



Red flags

Consider other diagnosis and more extensive evaluation with:

- Fever
- Weight loss
- Melena or Hematochezia
- Anemia
- Family history of Inflammatory Bowel Disease or cancer

Diagnosis

Rome II criteria

At least 12 weeks in the preceding 12 months of abdominal discomfort or pain that has two of three features:

- Relieved with defecation
- Onset associated with a change in frequency of stool
- Onset associated with a change in form (appearance) of stool

Symptoms that cumulatively support the diagnosis of IBS are:

- Abnormal stool frequency which may be defined as > three bowel movements per day and < three bowel movements per week
- Abnormal stool form (lumpy/hard or loose/watery stool)
- Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation)
- Passage of mucus
- Bloating or feeling of abdominal distention

Evaluation

All:

- Stool Hemocult
- CBC
- Sedimentation rate

Consider:

- Stool for ova and parasites (predominant diarrhea)
- Sigmoidoscopy/colonoscopy (age 50+, diarrhea with weight loss)
- Plain abdominal X ray predominant during an acute episode



Treatment

Symptom monitoring using a diary may help identify possible triggers to symptom exacerbation.

Symptom management

Predominant pain

Consider antispasmodic (anticholinergic) medication, particularly when symptoms are exacerbated by meals, or a tricyclic antidepressant (TCA), particularly if pain is frequent or severe.

Predominant constipation

Recommend increased dietary fiber (25 g/day).

Predominant diarrhea

Loperamide (2–4 mg, up to four times daily). Consider Cholestyramine for patients with cholecystectomy or who may have idiopathic bile acid malabsorption.

Mental Health referral

- Consider when symptoms are severe enough to impair health-related quality of life

5-HT receptor agents

- Consider for pain management. No data exist as to the role in mixed or alternating IBS
- Predominant diarrhea (*alosetron*). Limited to severely symptomatic women, due to risk of mesenteric ischemia
- Predominant constipation (*tegaserod*)

Standard of Care References

1. Drossman, D.A., Camilleri, M., Mayer, E., Whitehead, W.E. AGA Technical Review on Irritable Bowel Syndrome. *Gastroenterology*, 2002;123:2108–2131.
2. American Gastroenterological Association Medical Position Statement: Irritable Bowel Syndrome. *Gastroenterology*, 2002 Dec;123(6):2105-7.