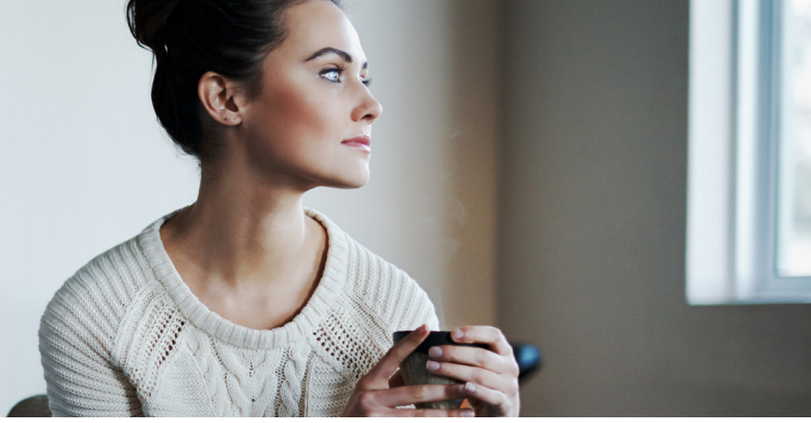


IBS-D TAKES GUTS

Positive Diagnosis Guide for Irritable Bowel Syndrome With Diarrhea (IBS-D)

The American College of Gastroenterology clinical guideline for the management of irritable bowel syndrome (IBS) suggests a positive diagnostic strategy for patients with symptoms of IBS to improve time to initiate appropriate therapy.[1]

1 Consider common symptoms of IBS-D[2]

- ☐ Change in bowel habits
  - Increased bowel urgency
  - Increased bowel frequency
  - Most abnormal bowel movements are diarrhea
- ☐ Recurrent abdominal pain
  - Pain reduced or worsened with bowel movement
- ☐ Bloating

This is not a comprehensive list of IBS-D symptoms.

Did you know?

Patients with IBS-D often experience multiple symptoms for extended periods before a diagnosis.[3]

2 Probe further to uncover *all* symptoms

Ask your patient about all the symptoms they are experiencing, not just the most common or most bothersome.

Conversation Starters to help you probe are provided on page 2.

3 Review the Rome Foundation Clinical Diagnostic Criteria for Disorders of Gut-Brain Interaction[4]

- ☐ Do your patient's symptoms align with the Rome IV Clinical Diagnostic Criteria for IBS-D? (*See page 2.*)

4 Rule out alarm features

- ☐ Conduct a complete medical history and rule out the alarm features below.[1,2,5,6,*]
  - Symptom onset after age 45
  - Recent change or progression in symptoms
  - Unintended weight loss
  - Nocturnal symptoms
  - Rectal bleeding
  - Iron-deficiency anemia
  - Family history of colon cancer, celiac disease, or inflammatory bowel disease (IBD)
  - Fever

Limited laboratory tests may be appropriate to rule out infection, celiac disease, thyroid issues, and IBD.[2,†]

**This is not an all-inclusive list of alarm features. Medical history should include diet and recent use of antibiotics.[1,2]*

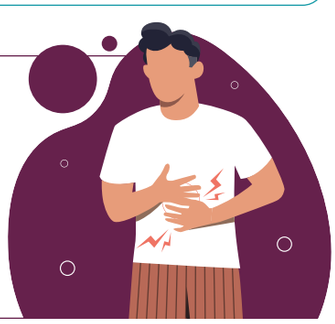
†Specific laboratory and diagnostic testing recommendations have been proposed by the American College of Gastroenterology's (ACG) 2020 Clinical Guideline: Management of Irritable Bowel Syndrome as well as by the American Gastroenterological Association's (AGA) 2019 Clinical Practice Guidelines on the Laboratory Evaluation of Functional Diarrhea and Diarrhea Predominant Irritable Bowel Syndrome in Adults (IBS-D). These testing recommendations may help clinicians choose appropriate tests to exclude other diagnoses in the setting of suspected IBS.[1,7]

5 Rule out other conditions through physical examination[2]

- ☐ Conduct a simple physical examination to rule out the presence of the following:
  - Enlarged/swollen liver or spleen
  - Ascites
  - Abdominal mass

Review findings and consider a positive diagnosis of IBS-D

- ☐ Patient reports symptoms of IBS-D
- ☐ Patient's symptoms fulfill Rome IV Clinical Diagnostic Criteria for IBS-D
- ☐ Patient does not exhibit alarm features
- ☐ Laboratory testing, if conducted, is normal and not indicative of other disease
- ☐ Patient has a normal physical examination



Learn more about making a positive diagnosis of IBS-D (*see page 2*) >>

IBS-D TAKES GUTS

More About Helping You Make an IBS-D Diagnosis

Irritable bowel syndrome (IBS) is a debilitating disorder of gut-brain interaction characterized by recurrent abdominal pain and altered bowel habits.[1] It is highly prevalent, affecting an estimated 5% of the US adult population.[8,9] Irritable bowel syndrome with diarrhea (IBS-D) is the most common subtype of IBS; however, it shares symptoms with other gastrointestinal conditions.[2,8] It is therefore important to be familiar with the questions to ask a patient with possible IBS-D to help arrive at an accurate diagnosis.

The Positive Diagnosis Guide for IBS-D (*see page 1*) can serve as a resource for making a confident, positive diagnosis of IBS-D.

Rome IV Clinical Diagnostic Criteria for IBS[4]

Recurrent abdominal pain ≥1 day per week for the last 3 months associated with ≥2 of the following:

- Defecation
- Change in frequency of stool
- Change in form (appearance) of stool

For IBS-D: Diarrhea predominant* during an abnormal bowel movement.

Bowel habit abnormalities should be evaluated only when the patient is not taking medications used to treat bowel habit symptoms.

If symptoms are bothersome to the patient, diagnosis can be made with a lower frequency and shorter duration (8 weeks or more).†

†Provided there is clinical confidence that other diagnoses have been sufficiently ruled out based on presentation and additional investigations as needed.

**>25% of their bowel movements (BMs) associated with soft, loose, and/or watery stool consistency (Bristol Stool Form Scale [BSFS] 6 or 7) and <25% of their BMs associated with hard and/or dry stool consistency (BSFS 1 or 2).*

Conversation Starters

- Have you noticed a change in your bowel habits?
  - For how long?
- How often do you experience abdominal pain, diarrhea, or bloating?
  - Do any of these symptoms occur at the same time?
- Do you experience a sense of urgency?
- Are you having recurrent abdominal pain?
  - For how long?
  - Does the pain go away or worsen after a bowel movement?
- How bothersome are your gastrointestinal symptoms?
- Are you taking anything to self-manage these symptoms?

References: 1. Lacy BE et al. *Am J Gastroenterol*. 2021;116(1):17-44. **2**. Lacy BE et al. *Gastroenterology*. 2016;150(6):1393-1407. **3**. Sayuk GS et al. *Am J Gastroenterol*. 2017;112(6):892-899. **4**. Drossman DA, Tack J. *Gastroenterology*. 2022;162(3):675-679. **5**. Moayyedi P et al. *United European Gastroenterol J*. 2017;5(6):773-788. **6**. Wolf AMD et al. *CA Cancer J Clin*. 2018;68(4):250-281. **7**. Smalley W et al. *Gastroenterology*. 2019;157(3):851-854. **8**. Palsson OS et al. *Gastroenterology*. 2020;158(5):1262-1273.e3. **9**. Sperber AD et al. *Gastroenterology*. 2021;160(1):99-114.e3.

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