

- Thought to be multiple dysfunctions causing it:  
- Gut-brain interactions.  
- Motility disturbance.  
- Visceral hypersensitivity.  
- Altered gut bacteria.

IBS

Disclaimer:  
Read the disclaimer at medimaps.co.uk/disclaimer  
  
References:  
1. cks.nice.org.uk  
2. BMJ webinar Sept 2017  
3. Gastroenterology consultant Walsall, 2016.  
4. Gastroenterology consultant New Cross, 2018.

Symptoms

use any scoring tool

NICE criteria

ROME III criteria

Manning criteria

Abdominal discomfort or pain which is either:  
- Relieved by defecation  
OR  
- Associated with altered bowel frequency (increased or decreased) or altered stool form (hard, lumpy, loose, or watery).

- Recurrent abdominal pain or discomfort  
AND  
- Occurs 3/7 per month  
AND  
- Occured for the last 3/12

- Onset of pain linked to more frequent bowel movements.  
- Looser stools associated with onset of pain.  
- Pain relieved by passage of stool.  
- Noticeable abdominal bloating.  
- Sensation of incomplete evacuation more than 25% of the time.  
- Diarrhea with mucus more than 25% of the time.

- Altered stool passage (straining, urgency, incomplete evacuation).  
- Abdominal bloating, distension, tension, or hardness.  
- Worse with eating.  
- PR mucus.

- Improvement with defecation.  
OR  
- Onset associated with a change in frequency or stool.  
OR  
- Associated with a change in form (appearance) or stool.

Investigations

- FBC.  
- ESR, CRP.  
- Coeliac screen.  
- Ca-125.  
- Faecal calprotectin.

- If concerns about ovarian Ca.  
- Especially if > 50y.

- Persistent bloating.  
- Early satiety.

- Recurrent/persistent pain.  
- Diarrhoea.

<50  
50-100/150  
>100

normal  
intermediate  
high

- Functional disease i.e. IBS likely.

- Repeat in 4/52 (stop meds if possible cause).  
- Can be raised with PPI, regular NSAIDs, post gastro enteritis.  
- If still >50 refer to gastroenterology.

- Refer to gastroenterology.

do not test  
  
- USS.  
- Colonoscopy.  
- Barium enema.  
- TFT.  
- Faecal ova and parasite test.  
- Faecal occult blood.  
- Hydrogen breath test (for lactose intolerance and bacterial overgrowth).

- Not recommended in children in 1 to care as no data about normal levels.  
- Do not measure in >45y. Better to do colonoscopy. Your not thinking IBD in them.  
- What happens in the ones you should not measure i.e. > 45y:  
- Studies did not find a single IBD in anyone over 45y.  
  
- Distribution of disease affects calprotectin. If distal then likely detects. If small bowel then might miss disease if just looking at calprotectin.  
  
- Should not do calprotectin for 6 weeks after diarrhoea as can be infection related.  
- If frank PR bleed will give false +ve. So get sample when not bleeding. If cant manage that because there is so much frequent blood , then clearly need colonoscopy/referral.

Management

Lifestyle

- Diet.  
- Exercise.  
- Stress management.

- Avoid caffeine.  
- Avoid fizzy drinks.  
- Avoid sorbitol (sugar alternative).  
- Limit insoluble fibre (bran, wholemeal flour).  
- Limit fruit to 3 portions/day.  
- FODMAP.

- Fermentable Oligosaccharide Disaccharides Monosaccharides And Polyols.  
- Short chain carbohydrates.  
- 70% respond.  
- App = Food Maestro.  
- Dietician diet sheets.

Abdo pain

- Mebeverine 135mg TDS  
- Alverine 60-120mg TDS  
- Peppermint oil 1-2 TDS  
- Hyoscine 10-20mg QDS  
- Dicycloverine 10-20mg TDS

Bloating

- Oats.  
- Linseed.  
- Peppermint.  
  
- One tablespoon per day.

Constipation

- Soluble fibre:  
- Oats.  
- Ispaghula powder.

- Ispaghula.  
- Movicol.  
- Bisacodyl.

- Start at the lowest dose and increase every few days until one or two soft formed stools are produced every 1 or 2 days.  
- Ensure adequate fluid intake.  
- Fybogel should not be taken immediately before going to bed.

- Avoid lactulose as causes bloating, wind and pain.

Diarrhoea

- Loperamide.  
- Enterosgel.

<https://enteromed.co.uk/>  
<https://gut.bmj.com/content/early/2022/06/27/gutjnl-2022-327293>

Probiotics

- Try OTC probiotic for 4/52.  
- If helps continue.  
- If fails, stop and consider alternative probiotic.

Antidepressants for pain.

- Amitriptyline up to max 30mg ON.  
OR  
- Fluoxetine.

if fails

- CBT.  
OR  
- Gut directed hyponotherapy (not on NHS).  
OR  
- Refer to gastroenterology.