






# 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.

<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Key features on history, including red flags for serious disease</li> <li>• Differential diagnoses and classic key features of each</li> <li>• Diagnostic approach (<a href="#">Rome IV Criteria</a>), including role of investigations</li> <li>• Management in primary care, including <a href="#">dietary</a>, lifestyle, psychological and medications</li> <li>• Indications for referral and local pathways</li> </ul>				
<b>PRE- SESSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Read the 2018 Australian Prescriber article <a href="#">Treatment of irritable bowel syndrome</a></li> <li>• Read the 2017 MJA article <a href="#">Diagnosis and management of irritable bowel syndrome: a guide for the generalist</a></li> </ul>				
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• IBS is not necessarily a diagnosis of exclusion, though red flags need to be identified and assessed</li> <li>• Consider coeliac disease in patients with likely IBS</li> <li>• A judicious approach to investigations is reasonable in the first instance – a normal faecal <a href="#">calprotectin</a> is a useful test to help exclude other causes</li> <li>• Traditional dietary advice, a gluten free diet, and a low <a href="#">FODMAP diet</a> all have been shown to decrease symptoms of IBS and is appropriate first line management – consider dietician involvement</li> <li>• Spending adequate time to encourage and educate the patient is essential for a good outcome</li> <li>• <a href="#">Consider amitriptyline in patients with refractory symptoms</a></li> </ul>				
<b>RESOURCES</b> 	<table border="1"> <tr> <td data-bbox="336 1682 432 1742"><b>Read</b></td><td data-bbox="432 1682 1497 1742"> <ul style="list-style-type: none"> <li>• Review the Gastroenterological Society of Australia (GESA) <a href="#">IBS resource</a></li> </ul> </td></tr> <tr> <td data-bbox="336 1765 432 1809"><b>Listen</b></td><td data-bbox="432 1765 1497 1809"> <ul style="list-style-type: none"> <li>• 2017 MJA podcast <a href="#">Diagnosing Irritable Bowel Syndrome</a></li> </ul> </td></tr> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• Review the Gastroenterological Society of Australia (GESA) <a href="#">IBS resource</a></li> </ul>	<b>Listen</b>	<ul style="list-style-type: none"> <li>• 2017 MJA podcast <a href="#">Diagnosing Irritable Bowel Syndrome</a></li> </ul>
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<b>FOLLOW UP &amp; EXTENSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Registrar to undertake clinical reasoning challenge and discuss with supervisor</li> </ul>				

# 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

### 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