

FAST FACTS: ABOUT IBS



IBS is a chronic functional bowel disorder characterized by symptoms of abdominal pain and altered bowel habits (constipation and diarrhea), in the absence of structural or biochemical abnormalities that are detectable with the current routine diagnostic tools.

IBS is the most common condition diagnosed by gastroenterologists and is one of the most frequently seen conditions by PCPs.



IBS affects both men and women of all ages. It is thought only a fraction of individuals with symptoms of IBS seek medical attention. Most individuals will initially consult PCPs for their symptoms, and the factors that drive this consultation are symptom severity, especially pain, and concerns that symptoms might indicate an underlying severe disease, such as cancer.



The prevalence of IBS globally is 11%, however, it is thought that IBS remains underdiagnosed.

Symptom-based criteria of IBS were first developed in 1989 by an international working group who met in Rome (the Rome criteria). These criteria have been updated in the Rome II, III, and most recently, in 2016, the Rome IV criteria for IBS. However, awareness of the criteria by PCPs is limited and the criteria are often perceived as too complex to use in clinical practice.

According to the Rome IV diagnostic criteria, IBS is characterised by recurrent abdominal pain for, on average, at least one day per week in the past three months, associated with two or more of the following:

- symptoms related to defecation
- symptoms associated with a change in stool frequency
- symptoms associated with a change in stool form or appearance, based on the Bristol Stool Form Scale (BSFS)



Subtypes of IBS are recognised by the Rome IV criteria based on the person's reported predominant bowel habit, when not on medications, as follows:

- IBS-C: with predominant constipation (Bristol types 1 and 2)
- IBS-D: with predominant diarrhea (Bristol types 6 and 7)
- IBS-M: with both constipation and diarrhea (Bristol types 1 and 6)



The symptoms most frequently reported for IBS-D are: abdominal pain and discomfort, abdominal bloating, distension, urgency, and diarrhea.



The symptoms most frequently reported for IBS-C are: abdominal pain, bloating, and constipation.



The underlying cause of IBS is still unclear and, as there are no diagnostic disease markers for IBS, guidelines recommend PCPs make a positive diagnosis using criteria that are based on the person's symptoms.

PCP= Primary Care Physician.

IBS Global Impact Report 2018: *Uncovering the true burden of irritable bowel syndrome (IBS) on people's lives.*

Available at: <https://www.badgut.org/wp-content/uploads/IBS-Global-Impact-Report.pdf>.