

Irritable Bowel Syndrome (IBS) Patient Handout

Irritable bowel syndrome (IBS) is a **common condition** that affects the digestive system. It causes symptoms like stomach pain, bloating, and changes in bowel habits, such as diarrhea, constipation, or both. IBS is a chronic disorder, but it does not cause damage to the intestines or increase the risk of serious diseases like cancer.[1][2][3]

Types of IBS:

IBS is divided into four main types, based on your usual stool pattern:

- **IBS with constipation (IBS-C):** Most bowel movements are hard or lumpy.
- IBS with diarrhea (IBS-D): Most bowel movements are loose or watery.
- **IBS with mixed bowel habits (IBS-M):** You have both hard/lumpy and loose/watery stools.
- IBS unclassified (IBS-U): Your symptoms don't fit clearly into the other types.[3]

Rome Criteria for Diagnosis:

Doctors use the Rome IV criteria to diagnose IBS. According to these criteria, IBS is defined as:

- Recurrent abdominal pain, on average, at least one day per week in the last three months,
- The pain is related to bowel movements (it may get better or worse after going to the bathroom),
- The pain is associated with a change in how often you have bowel movements or a change in the appearance of your stool,
- Symptoms must have started at least six months ago.[1][2][3][4][5][6]

Diagnosis:

IBS is usually diagnosed based on your symptoms and medical history. There is no single test for IBS. Your doctor may do some basic blood tests to rule out other conditions, like celiac disease or inflammatory bowel disease, especially if you have diarrhea. If you have "alarm

symptoms" (such as blood in your stool, weight loss, or symptoms that wake you up at night), further tests like a colonoscopy may be needed to rule out other problems.[3][7]

Routine stool tests or breath tests are not usually needed for IBS. Most people do not need extensive testing unless there are unusual symptoms or risk factors. Making a **positive diagnosis based on symptoms** and limiting unnecessary tests is recommended.[3][7]

Management:

IBS can be managed with a combination of lifestyle changes, diet, and sometimes medication:

- **Diet:** Many people find relief by changing their diet. A low FODMAP diet (avoiding certain carbohydrates that are hard to digest) is often recommended. Working with a dietitian can help you find foods that work for you.[1][6]
- **Lifestyle:** Regular exercise, stress management, and good sleep habits can help reduce symptoms.
- **Medications:** Depending on your symptoms, your doctor may recommend medicines for pain, diarrhea, or constipation.
- **Other therapies:** Some people benefit from psychological therapies, such as cognitive behavioral therapy, especially if stress or anxiety make symptoms worse.[1][2]

IBS is a long-term condition, but with the right management, most people can control their symptoms and improve their quality of life. If you have questions or your symptoms change, talk to your healthcare provider.

References

- 1. <u>ACG Clinical Guideline: Management of Irritable Bowel Syndrome.</u> Lacy BE, Pimentel M, Brenner DM, et al. The American Journal of Gastroenterology. 2021;116(1):17-44. doi:10.14309/ajg.000000000001036.
- 2. <u>Irritable Bowel Syndrome.</u> Ford AC, Lacy BE, Talley NJ. The New England Journal of Medicine. 2017;376(26):2566-2578. doi:10.1056/NEJMra1607547.
- Irritable Bowel Syndrome. Ford AC, Sperber AD, Corsetti M, Camilleri M. Lancet (London, England). 2020;396(10263):1675-1688. doi:10.1016/S0140-6736(20)31548-8.
- 4. <u>Diagnosis and Treatment of Irritable Bowel Syndrome: A Review.</u> Camilleri M. JAMA. 2021;325(9):865-877. doi:10.1001/jama.2020.22532.

- 5. Comparison of the Rome IV Criteria With the Rome III Criteria for the Diagnosis of Irritable Bowel Syndrome in Secondary Care. Black CJ, Craig O, Gracie DJ, Ford AC. Gut. 2021;70(6):1110-1116. doi:10.1136/gutjnl-2020-322519.
- Management of Irritable Bowel Syndrome: Physician-Dietitian Collaboration. Ireton-Jones C, Weisberg MF. Nutrition in Clinical Practice: Official Publication of the American Society for Parenteral and Enteral Nutrition. 2020;35(5):826-834. doi:10.1002/ncp.10567.
- 7. Review Article: Diagnosis and Investigation of Irritable Bowel Syndrome. Black CJ. Alimentary Pharmacology & Therapeutics. 2021;54 Suppl 1:S33-S43. doi:10.1111/apt.16597.