

IRRITABLE BOWEL SYNDROME

Consider assessing for IBS in patients with ≤6 months of:
Abdominal pain, **B**loating, **C**onstipation **D**iarrhoea

Symptoms diagnostic of IBS

Abdominal pain related to defecation and associated with altered stool form and/or frequency

Other symptoms may include:

- Altered stool passage – straining, urgency, incomplete evacuation
- Bloating (usually worse as the day goes on)
- Symptoms worsened by eating
- Passage of mucus PR



Investigations

- FBC
- ESR, CRP, TFTs
- Coeliac serology
- Faecal calprotectin

USS, endoscopy, faecal OCP, faecal occult blood (*), and hydrogen breath test are not required to confirm IBS if diagnostic criteria are met and in the absence of other clinical reasons.

Check Ca-125 in women with symptoms suspicious for ovarian cancer (*)

Normal Investigations

Examine for:
Abdominal/pelvic/rectal mass, ascites

- Calprotectin: please see IBD pathway for interpretation of result
- Positive coeliac serology: refer gastro for confirmation
- Anaemia – consider ref, urgency depending on clinical context
- Raised WCC/CRP/ESR: consider IBD and other non-IBS causes

RED FLAGS

- 1st presentation of IBS-type symptoms >50 years old
- Unexplained, unintentional weight loss
- PR bleeding
- FH bowel/ovarian cancer
- Nocturnal diarrhoea
- Loose stool for >6 weeks in patient >60 years old
- Presence of ascites/abdo or pelvic mass not obviously fibroids in a woman >50

If any of the above, refer via 2WW using pan-London cancer referral form

Management: Make a positive diagnosis, emphasising the chronicity of the condition, the importance of self-management and provide appropriate patient information to facilitate this.

Review interval agreed between patient & GP Symptom severity Impact on life & activities

Lifestyle

- Maximising leisure time, relaxation, stress reduction
- ↑ physical activity
- Symptom diary

Dietary

- IBS-specific advice*
- Low FODMAPS (refer to dietetics)

Medication

- **IBS A**- Antispasmodics: hyoscine, mebeverine
- **IBS B** – FODMAPS
- **IBS C** – Laxatives: macrogols, bulk- forming laxatives[§]: Isphagula (avoid lactulose)
- Linaclotide*
- **IBS C** - Second Line SSRI – (e.g. Fluoxetine)*
- **IBS D** – Loperamide
- **IBS D** – Second Line TCA* (amtriptylline)
- **IBS D** - Eluxadoline*

Psychological

Consider CBT/hypnotherapy if poor response to treatment after 1 year. Consider sooner in co-existent anxiety/depression

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Key

* Initiation by Specialist

§ Caution in patients with fluid restriction- heart failure, renal dialysis dependent



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Referral form ([link to form](#))

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