IRRITABLE BOWEL SYNDROME

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Week 17

Educational Objectives:

1. Recognize clinical features consistent with Irritable Bowel Syndrome (IBS) and become familiar with established clinical criteria used to make this diagnosis
2. Learn how to personalize the diagnostic work-up to avoid unnecessary testing
3. Effectively use appropriate treatment options for IBS

CASE ONE:

Ms. Rome is a 42-year-old woman who presents to your office seeking your help for her abdominal complaints. She reports many years of intermittent crampy lower abdominal discomfort, usually associated with the sensation that she needs to *urgently* move her bowels but denies any history of actual fecal incontinence. A bowel movement usually leads to the temporary resolution of her symptoms. She tells you that she alternates between weeks of constipation and weeks of diarrhea, during which time she reports that her stools are "filled with mucus." Her medical history is otherwise only notable for fibromyalgia, but she isn't taking any medications. She denies any substance use, has no significant family history, and reports that she has a supportive family. She says "my husband thinks I just have an irritable bowel, but I'm worried that something's really wrong with me. What do you think?"

Questions:

1. **What is Irritable Bowel Syndrome? What diagnostic criteria are available to make this diagnosis? Are this patient's symptoms consistent with IBS?**

2. **What additional questions do you need to ask her to guide your evaluation? Are there any specific physical findings for IBS on exam?**

CASE ONE CONTINUED:

During a careful history and review of systems, your patient denies fevers, unintentional weight loss, excessive fatigue, or blood in her stools. She denies a history of voluminous diarrhea or gastrointestinal symptoms that awaken her from sleep at night. She denies travel outside the United States, and her dietary history is remarkable only for minimal dairy consumption because she "hates the taste of milk." She also denies any history of physical or sexual abuse, does not report any symptoms concerning for depression, and reports an unremarkable gynecologic history. She takes no medications, no dietary supplements, and does not use laxatives or antacids. No one in her family has a history of colon cancer. On exam her vital signs are within normal limits, and she appears well-nourished without pallor; her cardiovascular, pulmonary, abdominal, gynecologic, and rectal exams are all unremarkable, and guaiac testing is negative for occult blood.

3. **What other diagnostic tests (if any) are needed at this point?**

CASE ONE CONTINUED:

After obtaining a CBC, a basic chemistry panel, and a lipid profile (you ARE a primary care provider after all!) that are all within normal limits, you follow-up with your patient a week later to review the results. In a non-judgmental and empathic manner, you reassure the patient that her symptoms do not appear to be due to a dangerous illness or colon cancer and that she does indeed seem to be suffering from irritable bowel syndrome. You explain that although there is no "cure" for the disorder, it is treatable and that you will work with her to help control her symptoms. You advise her that additional testing is not necessary at this time but should be considered if her symptoms change or if she does not get relief from appropriate therapy.

4. **What treatment options are available?**

Primary References:

1. Podovei M and Kuo B. Irritable Bowel Syndrome: A practical review. *Southern Medical Journal.* 2006; 99(11): 1235-1242.
2. Longstreth GF et al. Functional Bowel Disorders. *Gastroenterology.* 2006; 130(5): 1480-1491.

Additional Reference:

3. Drossman DA et al. AGA technical review on irritable bowel syndrome. *Gastroenterology.* 2002; 123(6): 2108-2131.