

Irritable Bowel Syndrome (COLON-6)

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- Irritable Bowel Syndrome (IBS) is a functional intestinal disorder causing abdominal pain, bloating, distention and altered bowel habits. Subtypes include IBS-C (constipation predominant), IBS-D (diarrhea predominant), and IBS-M (mixed type).
- Further defined by Rome IV Criteria:
 - Recurrent abdominal pain, on average at least 1d/wk in the last 3mo, associated with 2 or more of the following:
 - Defecation
 - Change in stool frequency
 - Change in form or appearance of stool
- ACG recommends against routine colonoscopy in patients with IBS symptoms younger than 45 years without alarm symptoms.
- In the absence of alarm symptoms the following laboratory tests should be ordered:
 - CBC with iron panel
 - Those with IBS-D or IBS-M:
 - CRP (C-reactive protein), fecal calprotectin +/-fecal lactoferrin
 - Celiac antibody panel
 - Stool analysis for giardia
- If the diagnosis remains inconclusive or suggestive of IBD after above evaluation, colonoscopy can be approved
- Colonoscopy may be performed, If any of the following alarm symptoms are present:
 - Positive family history of colorectal cancer
 - Rectal bleeding in the absence of documented bleeding hemorrhoids or anal fissures (e.g. positive stool occult blood, hematochezia)
 - Unintentional weight loss greater than 5% of body weight
 - Nocturnal abdominal pain
 - Nocturnal diarrhea
 - Iron deficiency anemia as manifested by a low hematocrit and/or hemoglobin AND one of the following:
 - Low serum iron
 - Low serum ferritin
 - Elevated serum iron-binding capacity
 - Low serum transferrin saturation
 - Positive inflammatory markers (as above)

References:

1. Lacy BE, Pimentel M, Brenner DM, et al. ACG clinical guidelines: management of irritable bowel syndrome. *Am J Gastroenterol*. 2021;116:17-44. doi:10.14309/ajg.0000000000001036.
2. Mearin F, Lacey BE, Chang L, et al. Bowel disorders. *Gastroenterology*. 2016;150:1393-407. doi:10.1053/j.gastro.2016.02.031.