Irritable Bowel Syndrome

This guidance is for patients under the age of 45yrs

The incidence of lower GI cancer in patients less than 45 is very low and if investigations are normal with symptoms suggestive of IBS, with no red flag symptoms, then a diagnosis of IBS can be made without the need for endoscopy. The majority of patients less than 45 with irritable bowel are optimally managed by lifestyle and dietary advice.

Abdominal pain / discomfort, Bloating, Change in bowel habit for more than 3 months

History and examination in particular looking for red flag symptoms (see notes), abdominal masses and clinical signs suggestive of anaemia
Consider differential diagnoses such inflammatory bowel disease, coeliac disease
Explore any psychological factors such as stress / anxiety

Investigations
FBC, LFT, ESR & CRP (Ca125 if female)
Coeliac screen (TTG / EMA)
TFTs if symptoms suggest Stool MC&S
Baseline weight

Refer 2WW if any of the following red flag symptoms
- Unexplained unintentional weight loss >5% body usual weight
- Palpable rectal or abdominal mass
- >40yrs old with persistent change in bowel habit >6wks with rectal bleeding
- Unexplained Iron Deficiency Anaemia (Test Iron & Ferritin levels)

Normal investigations

Refer to Gastroenterology if:
- Raised inflammatory markers, patient anxiety regarding diagnosis or diagnosis unclear

Lifestyle Advice
- Food diary to identify triggers
- Consider dietitian referral if no clear triggers

IBS criteria met?

Irritable Bowel Syndrome
Treat predominant symptoms

Pain
- Paracetamol
- Antispasmodics: mebeverine, buscopan, peppermint oil
- Amitriptyline (max 30mg daily)

Diarrhoea
- If persists >6wks then refer to gastroenterology otherwise refer to dietitian if predominant symptoms

Constipation
- Review medications
- Increase fluid intake
- High fibre diet
- Bulk-forming laxatives
- Stimulant laxatives (Titrate dose of laxative to symptoms)

Stress/anxiety
- Education on psychological effects of physical symptoms
- Relaxation techniques
- Wellbeing service
- Consider antidepressant or low dose Amitriptylline

If no improvement after 2 months then review weight, screen again for red flag symptoms and if unchanged then refer to dietitian.

If no improvement despite dietetic advice – refer to gastroenterology

**Irritable Bowel Syndrome**: a functional bowel disorder characterised by recurrent abdominal pain and/or discomfort which may be relieved by defecation and/or associated with an alteration in stool form or frequency. Although food often induces symptoms in the sensitive intestines of IBS, immunological evidence of food allergy is rare as are specific food intolerances. Approximately half of patient diagnosed with IBS will have symptoms of anxiety or depression.

**Traditional IBS criteria**
- Abdominal bloating
- Disordered bowel habit
- Cramping abdominal pain relieved by defecation

**For patients who meet the diagnostic criteria for IBS, NICE recommends that the following tests are not necessary to confirm the diagnosis:**
- ultrasound
- colonoscopy
- barium enema
- thyroid function test (TFT)
- faecal ova and parasite test
- faecal occult blood
- hydrogen glucose breath test, e.g. for lactose intolerance and bacterial overgrowth

**Lifestyle advice**
- Eat regularly and avoid skipping meals
- Exercise
- Drink at least 1.5l fluids a day
- Reduce intake caffeine
- Reduce weight (if overweight)
- Probiotics – can be tried for 4 weeks but discontinue if no benefit after 8 weeks
- Avoid sorbitol (artificial sweetener) if diarrhoea
- Oats / Linseed can help with bloating

**Not recommended**
- Lactulose – can make bloating worse
- Exclusion diets without dietetic advice
- NSAIDS / Codeine / opiates for pain
- Acupuncture
- Reflexology
- Aloe Vera

**Patient Resources**
- Patient.co.uk: [Irritable bowel syndrome](#)
- British Dietetic Association: [Irritable bowel syndrome and diet](#)
- NHS Choices: [Irritable Bowel Syndrome](#)