

IBS and Bowel Symptoms in Young Patients

If it's IBS a positive diagnosis always helps management: most should be managed in primary care

Main Symptoms

IBS **Abdo pain** + **Bloating** + **Change in bowel habit**

IBS diagnosis

Abdo pain + abnormal bowel pattern – diarrhoea, constipation or (typically) rapidly alternating

Abdo pain **eased by defecation**

Plus 2 or more of

Bloating

Sense of **incomplete evacuation**

Symptoms made worse by eating +/- specific foods

Passage of **mucus**

Tiredness

Plus

normal baseline tests (FBC, CRP, coeliac serology +/- CA125)

Red Flags for IBD or neoplasia

Refer for assessment
If **severe IBD** please phone on-call gastro SpR

Unexplained weight loss
Rectal bleeding without haemorrhoidal features
FH bowel or ovarian cancer
Age >60 + change in bowel pattern >6 weeks
Unexplained anaemia
Abdominal mass or Rectal mass
Raised ESR / CRP
- mild ↑ can be 2ry to e.g. obesity - check fecal calprotectin (see below)

Investigations

Baseline tests (results required for any hospital referral)

Hb, MCV, CRP or ESR, Coeliac screen (TTG)

If normal but IBD still suspected check fecal calprotectin (see box below)

The following are NOT required in patients with typical IBS symptoms + normal baseline tests

Abdo ultrasound or CT

Sigmoidoscopy/Colonoscopy

Fecal Calprotectin (Fecalp)

A test for bowel inflammation

>200 means gut inflammation; refer or if > 100 and other features of IBD
<50 = normal;

50-200 = equivocal – repeat after 3 months

NB this is a sensitive test prone to false positives – these can be caused by NSAID treatment, liver cirrhosis, infectious colitis (*Salmonella*, *C diff* etc.)

If it's IBS a positive diagnosis always helps subsequent management: mostly managed in primary care

Patients that may warrant referral (NB this is the exception!)

Severe symptoms as assessed by-
Multiple days off work/study
On strong opiates
Recurrent A+E attendances

Lifestyle/self help/exercise

Diet, lifestyle, stress management, regular **exercise** (yoga, pilates+ graded exercise) all help; also self help via [IBS network](#); and assess psychological symptoms.

Fibre

Review fibre intake and adjust (usually reduce dietary fibre)
Discourage intake insoluble fibre (eg bran); if fibre needed, increase to soluble eg oats or use cracked linseed daily (1 teaspoon increasing to 1 tablespoon bd).
[BDA leaflet](#)

Follow up

Agree follow up based on symptom responses to interventions.
Assess each time for red flag symptoms

Consider Dietician referral

If diet considered to be major factor in symptoms and dietary/lifestyle advice being followed then refer to community dietician for consideration exclusion diet/group work

First line pharmacological treatment

Pain – trial *antispasmodics* eg mebeverine, buscopan

Single or combination

Diarrhoea – trial *anti-motility* = *Regular* loperamide – titrate to response.
Can use liquid (fine dose adjustments) or 'imodium instants' for rapid effect

All can be safely used long-term if necessary

Constipation – *Non fermentable fibre* – cracked linseed (1 tsp bd to 1 tbsp bd), or celevac (3 bd) or normacol (1 sachet bd) or
Stool softener *laxatives* eg Magnesium hydroxide 20ml od/bd or movicol
NB care with lactulose ↑ gas; senna ↑ pain

Adjust according to response

Alternating diarrhoea / constipation: use non-fermentable fibre supplements as above.
Take daily (do not stop on 'diarrhoea' days) to regulate the bowel.

Aim is soft well-formed stool passed easily and with control

Second line pharmacological treatment

Tricyclics *the most effective pain management in IBS.*
Take 3-4 months to work (*be patient!*). Start at low dose 10mg nocte amitriptyline - increase to 25mg after 2 weeks. Daytime sleepiness wears off – *persevere!*
F/U at 3-4 months. Continue medium-long term if effective. If truly intolerant try SSRIs (generally less effective).

Psychological intervention

Consider CBT, hypnotherapy, and/or psychological therapy if do not respond to above pharmacological treatments (refractory IBS)

Consider secondary care advice/guidance