



A Practical Approach to Managing IBS: Understanding and Applying the Evidence for Optimal Care

Study Companion

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Dear Colleague:

Irritable bowel syndrome is a chronic, relapsing condition that can affect patients' quality of life for years. Oftentimes, clinicians approach IBS as a diagnosis of exclusion, leading to unnecessary diagnostic procedures and a delay in treatment. And once diagnosed, what IBS symptoms can be addressed by the primary care physician? This CME-certified activity, *A Practical Approach to Managing IBS*, reviews the diagnostic criteria for IBS, provides clinical pearls on recognizing when additional diagnostic testing is needed, and discusses the steps that primary care physicians can take to alleviate patients' symptoms.

The IBS diagnosis can be made on clinical findings alone, as long as certain alarm features are not present.

- The Rome IV criteria are the current diagnostic guidelines for all forms of IBS.
- IBS can be diagnosed in patients who have abdominal pain associated with at least 2 of the following: improvement in pain with defecation, onset associated with a change in stool frequency, or onset associated with a change in stool form.
- Onset after age 50, severe or progressive symptoms, unexplained weight loss, nocturnal diarrhea, a family history of organic gastroenterological disease, rectal bleeding, or unexplained iron-deficiency anemia are features that require further investigation to exclude organic disease.

Ref: Lacy BE, Patel NK. *J Clin Med*. 2017;6(11).

The initial approach to IBS is focused on patient education, lifestyle and dietary modification, and over-the-counter medications.

- First-line medical management for patients with mild symptoms includes over-the-counter treatments to improve constipation or diarrhea.
- Fiber is often recommended for patients with constipation, but insoluble fiber may not only be ineffective, it can also exacerbate other IBS symptoms.
- Dietary changes can be approached as a 3-part process: elimination of FODMAPs, reintroduction to identify tolerable foods, and formulation of a personalized maintenance diet.
- Consider referral to a gastroenterologist for patients whose symptoms are not relieved with first-line pharmacotherapies.

Ref: Chey WD, Kurlander J, Eswaran S. *JAMA*. 2015;313(9):949-958.

A post-infectious etiology can have a different clinical course and prognosis than typical IBS.

- Up to a third of patients trace the onset of IBS symptoms back to a gastrointestinal illness.
- Long-term follow-up of patients with post-infectious IBS suggests that their symptoms will improve or resolve over time.

Ref: Spiller R, Garsed K. *Gastroenterology*. 2009;136:1979-1988.

IBS can have a profound effect on patients' quality of life and daily activities. A timely and accurate diagnosis is important for establishing a solid patient-provider relationship, and sets the stage for providing patient education and developing patient-oriented treatment goals. Navigating the prescription treatment options can also be difficult since most of the newer agents are not covered in the current guidelines, and have not been tested in comparative trials. Patients with IBS need individualized treatment plans that address their most bothersome symptoms, and these begin with an understanding of the available clinical trial data.

Yours sincerely,



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