

Irritable Bowel Syndrome

Irritable Bowel Syndrome is a common chronic recurring condition.

The diagnosis is based on defined symptom presentation.

Rome criteria IV can be used for clinical diagnosis and research.

There are no established laboratory and imaging abnormalities and the diagnosis is not based on any abnormal pathology.

Recent advances in the understanding and management of functional bowel disorders have led to new guidelines in the diagnosis and management of Irritable Bowel Disease (IBS) published in late 2020 and early 2021. The presentation will briefly discuss the new guidelines.

IBS is reclassified as a disorder of Gut- Brain interaction. Diagnosis is based on positive symptomatology and not by exclusion. In patients without alarm features, no specific investigations are needed.

The management requires establishing an effective doctor -patient relationship and shared understanding to improve quality of life and symptoms, reduce health care visits, investigations and enhanced adherence to treatment.

Dietary advice including reducing FODMAP can be tried and soluble fibre and probiotics is of use to some patients. Loperamide is recommended for diarrhoea but antispasmodics for pain may cause significant side effects.

Peppermint oil is recommended for abdominal pain.

New classes of medication for diarrhoea and constipation have good evidence but is not available in most countries.

Gut brain neuromodulators, tricyclic antidepressants and SSRIs are recommended as second line treatment.

Cognitive behavioural therapy and gut-directed hypnotherapy have its role as adjunct to medication.

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