






Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a common and potentially disabling functional GI disorder. It is estimated to affect approximately 10% of Australians and the typical symptoms of abdominal pain, change in stool frequency/form and bloating are very common presentations to general practice. Many other conditions, some serious, can present in a similar manner – the GP's role is to therefore exclude red flags for potentially serious disease and proactively manage this condition.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Key features on history, including red flags for serious disease • Differential diagnoses and classic key features of each • Diagnostic approach (Rome IV Criteria), including role of investigations • Management in primary care, including lifestyle, psychological and medications • Indications for referral and local pathways 						
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the 2018 Australian Prescriber article Treatment of irritable bowel syndrome 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • IBS is not necessarily a diagnosis of exclusion, though red flags need to be identified and assessed • Consider coeliac disease in patients with likely IBS • A judicious approach to investigations is reasonable in the first instance – a normal faecal calprotectin is a useful test to help exclude other causes • A low FODMAP diet has been proven to decrease symptoms of IBS and is appropriate first line management – consider dietician involvement • Spending adequate time to encourage and educate the patient is essential for a good outcome 						
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="325 1615 432 1682">Read</td> <td data-bbox="432 1615 1498 1682"> <ul style="list-style-type: none"> • Review the Gastroenterological Society of Australia (GESA) IBS resource </td> </tr> <tr> <td data-bbox="325 1682 432 1749">Watch</td> <td data-bbox="432 1682 1498 1749"> <ul style="list-style-type: none"> • Video on Irritable bowel syndrome </td> </tr> <tr> <td data-bbox="325 1749 432 1805">Listen</td> <td data-bbox="432 1749 1498 1805"> <ul style="list-style-type: none"> • 2017 MJA podcast Diagnosing Irritable Bowel Syndrome </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Review the Gastroenterological Society of Australia (GESA) IBS resource 	Watch	<ul style="list-style-type: none"> • Video on Irritable bowel syndrome 	Listen	<ul style="list-style-type: none"> • 2017 MJA podcast Diagnosing Irritable Bowel Syndrome
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FOLLOW UP & EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Registrar to undertake clinical reasoning challenge and discuss with supervisor 						

Irritable Bowel Syndrome

Clinical Reasoning Challenge

Sean Gortin, a 37-year-old occupational therapist, is a new patient to the practice and presents to you with a years-long history of abdominal pain and intermittent diarrhoea. It has become worse in the past few months and he is very anxious about a serious cause for his symptoms, in particular bowel cancer. He tells you that he felt that his previous GP fobbed him off by saying 'it was just irritable bowel' and he needed to 'live with it'.

QUESTION 1. What are the MOST IMPORTANT features on history to help exclude bowel cancer and other serious causes of his symptoms? List up to FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 2. Further history supports a likely diagnosis of IBS. What initial investigations should be performed to help confirm the diagnosis? List up to SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 3. Investigations further support a diagnosis of IBS. What are the MOST IMPORTANT next steps in management? List THREE.

- 1 _____
- 2 _____
- 3 _____

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ANSWERS

Sean Gortin, a 37-year-old occupational therapist, is a new patient to the practice and presents to you with a years-long history of abdominal pain and intermittent diarrhoea. It has become worse in the past few months and he is very anxious about a serious cause for his symptoms, in particular bowel cancer. He tells you that he felt that his previous GP fobbed him off by saying 'it was just irritable bowel' and he needed to 'live with it'.

QUESTION 1

What are the MOST IMPORTANT features on history to help exclude bowel cancer and other serious causes of his symptoms? List up to FIVE.

- Recent significant change in bowel habit
- Rectal bleeding
- Nocturnal pain or passage of stools
- Unintentional weight loss
- Fevers
- Family history of colorectal cancer or inflammatory bowel disease

QUESTION 2

Further history supports a likely diagnosis of IBS. What initial investigations should be performed to help confirm the diagnosis? List up to SIX.

- FBC
- EUC
- LFT
- CRP
- Fe studies
- Stool – MCS/OCP/PCR
- Coeliac serology
- Faecal calprotectin
- (FOBT is not regarded as a first line test in the absence of red flags)

QUESTION 3

Investigations further support a diagnosis of IBS. What are the MOST IMPORTANT next steps in management? List THREE.

- Empathetic reassurance and education on the condition
- Low FODMAP diet +/- dietician referral
- Lifestyle advice – reduce alcohol, caffeine