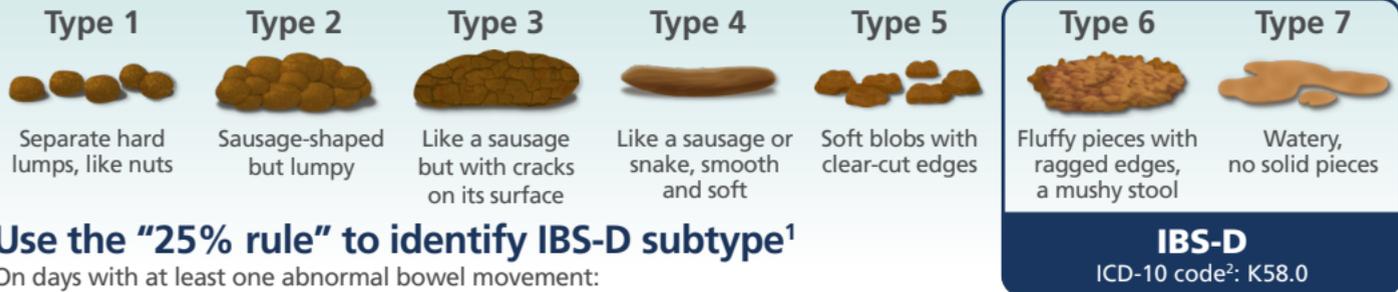


The Bristol Stool Form Scale (BSFS) is a useful tool to evaluate bowel habits<sup>1</sup>



Use the “25% rule” to identify IBS-D subtype<sup>1</sup>

On days with at least one abnormal bowel movement:



of bowel movements with hard, lumpy stool (type 1 or 2 on the BSFS)



of bowel movements with loose, watery stool (type 6 or 7 on the BSFS)

*Bowel habit abnormalities should be evaluated only when the patient is not taking medications used to treat bowel habit symptoms.<sup>1</sup>*



The American College of Gastroenterology suggests a positive diagnostic strategy\* for IBS rather than a strategy of exclusion to improve time to initiate appropriate therapy<sup>1</sup>

- Consider multiple gastrointestinal symptoms that may be bothersome to the patient<sup>3</sup>

\*A positive diagnostic strategy includes history, physical exam, and limited diagnostic testing in the absence of alarm features.<sup>1</sup>

See back for useful conversation starters

# IBS-D causes multiple symptoms<sup>4</sup>

## Ask your patients the right questions

## Get the conversation started to ensure prompt diagnosis and treatment



Are you experiencing recurrent abdominal pain?

“How often?”

“Does the pain go away or worsen after a bowel movement?”



Have you noticed a change in bowel movement frequency?

“How often?”

“What is normal for you?”



Do your bowel movements appear different than normal?

“Do your abnormal bowel movements resemble type 6 or 7 on the BSFS?”



Do you experience bloating or a sense of urgency?



How bothersome are your gastrointestinal symptoms?

“Are they affecting your daily activities?”



How long have you been experiencing these symptoms?

“How have you been managing your symptoms?”



Patients with IBS-D have abdominal pain and diarrhea often accompanied by bloating and urgency<sup>1</sup>



Scan here to learn about an FDA-approved treatment for adults with IBS-D