory disorder

3. Does the patient meet Rome IV diagnostic criteria?
   - Recurrent abdominal pain ≥1 day per week, on average, in the past 3 months associated with 2 or more of the following
     - Defecation
     - A change in stool frequency
     - A change in stool form
     - Symptom onset at least 6 months ago

4. Affirmative IBS diagnosis
   - Evaluate stool consistency using Bristol Stool Form Scale for IBS subtyping
     (see Section C on reverse)

5. IBS-Constipation
   - Hard / lumpy stools

6. IBS-Mixed
   - Mixed stool pattern

7. IBS-Diarrhea
   - Loose / watery stools

Elicit detailed history of symptoms and conduct abdominal / rectal exam
See section A on reverse for more information on patient assessment

Consider alternative diagnoses and perform additional investigations, as required
See section B on reverse for more information on differential diagnoses

References
2. Longstreth GF et al. Gastroenterology 2006; 130: 1480-1491.

*Patients who meet the diagnostic criteria for IBS but whose bowel habits cannot be accurately categorized into one of these three groups should be categorized as IBS-Unclassified. This diagnostic pathway is provided as a reference tool only and is not a substitute for clinical judgment. Each healthcare provider is solely responsible for any decisions made or actions taken in reliance of this information.
### Irritable bowel syndrome (IBS) diagnostic pathway

#### Section A: Patient assessment

**Patient history**
- Symptom history
  - Predominant or most bothersome symptom(s) (e.g., diarrhea, pain, bloating)
  - Symptom triggers (e.g., relationship to food, stress, physical activity)
  - Dietary habits (e.g., intake of caffeine, sodas, poorly absorbed carbohydrates)
  - Impact of symptoms on daily quality of life
- Comorbidity
- Other medical conditions (e.g., diabetes, lupus)
- Other GI disorders (e.g., dyspepsia, GERD)
- Other functional non-GI disorders (e.g., fibromyalgia)
- Psychiatric comorbidity

**Previous investigations and treatments**
- Prior GI-related investigations and results
- Prior interventions or medications used and responses

**Personal history and expectations**
- Prior abuse history / psychological distress
- Patient’s goals and expectations

**Physical exam**
- Generally normal in patients with IBS
- Rectal exam may elicit co-existing defecatory disorder
- Pelvic exam important if co-existing pelvic pain

#### Section B: Additional tests and differential diagnoses

**Diagnostic tests for IBS**
- If not previously performed, complete blood count should be considered
- Celiac serology, C-reactive protein, and fecal calprotectin may be considered, particularly for patients with symptoms of IBS-D or IBS-M
- In the absence of alarm features, additional tests are NOT required to make an affirmative IBS diagnosis
- The symptom-based Rome diagnostic criteria have a 98% positive predictive value for IBS

**Differential diagnoses**
- In patients with alarm features, or patients who do not meet diagnostic criteria for IBS, further investigation of the following may be warranted:
  - Abdominal wall pain
  - Bile acid malabsorption
  - Celiac disease
  - Colon cancer
  - Defecatory disorder
  - Dyspepsia
  - Endometriosis
  - Inflammatory bowel disease
  - Microscopic colitis
  - Narcotic bowel syndrome
  - Small intestinal bacterial overgrowth

#### Section C: Bristol Stool Form Scale for IBS subtyping

**Bristol Stool Form Scale**

<table>
<thead>
<tr>
<th>Hard / lumpy stools</th>
<th>Normal consistency stools</th>
<th>Loose / watery stools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>Type 2</td>
<td>Type 3</td>
</tr>
<tr>
<td>Separate hard lumps, like nuts (hard to pass)</td>
<td>Sausage-shaped but lumpy</td>
<td>Like a sausage but with cracks on the surface</td>
</tr>
<tr>
<td>Type 4</td>
<td>Type 5</td>
<td>Type 6</td>
</tr>
<tr>
<td>Like a sausage or snake, smooth and soft</td>
<td>Soft blobs with clear-cut edges</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>Type 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watery, no solid pieces; entirely liquid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IBS subtypes are based on the predominant stool form on days with at least one abnormal bowel movement.

**Threshold for classification of IBS subtypes based on proportion of abnormal bowel movements**

<table>
<thead>
<tr>
<th>IBS-C</th>
<th>IBS-D</th>
<th>IBS-M</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;25%</td>
<td>&lt;25%</td>
<td>25–75%</td>
</tr>
</tbody>
</table>

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