

Definition

A group of functional (no pathology found) bowel disorders which satisfy the Rome II criteria.

Rome II Criteria

≥12 wks within preceding year of abdominal discomfort/pain that has 2 from:

- Relieved by defecation, and/or
- Associated with change of frequency of stool and/or
- Associated with change of consistency of stool

Supportive symptoms:

- Altered stool frequency (>3 motions per day or <3 per week)
- Altered stool form (lumpy/hard or loose/watery)
- Altered passage of stool (straining, urgency or tenesmus)
- Passage of mucus PR
- Bloating or feeling of abdominal distention

Epidemiology

- Prevalence up to 20%
- 1.5-2F:1M
- Onset age usually <50

Pathophysiology

- Unclear.
- Disorder of intestinal motility, mucosal immune response and visceral sensitivity.
- Multifactorial - genetic, environmental, infective, inflammatory.

Presentation

Symptoms

- Chronic abdominal pain and disordered bowel habit, continuous or intermittent. Relapses may be precipitated by stress or antibiotics or gastroenteritis.
- Upper GI symptoms include nausea, heartburn, dysphagia, and early satiety.
- Extra-intestinal symptoms such as headaches and migraine, asthma, backache, lethargy, dyspareunia, urinary frequency, and urgency are more commonly reported by patients with IBS. Psychological problems (anxiety and depression) are also more common

Signs:

- Few and non-specific (e.g. tender, palpable colon).

Differential Diagnosis

- Colonic cancer
- Inflammatory bowel disease
- Coeliac disease,
- Gastroenteritis (e.g. giardiasis), ischaemic colitis,
- Gynaecological problems (e.g. endometriosis),
- Anxiety ± depression, somatisation and panic disorders.

Investigations

- FBC, UEC, CRP, TFT ± stool culture, coeliac serology
- If >40yrs or FHx: colonoscopy
- Gynaecological referral may help rule out endometriosis and pelvic infection.

Management

Many therapies tried - little RCT evidence for general usefulness. Individuals may still respond.

General lifestyle

- Stopping smoking and increase exercise

Diet

- Encourage patients to eat at regular intervals.
- Healthy diet with low fat, moderate fibre
- Avoidance of triggers (e.g. foods)

Psychological

- Reassurance and education to allay fears
- Avoid stressors
- Psychotherapy incl CBT

Pharmacological

- Constipation - All laxatives may worsen symptoms in some people.
 - Bulk-forming (**ispaghula husk**) or stool softener (**liquid paraffin**) preferred
- Diarrhoea
 - **Loperamide**
- Abdominal pain
 - Antispasmodics (**mebeverine** and **alverine**)
 - Antimuscarinics (**hyoscine** and **dicycloverine/dicyclomine**)
 - **Peppermint oil**
 - Low dose **tricyclic antidepressants** have questionable benefit
- Antidepressants - may have minor benefit
 - **Tricyclics** - may exacerbate constipation
 - **SSRI** - may exacerbate diarrhoea
- Chinese herbal medicine has helped some.
- Probiotics such as **Lactobacillus acidophilus** and **Bifidocacterium Breve** may help

Prognosis

>50% will continue to have symptoms after 5 years