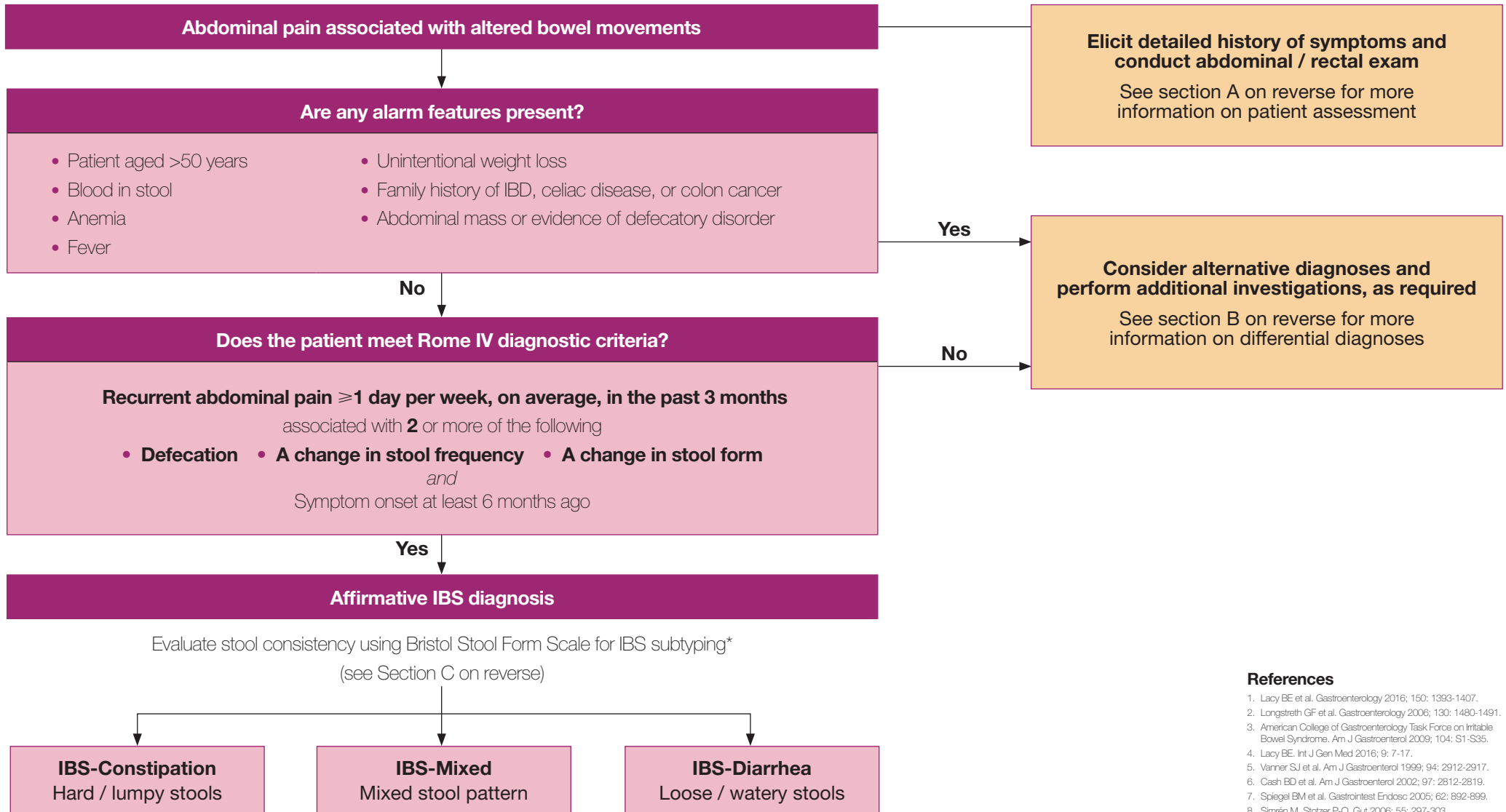


# Irritable bowel syndrome (IBS) diagnostic pathway<sup>1,2</sup>



## References

1. Lacy BE et al. *Gastroenterology* 2016; 150: 1393-1407.
2. Longstreth GF et al. *Gastroenterology* 2006; 130: 1480-1491.
3. American College of Gastroenterology Task Force on Irritable Bowel Syndrome. *Am J Gastroenterol* 2009; 104: S1-S35.
4. Lacy BE. *Int J Gen Med* 2016; 9: 7-17.
5. Vanner SJ et al. *Am J Gastroenterol* 1999; 94: 2912-2917.
6. Cash BD et al. *Am J Gastroenterol* 2002; 97: 2812-2819.
7. Spiegel BM et al. *Gastrointest Endosc* 2005; 62: 892-899.
8. Simrén M, Stotzer P-O. *Gut* 2006; 55: 297-303.

\*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 pathway<sup>1-8</sup>

## 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


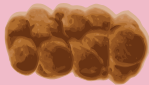


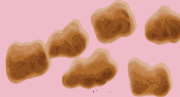
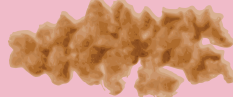

- If not previously performed, complete blood count should be considered
- Celiac serology, C-reactive protein, and fecal calprotectin may be considered, particularly for patients with symptoms of IBS-D or IBS-M
- In the absence of alarm features, additional tests are NOT required to make an affirmative 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	
						
<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>	<b>Type 4</b>	<b>Type 5</b>	<b>Type 6</b>	<b>Type 7</b>
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
<b>IBS-C</b>	>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* →			<b>IBS-C</b>	<25%
<b>IBS-D</b>	<25%				<b>IBS-D</b>	>25%
<b>IBS-M</b>	25–75%				<b>IBS-M</b>	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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