

How Doctors make a Diagnosis of IBS

Thank you for taking the time today to learn more about irritable Bowel Syndrome or IBS.

In this video I will be talking about how Doctors make a diagnosis of IBS and what tests may be needed, as well as how lifestyle changes and other treatments can help.

I'll speak about how we make the diagnosis and the things that we look out for that might point us away from IBS as a diagnosis. I'll speak a little bit about some of the treatments we use for IBS.

The symptoms which suggest you have IBS:

I will now talk about how we can recognise the symptoms of IBS to make a confident diagnosis and how we can rule out the possibility of other problems where necessary.

In assessing the story of someone with bowel problems your doctor will ask about symptoms which are very common in IBS.

A typical story of IBS is one of abdominal pain which is usually crampy, along with an urge to move the bowels. Often the pain gets better when the bowels move. There will also be a disturbance of either how often the bowels move, (the frequency), and/or how soft or hard the motions are, (the consistency). The motions may be looser, (diarrhoea), or more solid and difficult to pass, (constipation). This combination of abdominal pain and a disturbance of the usual bowel habit is necessary to make the diagnosis of IBS.

A bloated or windy feeling in the abdomen, passing mucus in the motions and a feeling of not emptying the bowel fully are also common symptoms in IBS, but you don't have to have these to make the diagnosis.

IBS is a chronic disorder which means that the symptoms are likely to be there over a long period of time, usually several months at least.

Patients who have symptoms of crampy pain and diarrhoea only for a couple of weeks would not usually be diagnosed as having IBS. This is because many infections that affect the gut, such as food poisoning or gastroenteritis, cause symptoms very similar to IBS, but will usually settle down by themselves within a few weeks of starting.

It would not be usual to diagnose IBS unless the symptoms have been present for at least 3 months.

In assessing the story of someone with bowel problems your doctor will also ask about symptoms which are less common in IBS. These so-called "alarm" symptoms make a diagnosis of IBS less likely.

These symptoms include passing blood in the motions, losing weight without an obvious explanation, symptoms which mainly cause trouble at night or having a strong family history of diseases like bowel cancer or ovarian cancer

These symptoms may mean that other tests are required to make a diagnosis.

Physical examination of the abdomen and back passage:

Your doctor will usually examine your abdomen and do a finger examination of the back passage. This is to check if any of the abdominal organs are enlarged and to feel if there are any lumps or masses which should not be present.

People with IBS should have a normal physical examination of the abdomen and back passage.

Making the diagnosis of IBS:

There is no one test which makes the diagnosis of IBS.

Instead your doctor will rely on the story of your symptoms, are they “typical” of IBS, and taking into account things like your age, whether or not you have any of the “alarm” symptoms, or abnormal physical examination or abnormal blood tests or abnormal stool tests.

In a young person, (someone under age 50), the “typical” symptoms alone are a very good way of diagnosing IBS.

However, there are 2 other common conditions which share some of these symptoms.

It is important to rule out:

- Coeliac disease-your doctor will arrange for you to have a blood test to look for this
 - anti-tissue transglutaminase test
- Inflammatory Bowel Disease (Crohn’s disease or ulcerative colitis)-your doctor will arrange for you to hand in a stool (poo) test to look for this
 - Faecal calprotectin test

In a young person with the typical symptoms of IBS, no alarm symptoms, a normal physical examination and normal blood tests and faecal calprotectin test, the diagnosis of IBS is very reliable.

In this situation, a referral to hospital and/or other tests is almost never required.

Some people might feel that a diagnosis of IBS, which is based on the story alone, with some other simple tests, is not satisfactory or thorough enough. It is important to realise that there is no other way to make that diagnosis (no other test which is more reliable). There are many areas of medicine which are similar, for example a diagnosis of migraine is made purely on the basis of a person’s story, (although, as with IBS, in some cases, it may be necessary to perform some other tests if that story is not absolutely typical).

An older person, or someone whose symptoms are not very typical, is more likely to require further tests as there may be more doubt over the diagnosis of IBS.

A diagnosis of IBS is much less likely to explain symptoms in anyone with an abnormal physical examination or abnormal blood or stool test results, (that’s the case at any age).

These people are likely to require further tests to rule out other problems.

Approach to treatment of IBS

The first step in managing or treating IBS is to recognise the condition in the first place. This means making a clear, positive diagnosis from the very start.

In the vast majority of people this can be done as described above by listening carefully to the story or symptoms and by doing a few, simple tests to rule out other problems.

Complicated, invasive tests (such as colonoscopy) or a referral to hospital are seldom necessary unless the story is not typical, or there are alarm symptoms or there is an abnormality on physical examination or in blood or stool tests.

People with abdominal symptoms are often understandably worried about the possibility of serious disease. It is after all quite frightening to have pain without being able to see or understand the

cause. Concerns or anxiety about such unexplained symptoms may have the effect of amplifying or magnifying the severity of those symptoms and making them feel worse.

Identifying that the problem is that of IBS, either because of a typical story in a younger person with no alarm features and normal blood and stool tests, or, in an older person after more detailed investigations can be very reassuring. This reassurance alone can serve as a treatment in its own right for some people.

The next step is to identify which symptoms are most troublesome and work out the best way of tackling them.

There is no “one size fits all” treatment for IBS. It is common for people to have to try several different treatments or combinations of treatment before finding something which works best for them. A lack of success with a treatment should not cast the diagnosis of IBS into doubt.

There are several different ways to approach the treatment of IBS, for example, changing lifestyle or diet, using different types of medicines or sometimes addressing feelings of anxiety or low mood, (which can worsen IBS symptoms). Some treatments work better for some symptoms than others and some people will have their own views on whether they want to change lifestyle or to take medicines.

General advice

A useful first step in tackling the symptoms of IBS , (as well as improving your general well-being), is to think about your lifestyle and make some positive changes such as:

- taking more exercise
- eating the right foods and
- trying to stick to a daily routine

Make time to exercise and relax

As part of an overall healthy lifestyle, we recommend that you try to make the most of any available leisure time that you can. We advise that you

- make time to relax everyday
- take part in regular physical activity or exercise
 - aim for at least 30 minutes of moderate activity, (such as a brisk walk), every day and to do that at least 5 days per week
 - this can be spread out over the course of the day (so you could take a 10 minute walk, 3 times in a day).

We advise that you eat well to help your Irritable Bowel Syndrome (IBS).

- Eating tends to stimulate the function of the bowel
- So making changes to your diet as part of your daily routine could help to improve your IBS
- Avoid disturbances to routine, eating in a hurry or on the move and try to avoid missing meals

Dietary Treatment

There is a lot of advice out there about IBS and diet and it can be quite bewildering to know what advice to believe and figure out what works best for you. While, to some degree, we are all different

in terms of which foods will upset our bowels or irritate them, there are some general rules which will help the majority of people.

In general, it is better to make sure you are eating well and take time to exercise and relax as you are able to, before targeting specific types of food to cut out.

Certain foods are more likely to worsen certain symptoms and I would ask you to watch the separate video produced by the Dietitian Team. This is full of the best, up to date advice on diet and IBS.

That video will help with how to approach treating your IBS symptoms through diet.

Thank you very much for taking the time to watch this video today.