About Irritable Bowel Syndrome (IBS)

IBS is a very common, chronic and unpredictable gastrointestinal disorder characterised by episodes of abdominal pain and a change in bowel habit.



Patient impact

- IBS can have a major impact on patients' quality of life, 52% reported QOL*>5 (0-10 scale)⁶.
- Increased presenteeism, absenteeism and burden on carers ^{5,7}.
- Approximately 32% average loss of productivity⁵.
- 54-60% with IBS experienced fatigue⁵.
- 52% reported cancelling plans at the last minute due to their symptoms⁵.

Health resource utilisation

- 30% of people who experience the symptoms will consult a physician⁷.
- IBS accounts for approximately 20-50% of Gastrointestinal outpatient time⁷.

Positive diagnosis: Key features of IBS¹⁰

- Clinical history –symptoms are still key for diagnosis
- Physical examination including rectal exam
- Rome IV diagnostic criteria
- Minimal laboratory tests
- If clinically indicated, colonoscopy or other tests

Rome IV diagnostic criteria³

Recurrent abdominal pain at least **1 day per week** in the last 3 months associated with two or more of the following:

- Defecation
- A change in frequency of stool
- A change in form (appearance) of stool
- Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

Subtypes of IBS^{3,4}

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:



In cases where abdominal pain is absent or present less then one day per week, functional diarrhoea or constipation may be diagnosed. The graph below expresses the range of symptoms in relation to each IBS subtype.



Lacy et al. (2016) Functional Bowel Disorders: Rome IV

Causes of IBS

- IBS is a multifactorial disease and the underlying pathogenesis is considered complex.
- The aetiology is largely undetermined
- However, the understanding of the potential mechanism involved in gut barrier function, visceral sensations and symptom generation is rapidly advancing.

Potential mechanisms/ Pathophysiology ^{8,11}

- Dysmotility, "spasm"
- Altered epithelial barrier function
- Altered Microbiota
- Visceral Hypersensitivity
- Altered brain-gut interactions
- Psychopathology
- o Infection/Inflammation
- Food allergy/intolerance



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