

# Diagnosing IBS

Dr Dominic Bullas

6.4.2017

# Gastrointestinal Disease in Primary Care in the UK

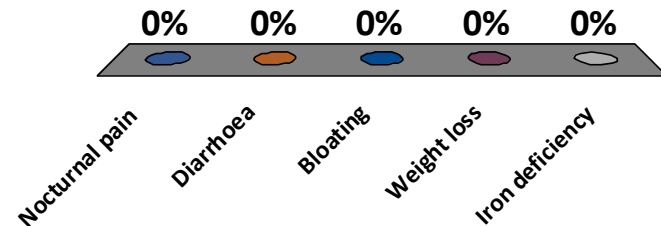
Condition	Prevalence	Incident cases/year nationally	Incident cases/year per CCG	Incident cases per GP
Crohn's disease	0.15% <sup>1*</sup>	3000-6000 <sup>2</sup>	14-28	Every 4-7 years
Ovarian cancer	1.43% <sup>3</sup>	5000 <sup>4*</sup>	24	Every 4 years
Ulcerative colitis	0.2% <sup>5</sup>	6000-12,000 <sup>2</sup>	28-57	Every 2-4 years
Coeliac disease	1% <sup>6</sup>	7000 <sup>6</sup>	33	Every 3 years
Colorectal cancer	5% <sup>7</sup>	33,000 <sup>8*</sup>	157	Two a year
IBS	10.5% <sup>9</sup>	78,600 <sup>10*</sup>	370	Four a year

# Clinical Case

- 27 Female
- Referred to the surgeons in 2014
- Right-sided abdominal pain, weight loss, loose stools

# What symptoms or biochemistry would give you concern?

- A. Nocturnal pain
- B. Diarrhoea
- C. Bloating
- D. Weight loss
- E. Iron deficiency



- Unintentional and unexplained weight loss
- Rectal bleeding
- FHx of Colorectal or Ovarian Cancer
- A change in bowel habit to looser and/or more frequent stools persisting for more than 6 weeks in a person aged over 60 years



- Abdominal masses
- Rectal masses
- Low Hb
- ↑ inflammatory markers

# Colonoscopy

# Clinical Case

- 27 Female
- Referred to the surgeons in 2014
- Right-sided abdominal pain, weight loss, loose stools
  
- Macroscopically normal colonoscopy (TI not intubated)
- Focal active cryptitis in the caecum, mild reactive change in the rectum
- “Not consistent with IBD”
  
- Normal small bowel studies
- Calprotectin 66

# Gastroenterology OPA

- Long-standing diarrhoea
- Seen previously and investigated in another Trust
- BO x12
- PR bleeding
- Urgency
  
- Minimal RIF tenderness



# IBD CNS OPA

- Still symptomatic
- OB QDS, occasional blood on wiping herself
- Mezavant increased to 4.8 g

# Second Opinion



# History



# Gastroenterology OPA

- OB x7
- Bristol VI or VII
- Mucus PR
- Occasional bright red blood on wiping
- Cramping abdominal pain
- Relief with defaecation
  
- No nocturnal symptoms
- Weight loss of 3 kg since in last 12 months
- Suppressed appetite
- Sx precipitated by food

# Gastroenterology OPA

- Borborygmi, dizziness, fatigue, general irritability
- Sleep dysfunction
- Labile mood
  
- Confirmed Campylobacter infection in 2015
- Working as a nurse in another hospital
- 9/12 baby girl
- Sx exacerbated by stress and diet

Which Foundation is responsible for the development of the classification of Functional Gastrointestinal Disorders?



A. London



B. Venice



C. Paris



D. Rome

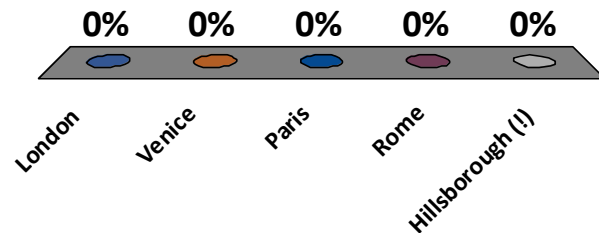


E. Hillsborough (!)



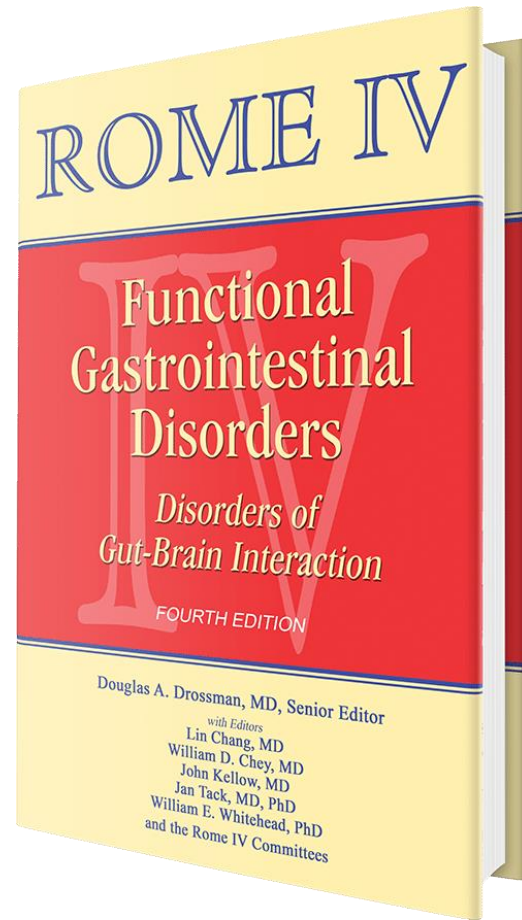
Which Foundation is responsible for the development of the classification of Functional Gastrointestinal Disorders ?

- A. London
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# Rome Foundation



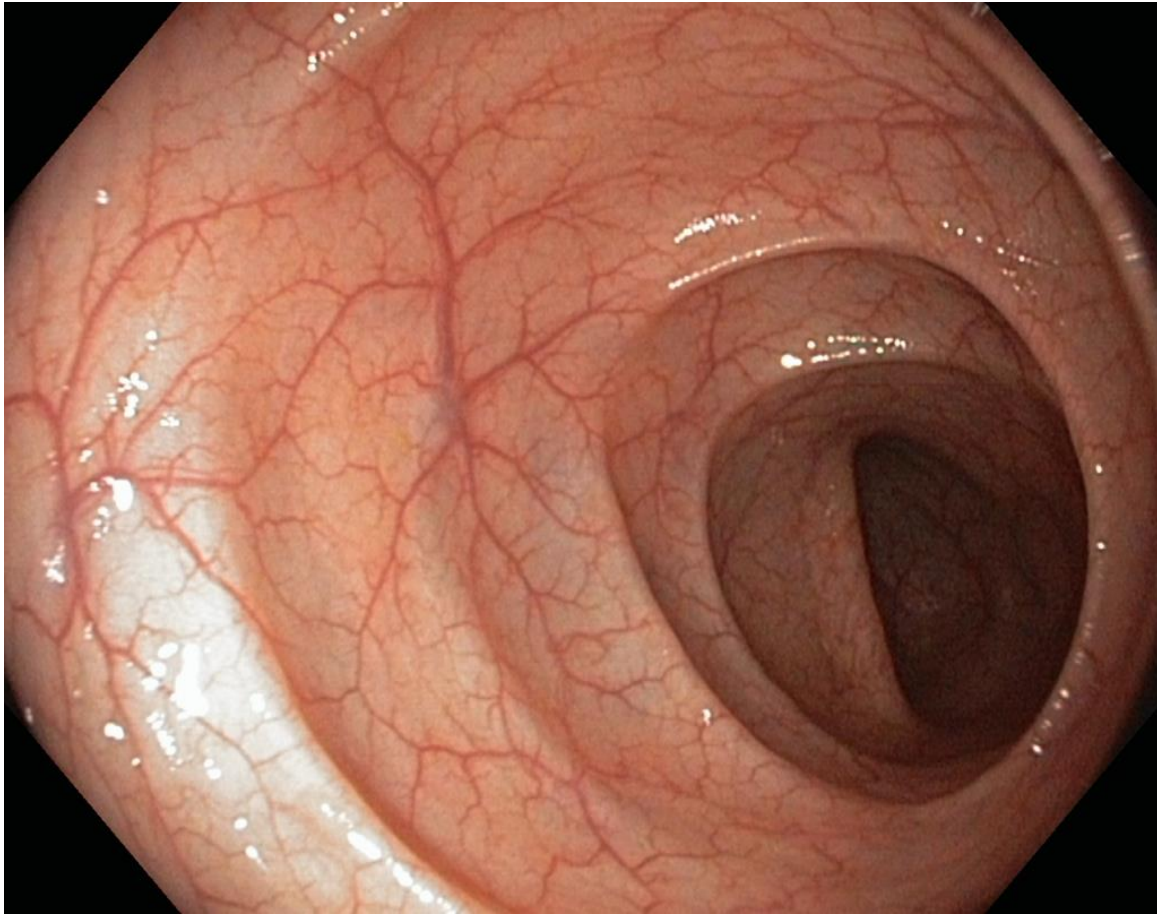
# Rome IV Criteria for IBS

Recurrent **abdominal pain**, on average, **at least 1 day/week** in the last 3 months, associated with two or more of the following criteria:

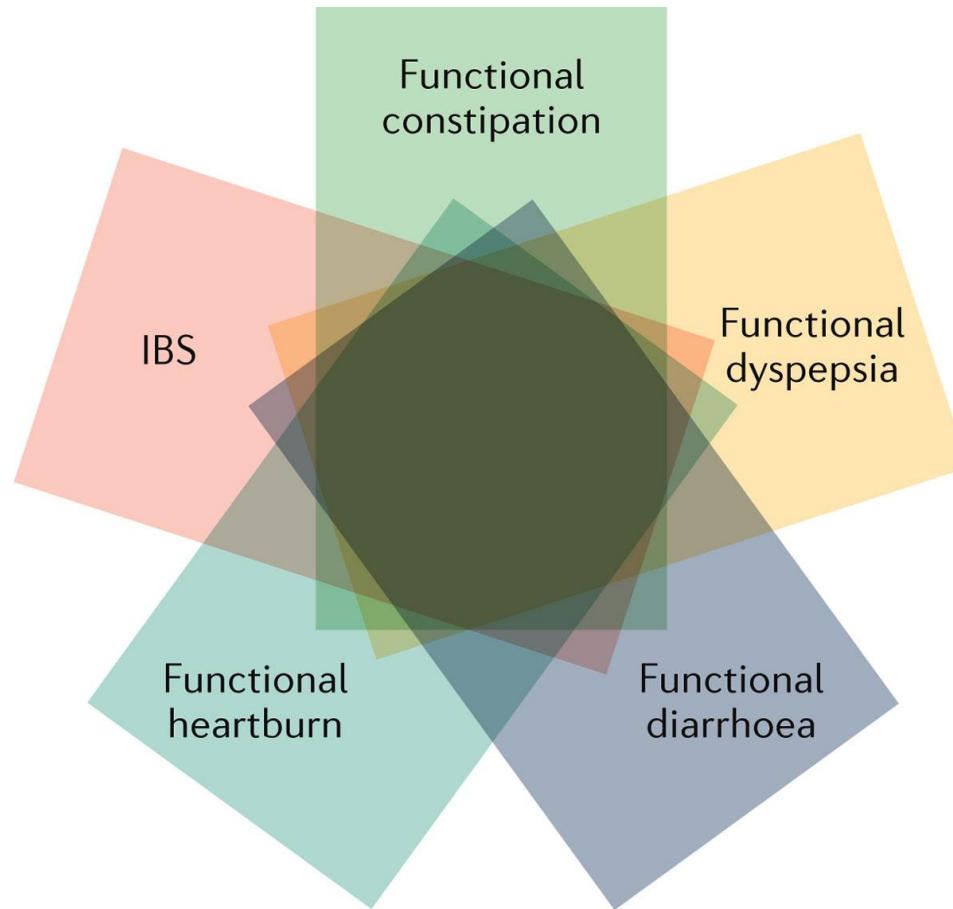
- **Related** to defaecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis

Investigations?



# Overlap between Functional Gastrointestinal Disorders



# Differential Diagnosis of IBS

## Infection

SIBO  
Giardia  
Bacterial  
Amoeba  
HIV

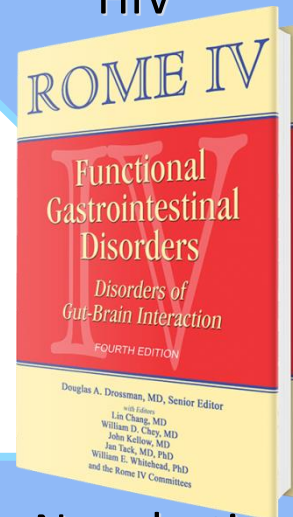
## Inflammation

Ulcerative colitis  
Crohn's disease  
Microscopic colitis

Diverticular disease  
Bile acid diarrhoea

Psychological  
Anxiety states  
Depression  
Somatisation

Neoplastic  
Colorectal cancer  
Endocrine tumors  
Ovarian cancer

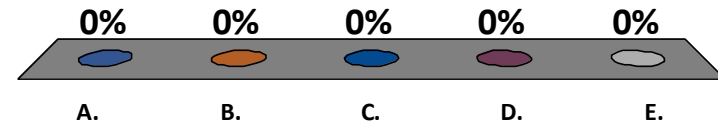


Dietary Factors  
Lactose  
Caffeine, alcohol  
Fat  
Gas-producing foods  
Sorbitol

Malabsorption  
Coeliac sprue  
Post-surgical  
Pancreatic

What test would you order in someone with Rome-complaint Dx of IBS

- A. Colonoscopy
- B. Coeliac serology
- C. TSH
- D. Carbon hydrogen breath test
- E. SeHCAT



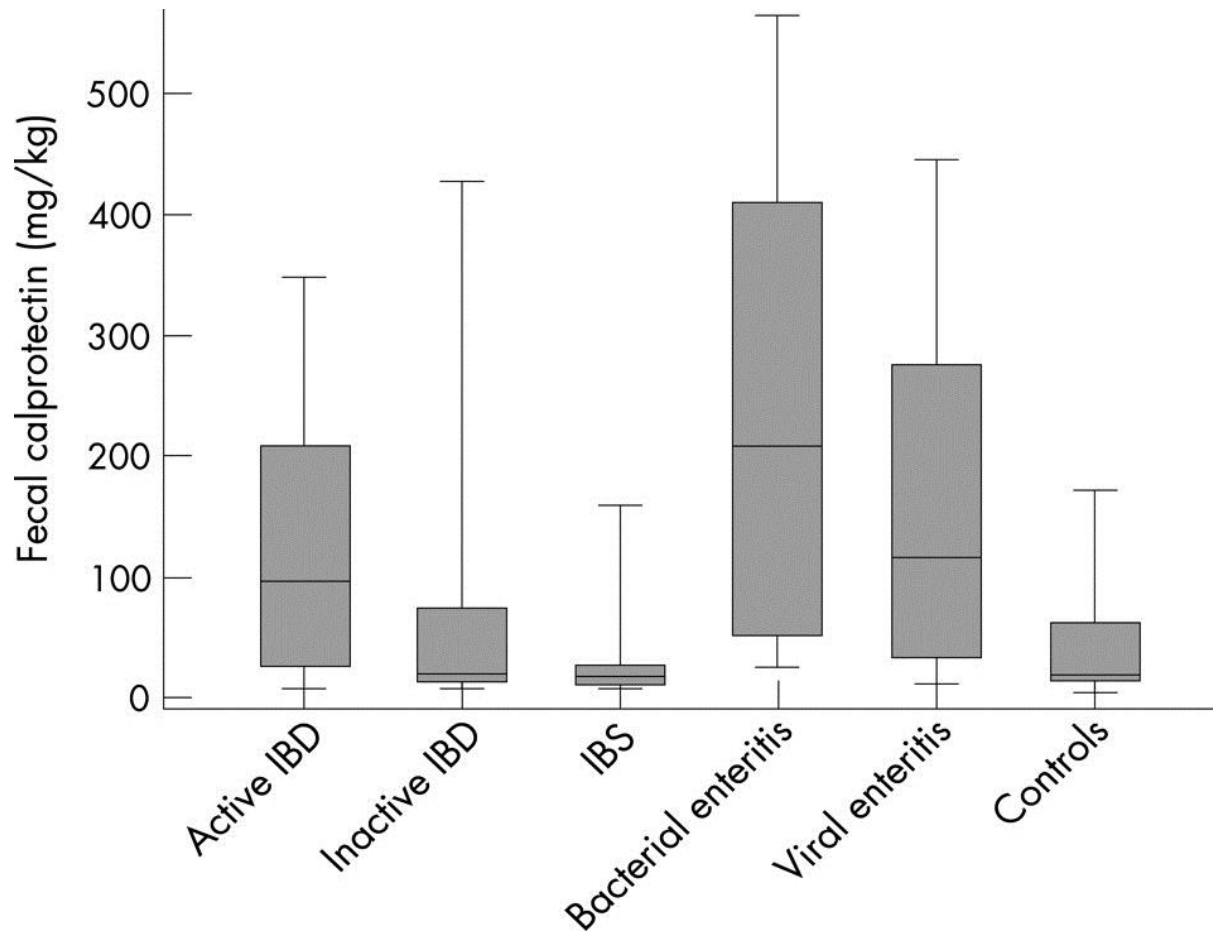
# The Utility of Diagnostic Tests in Irritable Bowel Syndrome Patients: A Systematic Review

Brooks D. Cash, M.D., Philip Schoenfeld, M.D., M.S.Ed., M.Sc.(Epi.), and  
William D. Chey, M.D., F.A.C.G., F.A.C.P.

Organic GI Disease	IBS Patients (Pretest Probability) (%)	General Population (Prevalence) (%)
Colitis/IBD	0.51–0.98	0.3–1.2
Colorectal cancer	0–0.51	4–6
Celiac disease	4.67	0.25–0.5
Gastrointestinal infection	0–1.7	N/A
Thyroid dysfunction	6	5–9
Lactose malabsorption	22–26	25

# Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel

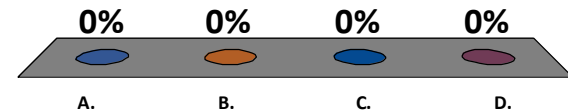
**NICE**





# Which of the following statements is true regarding Faecal Calprotectin?

- A. Calprotectin is stable in stool samples for less than three days
- B. A positive faecal calprotectin result can distinguish diverticular disease from inflammatory bowel disease
- C. Faecal calprotectin concentration is not increased in patients with constipation
- D. It is appropriate to use faecal calprotectin as a screening test in preschool children with suspected inflammatory bowel disease



## A Meta-Analysis of the Utility of C-Reactive Protein, Erythrocyte Sedimentation Rate, Fecal Calprotectin, and Fecal Lactoferrin to Exclude Inflammatory Bowel Disease in Adults With IBS

Stacy B Menees, Corey Powell, Jacob Kurlander, Akash Goel and William D Chey

### **Conclusion**

CRP and calprotectin of  $\leq 0.5$  or 40, respectively, essentially excludes IBD in patients with IBS symptoms. The addition of CRP and calprotectin to symptom-based criteria may improve the confident diagnosis of IBS.



“I hope you’re not going to be like the twenty incompetent doctors who couldn’t find anything wrong with me.”

## Is a negative colonoscopy associated with reassurance or improved health-related quality of life in irritable bowel syndrome?

**Brennan M. R. Spiegel, MD, MSHS, Ian M. Gralnek, MD, MSHS, Roger Bolus, PhD, Lin Chang, MD, Gareth S. Dulai, MD, MSHS, Bruce Naliboff, PhD, Emeran A. Mayer, MD**

Los Angeles, California, USA

Volume 62, No. 6 : 2005 GASTROINTESTINAL ENDOSCOPY 893

**Conclusions:** We found no independent association between a negative colonoscopy and reassurance or improved HRQOL in IBS patients aged <50 years. These results suggest that the role of colonoscopy in IBS may be limited but require confirmation in prospective trials. (Gastrointest Endosc 2005;62:892-9.)

# Gastroenterology OPA

- “Diagnostic uncertainty”
  - “Unlikely to be IBD”
  - D-IBS +/- PI-IBS
- 
- ✓ Stop 5ASAs
  - ✓ Repeat investigations *with the expectation that the tests will be normal*

## **Investigations**

- Normal Hb and Ferritin
- CRP 14
- Stool culture negative
- Faecal Calprotectin < 8

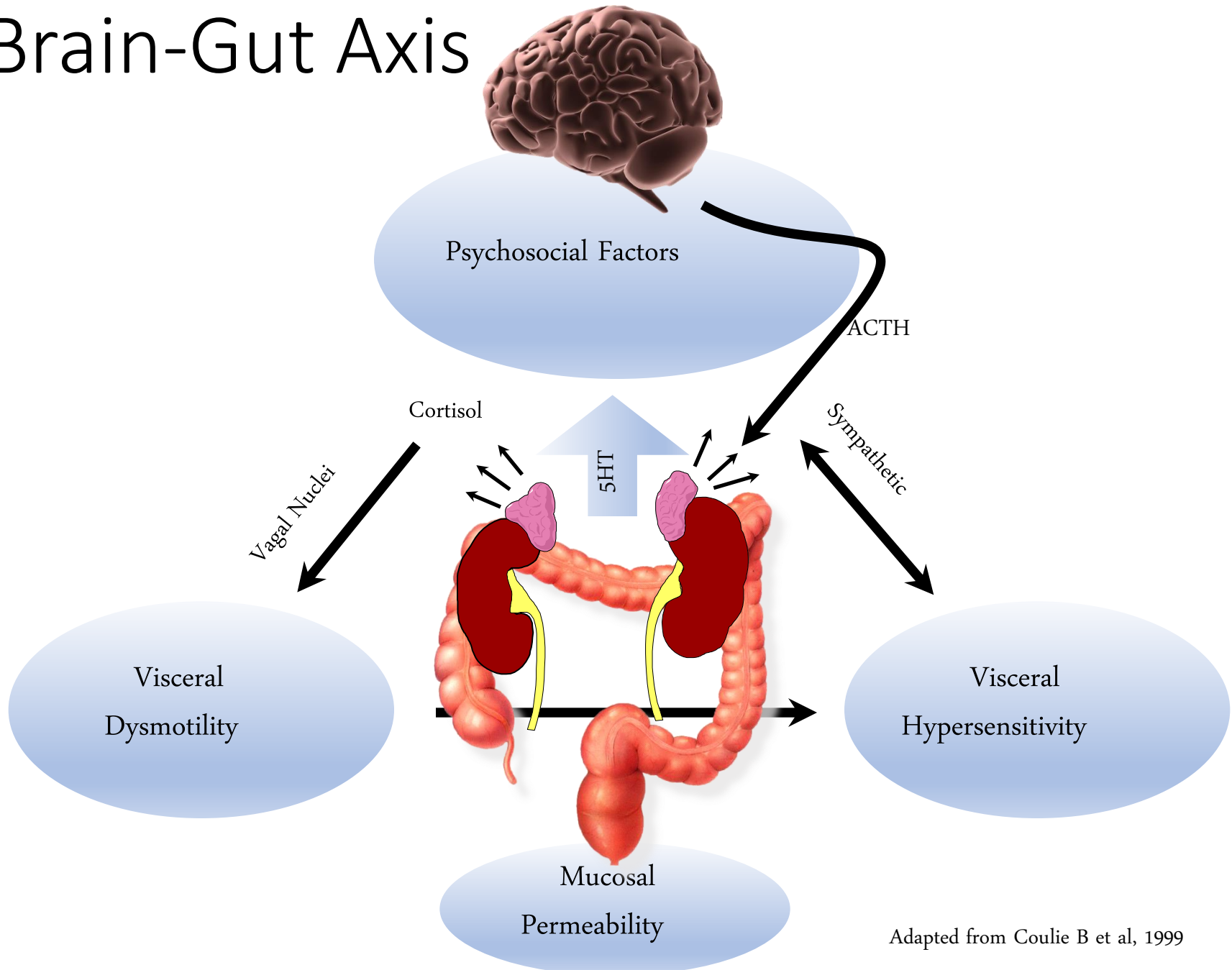
## **Colonoscopy + TI**

- Macroscopically normal
- Normal small bowel and colonic biopsies

# Gastroenterology OPA

- ✓ Anti-spasmodics
- ✓ Dietetic referral
- ✓ +/- TCAs

# Brain-Gut Axis









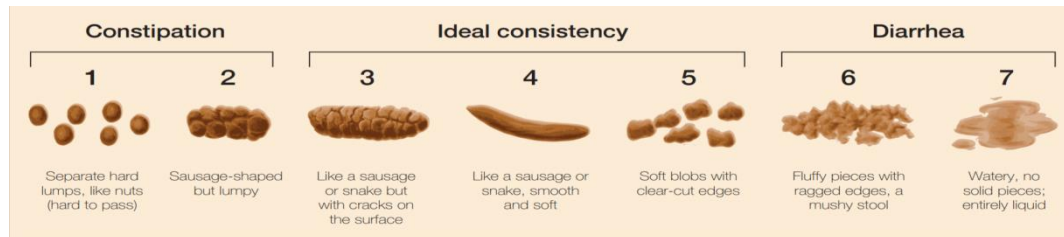


# IBS Subtypes

SUBTYPE	STOOL TYPE 1 & 2	STOOL TYPE 6 & 7
IBS with predominant constipation	More than 25%	Less than 25%
IBS with predominant diarrhea	Less than 25%	More than 25%
IBS with mixed bowel habits	More than 25%	More than 25%

IBS Unclassified: Patient who meets diagnostic criteria for IBS but whose bowel habits cannot be accurately categorized into one of the three subtypes above.

*Source: Lacy BE, et al. Bowel Disorders. Gastroenterology. 2016;150:1393-1407.*



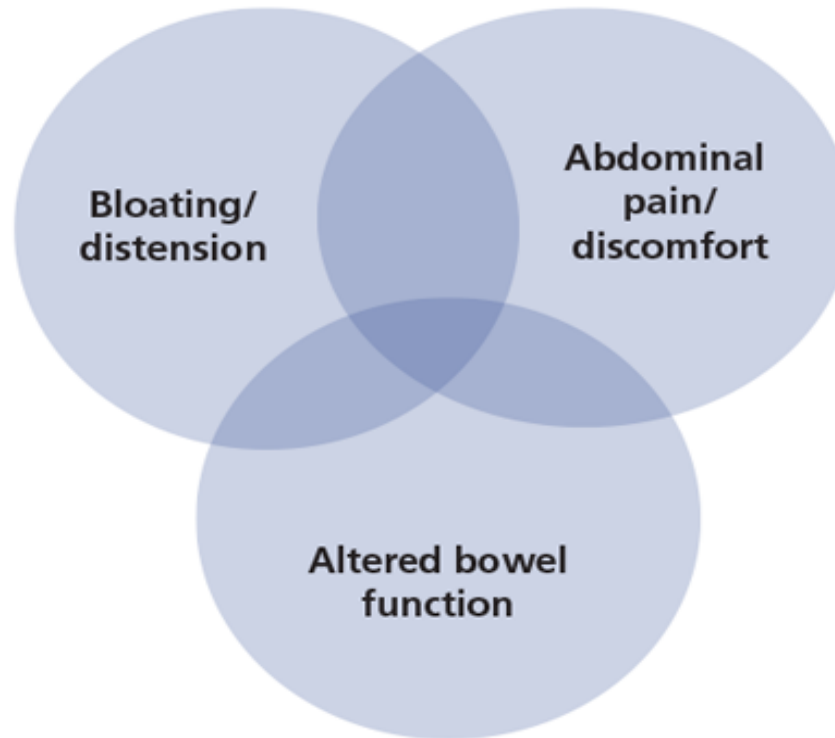
# Targeting Pharmacological Therapy in IBS

## Bloating/distension

- Probiotics
- Antibiotics
- Linaclotide
- Lubiprostone

## Diarrhea

- Loperamide
- Rifaximin
- Alosetron
- Tricyclics



## Abdominal pain/discomfort

- Antispasmodics
- Antidepressants
- Linaclotide
- Lubiprostone

## Constipation

- Ispaghula/psyllium
- Lubiprostone
- Linaclotide
- Osmotic laxatives
- Prucalopride<sup>a</sup>



## Please Help!

I have a condition which means I need to use your toilet facilities urgently. Your co-operation and kindness would be very much appreciated.



## What is Irritable Bowel Syndrome?

### What is Irritable Bowel Syndrome?

Irritable Bowel Syndrome or IBS is the name doctors have given to a collection of otherwise unexplained symptoms relating to a disturbance of the large bowel.

These may include:

- Crampy abdominal pain, often relieved by defecation
- An alteration in bowel habit (diarrhoea, constipation or alternating diarrhoea and constipation)
- Bloating and swelling of the abdomen
- Rumbling noises and excessive passage of wind
- Urgency – a need to rush to the toilet and incontinence (if a toilet is not nearby)
- A sharp pain felt low down inside the rectum
- Sensation of incomplete bowel movement

When X-rays, blood tests, examination of the stool, endoscopy and other diagnostic tests are carried out, the results do not reveal any obvious abnormality. For that reason, IBS is often called 'a functional disorder' of the bowel; in other words, an illness associated with a disturbance of bowel function without any change in structure or obvious cause.

Symptoms frequently occur in other parts of the body. These may include; headaches, dizziness, backache, passing urine frequently, tiredness, muscle and joint pains, ringing in the ears, indigestion, belching, nausea, shortness of breath, anxiety and depression. A similar range of symptoms is reported by patients with other medically unexplained illnesses, such as Chronic Fatigue Syndrome, Fibromyalgia, Food Intolerance and Functional Dyspepsia, raising questions as to whether they are different expressions of the same type of illness.

### How is Irritable Bowel Syndrome diagnosed?

Irritable Bowel Syndrome should always be diagnosed by a qualified medical professional. Please do not attempt to self-diagnose.

A qualified medical practitioner should always diagnose IBS, since some of the symptoms of other bowel diseases can resemble those of Irritable Bowel Syndrome. Nevertheless, doctors are usually quite confident at diagnosing IBS by the pattern of symptoms alone without recourse to tests to rule out every possible cause.

According to the most recent Rome criteria, set out by an international consensus of specialists, a diagnosis of IBS

can only be made if you have frequent abdominal discomfort that is either relieved by going to the loo or associated with changes in the frequency or form of stool (a tendency to diarrhoea or constipation). The diagnosis is supported if you experience difficulty passing motions, you pass mucus, or you have bloating and feelings of abdominal distension.

“ Our bowels are not always as regular as clockwork and bloating and abdominal pain are very common complaints. At any one time between 10% and 20% of people living in the western world fulfil the diagnostic criteria for IBS.

Irritable Bowel Syndrome is a condition that can occur at any stage in life, but frequently begins in early adulthood and comes and goes over the course of many years. That fact alone is an important diagnostic pointer, but you should always seek further advice if your symptoms change.

### When should tests be carried out?

You may well need to undergo specific tests such as an endoscopy, a scan or an X-ray to exclude other conditions if any of the following red warning flags are present:

- Recent weight loss
- Passage of blood in the stools
- Fever
- A rapid and persistent unexplained change in bowel habit in somebody above the age of 40

### Who gets Irritable Bowel Syndrome?

The quick answer to that is 'we all do', though some people get it more severely than others. Our bowels are not always as regular as clockwork and bloating and abdominal pain are very common complaints. At any one time between 10% and 20% of people living in western countries fulfil the diagnostic criteria for Irritable Bowel Syndrome. In common with other medically unexplained illnesses,

Irritable Bowel Syndrome is more frequently diagnosed in women compared with men, in young people compared with old and in western countries compared with the

# Summary

- Positive diagnosis
- Nurture Doctor-Patient relationship
- Reassurance
- Patient education
- Limited, non-invasive investigation
- Realistic goals
- Continuity of care

# IBS Awareness Month

## April 2017

#IBSAwarenessMonth

[www.theibsnetwork.org](http://www.theibsnetwork.org)







*A good set of bowels is  
worth more to a man than  
any quantity of brains*

Josh Billings (Henry Wheeler Shaw)

1818-1885