

## Irritable Bowel Syndrome Referral Guideline

### Diagnosis/Definition

Continuous or recurrent symptoms for at least 3 months of:

- Abdominal pain or discomfort relieved with defecation, or associated with a change in the frequency or consistency of stool, and
- An irregular pattern of defecation at least 25% of the time and consisting of two or more of the following:
  - a. Altered stool frequency.
  - b. Altered stool form (hard or loose, watery stool).
  - c. Altered stool passage (straining or urgency, feeling of incomplete evacuation).
  - d. Passage of mucus.
  - e. Bloating or feeling of abdominal distention

### Initial Diagnosis and Management

- Evaluation: only a history, physical exam are needed if a positive diagnosis had been made by above criteria. Lactose intolerance should be sought in the history, but an exclusion diet may be needed to rule this out.
- Extra evaluations should be reserved for a history suggestive of specific problems (e.g., U/S for gallstones, UGI for PUD, ACBE for severe constipation.).
- Emphasize it is a "real" disease, but not associated with serious morbidity.
- Explain it is a motility disorder, and "spasm" may cause the pain and stress may make it worse. Educational handouts are recommended.
- A high fiber diet, usually including psyllium (e.g., Metamucil) should be used first. Gradually increase psyllium to as much as 1 tsp. tid, advising that excess gas is usually transitory.
- If psyllium alone doesn't help, anticholinergic (e.g., dicyclomine) for pain and loperamide for intermittent bouts of diarrhea can be used.
- When patient's fail to respond to the above; the provider should consider psychiatric screening for depression.

### Ongoing Management and Objectives

- Major objective should be symptom alleviation, as this is a chronic disorder with intermittent exacerbations, and a cure is not possible.
- Needed diagnostic tests should be done early and NOT repeated.
- The patient should be reassured that serious pathology has been excluded.

### Indications for Referral to Gastroenterology:

- When the diagnosis is uncertain.
- When specific organic pathology is suspected. Examples: gross blood in stool, diarrhea waking the patient from sleep or associated with weight loss, iron deficiency anemia, or significantly elevated ESR.
- **Referral should not be given to merely confirm the diagnosis.**