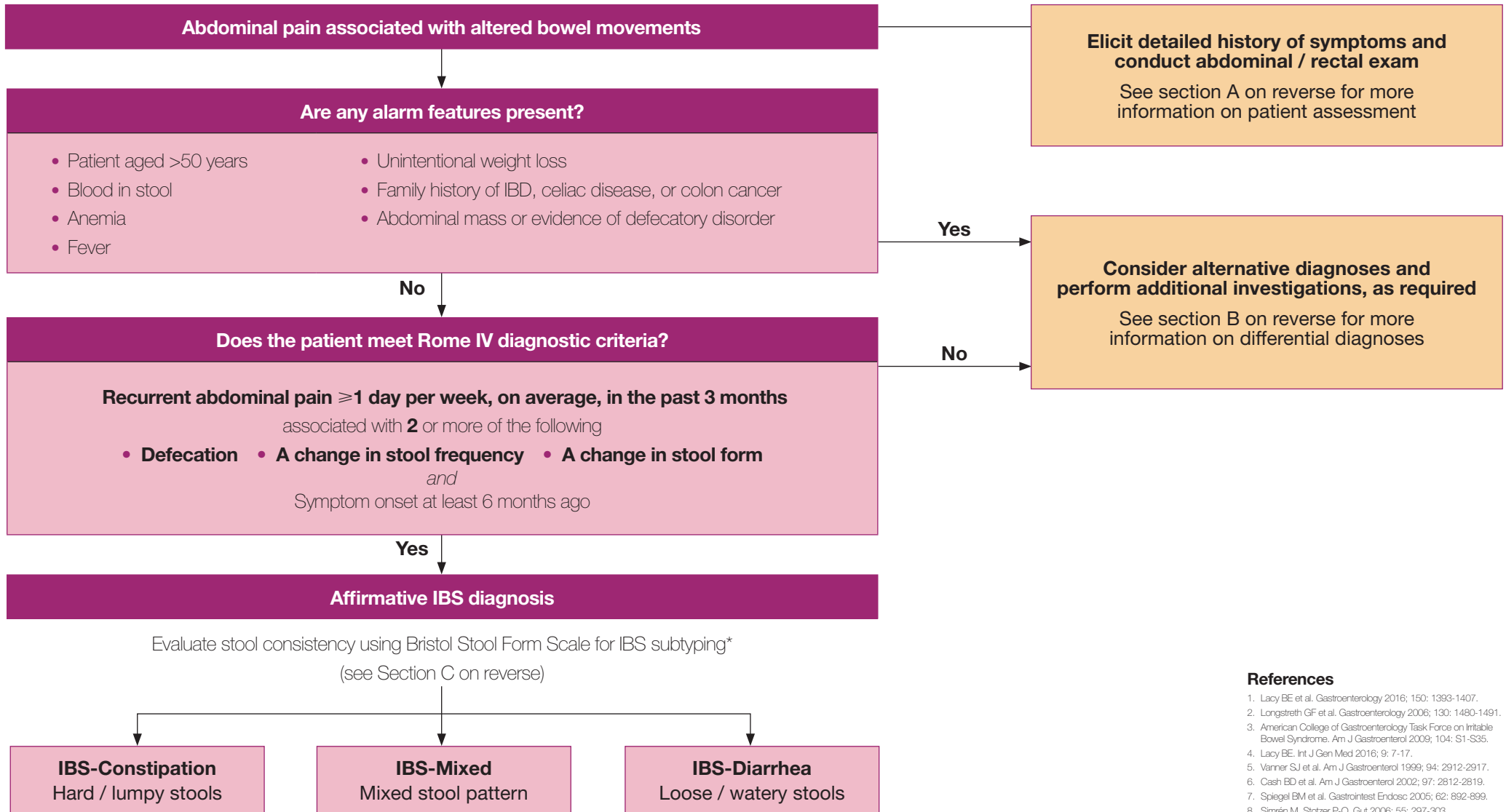


Irritable bowel syndrome (IBS) diagnostic pathway^{1,2}



References

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

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Each healthcare provider is solely responsible for any decisions made or actions taken in reliance of this information.

Irritable bowel syndrome (IBS) diagnostic pathway¹⁻⁸

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






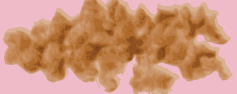

- If not previously performed, complete blood count should be considered
- Celiac serology, C-reactive protein, and fecal calprotectin may be considered, particularly for patients with symptoms of IBS-D or IBS-M
- In the absence of alarm features, additional tests are NOT required to make an affirmative 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

Hard / lumpy stools		Normal consistency stools			Loose / watery stools	
						
Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7
Separate hard lumps, like nuts (hard to pass)	Sausage-shaped but lumpy	Like a sausage but with cracks on the surface	Like a sausage or snake, smooth and soft	Soft blobs with clear-cut edges	Fluffy pieces with ragged edges, a mushy stool	Watery, no solid pieces; entirely liquid
IBS-C	>25%	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* →			IBS-C	<25%
IBS-D	<25%				IBS-D	>25%
IBS-M	25–75%				IBS-M	25–75%

*Patients who meet the diagnostic criteria for IBS but whose bowel habits cannot be accurately categorized into one of these three groups (IBS-C, IBS-D, or IBS-M) should be categorized as IBS-Unclassified. Modified from original version, © 2006 Rome Foundation. Used with permission.

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